



The **Aged Care**
Standards and Accreditation Agency Ltd

REVIEW AUDIT MAJOR FINDINGS – ASSESSMENT INFORMATION

Name of Home	Rosden Private Nursing Home
RACS ID	4276
Approved provider:	T.C.L. Nominees Pty Ltd

Scope of this document

An assessment team appointed by The Aged Care Standards and Accreditation Agency Ltd ('the Agency') conducted a review audit from 19 September 2008 to 25 September 2008 in accordance with the *Accreditation Grant Principles 1999* and the *Accountability Principles 1998*.

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

This is the report of the matters that the assessment team believes are the major findings of the review audit. It gives the reasons for the team's recommendations and supporting information. It may also include suggestions for improvement or details of deficiencies identified that may need to be addressed.

This report will also be given to The Aged Care Standards and Accreditation Agency Ltd.

Next steps

It outlines the information on which any recommendation of non-compliance has been based. The assessment team may also provide information about expected outcomes with recommendations of compliance for the approved provider to consider as part of their continuous improvement.

You are advised to consider carefully the content of this *Review audit major findings – assessment information*. If you wish to make a written response, this must be received by the Agency within 7 days. The Agency will consider any written response when making the decision regarding accreditation for the home.

The Review audit report will be sent to you within 7 days of the audit and a copy will also be provided to the Agency. The Agency will make decision after it receives the Review audit report - not to revoke, to vary period, or to revoke.

Responses will be accepted by e-mail, fax or post. Contact details are: -
Response to *Review audit major findings – assessment information*
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Expected outcome	Does comply	Does not comply	Expected outcome	Does comply	Does not comply
Standard 1: Management systems, staffing and organisational development			2.14 Mobility, dexterity and rehabilitation	X	
1.1 Continuous improvement		X	2.15 Oral and dental care	X	
1.2 Regulatory compliance	X		2.16 Sensory loss	X	
1.3 Education and staff development	X		2.17 Sleep		X
1.4 Comments and complaints	X		Standard 3: Resident lifestyle		
1.5 Planning and leadership	X		3.1 Continuous improvement		X
1.6 Human resource management		X	3.2 Regulatory compliance		X
1.7 Inventory and equipment		X	3.3 Education and staff development		X
1.8 Information systems		X	3.4 Emotional support	X	
1.9 External services	X		3.5 Independence	X	
Standard 2: Health and personal care			3.6 Privacy and dignity		X
2.1 Continuous improvement		X	3.7 Leisure interests and activities	X	
2.2 Regulatory compliance		X	3.8 Cultural and spiritual life	X	
2.3 Education and staff development	X		3.9 Choice and decision-making		X
2.4 Clinical care		X	3.10 Resident security of tenure and responsibilities	X	
2.5 Specialised nursing care needs	X		Standard 4: Physical environment and safe systems		
2.6 Other health and related services	X		4.1 Continuous improvement		X
2.7 Medication management	X		4.2 Regulatory compliance		X
2.8 Pain management	X		4.3 Education and staff development	X	
2.9 Palliative care	X		4.4 Living environment		X
2.10 Nutrition and hydration	X		4.5 Occupational health and safety		
2.11 Skin care	X		4.6 Fire, security and other emergencies		X
2.12 Continence management		X	4.7 Infection control		X
2.13 Behavioural management	X		4.8 Catering, cleaning and laundry services		X

Total number of allocated places:	62
Number of residents during review audit:	55
Number of high care residents during review audit:	55
Special needs catered for:	N/A

Audit trail

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

Interviews

	Number		Number
Operations manager	1	Residents	9
Clinical operations coordinator (registered nurse division two)	1	Relatives	4
Clinical systems auditor (registered nurse division two)	1	Lifestyle staff	2
Nurse consultant	1	Auxiliary services coordinator	1
Registered nurses division one	2	Volunteer	1
Registered nurses division two	3	Laundry staff	1
Care staff	7	Cleaning temporary maintenance staff	1
Lifestyle and leisure therapist/ complementary therapist/hairdresser	1	Catering staff	2
		Electrical contractor	1

Sampled documents

	Number		Number
Residents' files	20	Medication charts	12
Summary/quick reference care plans	13	Personnel files	7
Add rows as required		Deceased residents files	2

Other documents reviewed

The team also reviewed:

- 'Rosden Grapevine' newsletters
- Activities monthly planner
- Agency information folder
- Approved suppliers service agreements/ contract review record

- Attendance registration forms
- Audit tools and schedule
- Blood glucose reportable levels
- Catering and laundry audit schedule
- Cleaning schedule and cleaning trolleys
- Cleaning schedule checklists
- Colour coded safety chart and colour coded cutting boards
- Comparative study of medication incidents
- Complaints, comments and suggestions forms
- Completed audits
- Conduct policy
- Confidentiality agreement
- Contactors' book
- Continence audit and checklist
- Continuous quality improvement plan
- Duties lists
- Education and staff development folder
- Education attendance registration forms
- Education evaluations
- Education planner 2008
- Electrical tagging register
- Emergency procedures
- Enteral feeding and changing charts
- Environmental audits
- Fire extinguishers
- Fire service reports
- Food safety colour control book
- Glucometer
- Handover sheets
- Hazard alert forms and register
- Housekeeping inspection checklists
- Incident forms
- Incident reports and register
- Independent safety plan audit and award
- Induction checklist
- Infection control checklist and graphs
- In-service workshops schedule
- Job descriptions
- Laundry cleaning duties sign off sheet
- Legislation and regulatory compliance folder
- List of improvements
- List of inventory
- Maintenance records
- Maintenance repair and maintenance records
- Maintenance schedule
- Maintenance service records check
- Material safety data sheets
- Material safety data sheets
- Medical equipment daily and weekly check book
- Medication incident statistics
- Meeting minutes
- Memoranda
- Monthly facility incident review

- Monthly incident register
- Observation folders
- Orientation checklist
- Pest control records
- Photography permission forms
- Policies and procedures
- Policies and procedures manual
- Policy, mission and values statement
- Pressure area prevention chart
- Quality improvement activity report
- Request for medical care forms
- Resident admission details
- Resident agreements
- Resident handover sheet
- Resident individual infection register
- Resident information booklet
- Resident/relative advocate folder
- Restraint authority and review form
- Roster
- Special events calendars
- Staff appraisals
- Staff availability list
- Staff induction record
- Staff information booklet
- Staff orientation schedules
- Staff signature list
- Temperature record checks
- Weight charts
- Wound management assessments, charts, register and folders

Observations

The team observed the following:

- Activities in progress
- Bathrooms and showers
- Chemical area
- Chemical storage areas
- Chemical store cupboard
- Communal bathrooms
- Electricity outlets and adaptors
- Equipment and supply storage areas
- Equipment and supply storage areas
- File storage
- Fire exits and fire plan
- Garden sheds
- Hairdressing area
- Hand sanitiser dispensers
- Hand washing station
- Heaters
- Interactions between staff and residents
- Interactions between staff and residents
- Kitchen
- Laundry
- Laundry

- Lifting machines
- Linen storage area
- Living environment
- Music played for residents by staff
- Newspaper reading in progress
- Noticeboards
- Residents' bedrooms and communal bathrooms
- Shipping containers in adjacent block for archive materials
- Staff amenities
- Storage and administration of medications
- Storage of medications
- Utility rooms

Assessment information of major findings

This section covers information about 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 recommendation

Does not comply

The home does not have a continuous improvement system that demonstrates the active and systematic pursuit of improvement across the standards and in management systems, staffing and organisational development. The approach to continuous improvement is reactive. The home’s monitoring mechanisms, part of an overarching quality improvement system do not support the home to actively pursue continuous improvement. Monitoring and reporting processes provide some baseline information however, deficiencies and also opportunities for improvement are inconsistently identified and actioned. Staff are generally not satisfied significant continuous improvement is occurring. Residents and relatives are generally not satisfied continuous improvement is occurring and not all residents and relatives know how to access improvement forms.

Supporting Information

- Seven of 13 residents and relatives are not satisfied continuous improvement is occurring. Comments include “The place has gone downhill. The place has gone to the pack” and “The place seems constant (no improvements)”.
- Three of 13 residents and relatives did not know how to make a complaint or improvement suggestion. Comments include “I’ve no idea about improvement forms”, “I don’t know about how to complain” and “If I complain they might pick on us”.
- Staff are not generally satisfied continuous improvement is occurring. Comments include “The improvement is they demolished the building next door” and “We write suggestions down and they say they’re going to discuss it at a meeting but there’s not enough time at the meeting and nothing happens”. Staff comments also include “from the time I started there is no improvement” and “Things do need to be improved”.

- The team noted minutes of resident and relative meetings were not available until the third day of the visit as a staff member had taken them off the premise.
- Issues raised at resident and relative meetings are inconsistently incorporated into the home's continuous improvement system. For example, complaints about the evening meal have been incorporated into the home's continuous improvement plan however issues raised by residents at meetings about insufficient staffing and staff noise disturbing sleep are not included in the plan.
- Action plans from meetings are inconsistently completed and do not always inform the home's continuous improvement plan.
- Issues raised at staff meetings such as staffing issues have not been incorporated in the home's continuous improvement plan however issues identified by the team during the visit such as 'dirty skips' are included in the plan.
- The home does not have effective processes to monitor performance in Standard one. A yearly document control audit and an annual check of staff files are scheduled in October 2008 however, these processes are insufficient to identify deficiencies in performance and inform improvements in this standard. For example, monitoring systems have not identified the home's staff appraisal policy, dated 2002 and due for review in 2004 had not been updated. Other policies were observed to be overdue for review by several years.
- The home's monitoring mechanisms had not identified that although the home's policy is to conduct staff appraisals annually, some nursing and care staff have not had appraisals on file. For example, of seven staff files reviewed, five staff did not have staff appraisals in 2007 -2008 and some of these staff have not had an appraisal for up to five years.
- The home's meeting minutes and improvement plan indicates a resident's relative, not an employee of the home, is to carry out some audits to monitor the home's performance. Documents show auditing by the relative has commenced.
- The home's monitoring mechanisms have not identified deficiencies in Expected outcomes 1.6 Human resource management and 1.8 Information systems. For example,
- The continuous improvement system does not consistently identify and evaluate improvements. For example a change to staffing identified in June 2008 to address complaints from residents and relatives has not been evaluated for effectiveness through the continuous improvement system.
- The home's plans to address identified staff education issues have not been incorporated into the continuous improvement system.

Additional information

- The home has recently purchased a new flat screen television and pay television connection and signed a recent subscription to an interactive television staff education package to commence in October 2008.

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 a system in place for identifying relevant legislation and regulatory requirements and to ensure compliance with required changes to practice. Information and updates are received via peak body memberships. Residents, relatives and staff are informed of changes in regulatory compliance through meetings, meeting minutes and through the memoranda system. Compliance in Standard One is monitored

through mechanisms including criminal record checks on staff and service providers as appropriate, nursing registration checks and through incident reporting processes. Compliance is monitored through observation and through incident reporting systems. Staff confirm they are informed about regulatory compliance.

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 identifies educational opportunities for staff through verbal requests, review of audit results, observations by management and changes in legislation and regulatory compliance. Records of attendance and feedback reviews are maintained and staff are notified of scheduled sessions through memoranda, telephone calls and through notices. Staff confirm frequent education opportunities occur.

Recent education relating to Standard One includes:

- aged care funding instrument education
- bullying and harassment training
- procedures training
- frontline management.

Additional Information

- Management has recently purchased pay television and subscribed to interactive television education training to enable more staff to participate in learning and development. This method of education commences in October 2008.
- Two senior staff recently completed a diploma in frontline management.

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

The home has a comments and complaints mechanism that is accessible to residents, representatives, staff and visitors. Information about external complaints mechanisms is also accessible to all stakeholders through the resident information handbook and posters in the home's foyer. The comments and complaints system includes accessible complaints, compliments and suggestion forms and a suggestion box. The management team has an 'open door' policy. Staff confirm they are generally comfortable to raise comments and complaints. Residents generally know about the home's formal and informal comment and complaints processes and say feedback about complaints occur.

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 has documented policy, mission and values statement through the home. This statement is on display in various points of the home and documented in resident and staff information packs. Management's commitment to quality is also documented. The home's philosophy is inherent in their values statement.

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 not comply

The home does not employ sufficient staff with the appropriate skills to ensure that residents receive necessary care and services. The home is not able to show it maintains a stable roster system to enable the continuity of resident care. The team identified systemic failure in the home's human resource management processes to ensure staff practices are safe and adequate, and responsive care and service delivery is provided. Management cannot show staff are being effectively monitored to ensure their skills and knowledge are appropriate. Some staff raised concerns about the adequacy of the number and skill mix of staff at the home. Residents and relatives said there are delays in having their care needs met.

Supporting Information

- One resident told the team the resident was frightened of some night staff and felt threatened.
- A resident told the team "Some (staff) are nice but some are a bit slack".
- Four residents and relatives told the team about delays in responsiveness of staff to toileting needs. A resident said "There are not enough staff to toilet you. I ask to go to the toilet but I'm told you have to wait till the floaters come". Refer to Expected outcome 2.12 Continence management.
- One nursing/care staff member told the team "we don't have enough staff. We have agency. Sometimes they come, sometimes they don't. Sometimes there are two nurse assists and the registered nurse division one is on call. Sometimes we're scared something will happen to the residents. Sometimes this happens in the morning or afternoon. What if the registered nurse division one doesn't answer the call?"
- Another staff member said "There's two nurse assists on sometimes until the agency (staff) comes".
- The maintenance officer is on leave and the cleaner said he is doing maintenance, including minor electrical repairs such as repairing loose connections and also electric sockets in the kitchen, bedrooms and the laundry. The cleaner said he does not have a certificate for this work.
- Staff comments included "There's no toileting times for residents", "They do not get time to toilet residents" and 'We toilet residents after breakfast and after lunch'. Refer to Expected outcome 2.12 Continence management.
- The operations manager and a staff member, both responsible for ordering and maintaining the home's supplies, said they did not know clinical and non clinical supplies had expiry dates. Refer to expected outcome 1.7 Inventory and equipment.
- The home's roster has multiple handwritten alterations and the printed designation areas on the roster lists names of rostered staff under incorrect printed designations. Names of listed staff and not their designations are listed. For example, on 22 August 2008, and from 18 September 2008 to 21 September 2008 a care staff member is rostered in the area of the roster that specifies the name of the registered nurse division one. The operations manager said the care staff

member has completed training to be a registered nurse division two however the nurse is not currently registered.

- A review of rosters for several weeks shows on occasions registered nurses division two are listed as 'nurse assist' while a personal care attendant is listed under registered nurse division one. For example, this occurred on 22 August 2008 and on 18 September 2008 to 21 September 2008.
- The home's specimen signature list shows personal carers listed as 'RN Div 1 assist' (The home's 'nurse assist' positions are filled by either designated care staff or registered nurses division two.)
- The operations manager said the name of the registered nurse division one on call, is not on the roster "unless the home's clinical care coordinator (registered nurse division one) is not on call". The operations manager said the clinical care coordinator is usually always in doing paperwork.
- Management provided conflicting information to the team about the way in which the roster operates. For example, a personal care attendant is listed under the section 'registered nurse division one 0700-1545' on the roster for 25 September 2008 to 28 September 2008. A registered nurse division two is listed on those days as a 'nurse assist'. The operations manager told the team "We had a bad week that week" however, the team discussed with the operations manager that the week had not yet occurred.
- Management said "In an emergency where everything is beyond control we have nurse assists and a registered nurse division one on call". Roster reviews show nurse assists may be personal carers or registered nurses division two.
- On Thursday 18 September 2008, the roster shows a personal carer rostered to work from 7.00am to 12.30pm on 19 September 2008. The personal carer also worked a double shift on Friday 22 August 2008 from 7.00am. The operations manager said the night shift nurse came in early at 8.30pm to relieve the carer.
- Undated minutes of the occupational health and safety meeting reportedly of 18 September 2008 state '16 hr shifts for Div 1 assist. Concerns re medication distribution to residents'. The operations manager said there would have been a mistake in the minutes and that 16 hour shifts are never worked.
- The same meeting minutes also state "If carers made an effort to read all the information written for each resident there wouldn't be confusion of how to care for residents. Night staff are forced to use many different colours to try and bring attention to procedures of care and need, it is getting to the stage where night staff might have to colour in the whole page of handover sheet so that carers won't miss a thing". The minutes are unsigned.
- Not all shift vacancies on the roster appear to be filled.
- The operations manager said agency staff are not always written on the roster.
- Management said and document review shows agency staff usage and in particular the use of registered nurses has increased since April 2008.
- An employed auxiliary coordinator regularly takes groups of up to 12 residents on outings that include lunch. Sometimes some relatives or staff volunteers attend these outings. The auxiliary coordinator is not trained in first aid. Refer to Expected outcome 3.7 Leisure interests and activities
- The home and management have not ensured current and new staff is able to fulfil all the requirements of their roles. Refer to Expected outcomes 1.8 Information management, 2.4 Clinical care, 2.12 Continence management, 2.17 Sleep, 3.6 Privacy and dignity, 3.9 Choice and decision making, 4.7 Infection Control and 4.8 Catering, cleaning and laundry services.
- A file review shows residents' assessments and care plans are not overseen by a registered nurse division one.

Additional information

- The maintenance register does not show evidence of any electrical repairs by the cleaner/relieving maintenance person. The cleaner's services were terminated by management during the visit and further clarification could not be obtained.
- The staff member responsible for ordering and maintaining clinical and non clinical supplies has reportedly taken over that role recently however, dates expired from 2004.
- Some dates on maintenance registers have been altered with white-out.

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 not comply

The home does not show it has suitable goods and equipment for quality service delivery. The team identified systemic failure in the home's processes for assessing and maintaining appropriate stock, goods and equipment. Rotation and replacement of stock to ensure clinical, non clinical and catering supplies are used within their expiry dates does not take place. The home does not show that preventative maintenance of all equipment systematically occurs. Not all staff, residents and relatives are satisfied with the appropriateness and maintenance of goods and equipment at the home.

Additional information

- Undated and unsigned minutes of an occupational health and safety meeting reportedly of 18 September 2008 document 'the bed control cord wrapped around the wheels (top end) also wires protruding near bed head' and that this had been brought forward to maintenance attention 'a few months ago'. The team observed wires. Refer to 4.4 Living environment.
- The team observed out of date clinical stock including antiseptic wound dressing solutions and also iodine based solutions, powder to stop diarrhoea and urine testing strips. The operations manager and stock control officer said they were not aware there were expiry dates on clinical stock.
- The team observed in the stock cupboards sterile tubing for use in administering liquid food directly into residents' stomachs. The tubing expired in November 2007. Two residents have this type of feeding administered.
- Expired non-clinical stock was also observed. For example, denture soak powder in the treatment cupboard expired in 2004.
- The home could not show equipment calibration records, including those for equipment needed for blood glucose testing.
- Five machines to lift and transfer residents did not have current equipment service check stickers attached. For example, two machines had service labels from 2002 and three older style machines had no service stickers attached.
- Management did not produce equipment service records for the machines upon request. The operations manager said "When it breaks down we do something".
- Two standing lifting machine footplates where residents' feet are placed during transfers were crusted with grime and dirt. Staff confirmed the machines are in use.
- Three double linen skips were rusty and some had broken lids.
- The front of the door to the room where eight residents live was observed to be in need of repair.
- Not all electrical items at the home have been tested and tagged. For example, a heater and several older style televisions had not been tested and tagged.

Additional information

- During the visit management said and the team observed that the rusted skips had been painted.

1.8 Information systems

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

Team's recommendation

Does not comply

The home does not have effective information management systems to provide accurate and consistent information to staff in order to perform their roles. Information provided to staff does not assist in ensuring appropriate and quality care is provided to residents. Management does not ensure all information pertaining to residents and their identified care needs is available, secured in a confidential, safe and appropriate place.

Supporting Information

- The staff room was observed to be unlocked and accessible to visitors, contractors and residents. Information including memorandums, observation records and current assessments is kept in the staff room.
- The team requested relative and resident meeting minutes and was told by the operations manager the folder had been taken home by a staff member.
- Eleven of 13 clinical care files reviewed show residents' care needs and preferences are not appropriately assessed, accessible or provided on care plans for staff to provide quality care to residents. Refer to Expected outcome 2.4 Clinical Care, Expected outcome 2.12 Continence management and Expected outcome 2.17 Sleep.
- The nurse's station is not secured and does not have a door on the entry area. Residents' information is in cupboards that are unlocked and easily accessible when entering the room. Diabetic management records and other resident clinical records were observed on top of a cupboard in the nurse's station.
- In the cottage room that is used for prayer services for residents a cardboard box was observed by the team with hand written words 'check and shred' written on the top of it. On checking the contents of the untapped box it contained a sheet listing resident names and information about resident blood sugar recordings. This was brought to management's attention.
- An open folder was on top of the administration shelf with nutrition and hydration directions for residents that are to be provided at mealtimes.
- The team observed a garden shed without a locking mechanism contained resident's private and confidential care information including; handover sheets, bowel charts, blood sugar records, audits and were stored with continence aids. The shed had dirt on the shelves and floor.
- The operations manager showed and told the team archived documentation is stored in shipping containers on the adjacent block of land. The team observed the shipping containers with archived documentation is inaccessible. The perimeter has building fencing with no visible entry point. The gate is adjacent to the home and the gate is blocked with overgrown shrubs and garden.
- Residents' assessments and care plans for activities, leisure and lifestyle are not accessible to all staff as resident files are stored and locked in the activities office in the cottage room through an external exit.
- There are no designations noted on assessments, care plans and progress notes. Refer to Expected outcome 2.4 Clinical care
- Liquid paper 'white out' has been used to change dates on some clinical care charts and maintenance records.

- Resident L has a chemical and physical restraint form for bed side rails and for medication to assist with behaviour management has been completed. The last review of the restraint form is 13 June 2007. No further reviews have occurred since and the home's policy is for restraints to for these to be reviewed six monthly. The restraint form dated 13 June 2007 has been signed by a general practitioner but has not been signed by the resident's representatives. When this was discussed with senior staff, the team was told the resident's relatives are "hard to make contact with".
- Resident M entered the home in October 2007 and has a physical restraint form for a seat belt on a mobility chair, bed side rails and chair table. The restraint form has not been reviewed since 3 October 2007. No further reviews have occurred and the home's policy for restraints is a six monthly review. Staff confirm the restraint is still used.

Additional information

- Later in the day following the team's observation of the garden shed without any locking mechanism where some residents' records were stored, management showed the team that the shed had a lock applied and a staff member was observed to be opening a lock. The operations manager said the shed always had a locking mechanism and a lock was always applied.
- On the last day of the visit a snib bolt mechanisms was attached to the staff room door. The door generally remained unsnibbed after application.
- The operations manager said she wrote the unsigned comments on the continence audit conducted by a family member of a resident.

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

The home has processes in place to ensure the provision of appropriate externally sourced services. External service providers include the home's physiotherapist, podiatrist, fire services, dietitian, nutrition consultants and food suppliers. External service providers comply with the organisation's credentialing processes and contractors sign service agreements that specify required standards of service delivery. Fee for service providers such as podiatry and hairdressing services, also comply with police check and credentialing processes. An informal one to one orientation process for contractors occurs. Service provision is monitored through observation and feedback from stakeholders about the quality and timeliness of external service provision. Staff, residents and relatives are satisfied with the provision of external services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does not comply

The home does not have an effective continuous improvement system that demonstrates improvements in the area of health and personal care. The home's current system comprises a series of separate processes that include policies and procedures that are not consistently current, incomplete assessments and care plans and an audit planner that is inconsistently followed. The current framework does not demonstrate a planned, systematic and integrated approach to the pursuit of clinical care and services. Significant, sustained and evaluated improvements in Standard Two have not occurred. Consistent links between resident needs, preferences and feedback, and stakeholder feedback, and the service's continuous improvement activities are not evident. Staff, residents and relatives are not satisfied that improvements in health and personal care occur.

Supporting Information

- Issues raised by residents in relation to clinical care are inconsistently incorporated into the home's quality improvement plan. For example, issues related to dirty skips are incorporated into the improvement plan however; issues raised by residents in relation to noise at night affecting their sleep have not been incorporated into the plan.
- Staff are not generally satisfied continuous improvement is occurring. Comments include "The improvement is they demolished the building next door" and "We write suggestions down and they say they're going to discuss it at a meeting but there's not enough time at the meeting and nothing happens". Staff comments also include "From the time I started there is no improvement" and "Things do need to be improved".
- Seven of 13 residents and relatives are not satisfied continuous improvement is occurring. Comments include "The place has gone downhill. The place has gone to the pack" and "The place seems constant".
- Improvements reported over the past twelve months include routine documentation review and compliance activities and observational and housekeeping activities. There have been no significant sustained improvements in residents' health and personal care.
- The home's monitoring processes, including clinical care audits, are inconsistently implemented and do not identify deficiencies in clinical care provision. Refer to Expected outcomes 2.4 Clinical care, 2.12 Continence management and 2.17 Sleep.
- The home states wound registers have been set up however, the team identified not all wounds are listed on this register. Refer to Expected outcome 2.4 Clinical care.

Additional information

- Recent improvements include setting up of a hypoglycaemic kit and palliative care kit, organising the medication room to work better. The home has also designed a new pain chart that has not yet been evaluated.
- Bed bath moisturising cloths to assist with skin care have been introduced however their use has not been formally evaluated.

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 not comply

The home cannot show an effective system for ensuring compliance with relevant legislation, regulatory compliance requirements and other standards and guidelines. Senior management staff are not all aware of regulatory compliance requirements in

relation to Standard Two. Management does not ensure information about regulatory compliance in health and personal care is communicated to staff and cannot show how the home's processes comply with requirements.

Supporting Information

- All high care residents' files reviewed shows care plan reviews and update information has been completed by registered nurses division two and not by registered nurses division one. When the team discussed this with the clinical operations coordinator she said. "This is a learning day for me. This is my area, we weren't told a division one nurse is to complete high care assessments and care plans. I didn't know about this".
- The home's roster does not show evidence that the home has a registered nurse division one on the premises at all times. Refer to Expected outcome 1.6 Human resource management. Refer to Expected outcome 1.6 Human resource management.
- Thirteen of 13 high care residents' care plans, including those for specialised nursing care plans are consistently completed and reviewed by a registered nurse division two.
- The clinical operations coordinator, a registered nurse division two, told the team "We weren't told a division one nurse is to complete and review high care assessments and care plans".
- One nursing/care staff member told the team "We don't have enough staff. We have agency. Sometimes they come, sometimes they don't. Sometimes there are two nurse assists and the registered nurse division one is on call. Sometimes we're scared something will happen to the residents. Sometimes this happens in the morning or afternoon. What if the registered nurse division one doesn't answer the call?"
- Another staff member said "There's two nurse assists on sometimes until the agency (staff) comes".

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 is identifying education needs in relation to health and personal care through mechanisms including review of residents' clinical care needs, verbal requests, audits, incident reports and medication incident reports and through observations by staff and management. Staff are notified of education opportunities through meetings, memoranda and telephone calls. Staff attendance is recorded and evaluation of each education session is conducted Staff confirm clinical education is regularly offered by the home.

Recent education relating to Standard Two includes:

- pain management
- bowel management
- continence management
- weigh scale use
- level two first aid
- behaviour management
- wound management
- high care bed baths
- bowel management

- medication management
- stoma care and meeting nutritional needs
- pampering and skin integrity

Additional information:

- Whilst a significant amount of education is provided to staff in clinical care, the team has identified a lack of staff knowledge and skill in the assessment, planning and evaluation of residents clinical care needs. See Expected outcome 2.4 Clinical care.

2.4 Clinical care

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

Team’s recommendation

Does not comply

The home does not have effective systems in place to ensure residents receive appropriate clinical care in relation to their needs and preferences. Assessment and evaluation of residents’ individual clinical care needs is not completed by appropriately skilled and qualified staff, or within appropriate times. Care needs of residents are not transferred to appropriate documentation to guide staff with care delivery. Relatives are not satisfied with the clinical care provided at the home.

Supporting information

- A volunteer at the home was observed to be feeding and assisting residents with their meals and drinks, including thickened fluids for residents with identified swallowing needs. The volunteer said, “I come about 11.20am and leave between 4:00pm and 5:00pm and help residents with their morning tea, lunch, afternoon tea and dinner. I learn by asking the staff including the division one nurses”. The volunteer said there has not been any formal training in feeding residents and said she has no first aid training or training in fire and evacuation. The volunteer said “Staff trust me”.
- Two relatives said their father’s medications in the morning are given by them to “help” staff. The resident’s care plan says staff are to administer the resident’s medications. The medication chart was signed by staff as given at 8:00am on both occasions. However, this was observed by the team to occur on two consecutive mornings of the visit at approximately 9:30am.
The home’s policy and procedure is that registered nurses division one, registered nurses division two medication endorsed and personal care workers are to administer medications at the home.
- The home’s monthly clinical resident review process does not ensure that information from progress notes and assessments and residents changing needs are current and updated as required. For example, resident H entered the home on 2 July 2007 and has an indwelling catheter. The clinical systems auditor and clinical operations coordinator, a registered nurse division two, said, “The resident’s indwelling catheter is to be changed in hospital due to the resident’s diagnosis and per the general practitioner’s orders”. This information has not been transferred on to the resident’s care plan for staff knowledge and the provision of quality and appropriate care.
- Thirteen of 13 high care resident clinical files reviewed show assessments, restraint forms, admission information and care plans are not completed or have not been updated to identify each resident’s care needs and preferences. These assessments and care plans are not completed or reviewed by a registered nurse division one. For example, one resident’s care plan has not been reviewed for three months and does not provide up to date care needs.

- Resident A entered the home 28 August 2008 and requires enteral feeding. The resident's admission checklist has not been completed. This resident's nutrition and hydration assessment has not been completed including the area of admission weight. The 'supplements and products' area has not been completed to identify the resident receiving enteral feeding supplements.
- Resident A was seen by the general practitioner on the entry date to the home. The general practitioner's notes said 'to monitor urine output for 24hours'. Progress notes dated 29 August 2008 say "the resident was incontinent and a pad was applied". This was signed by a registered nurse division one who was on duty during the team's visit. When asked by the team, the registered nurse division one was unable to tell the team how 24 hour monitoring for a resident's urine output could be completed at the home. No monitoring or following of the general practitioners directions could be found in documentation for 24 hour urine monitoring. The registered nurse division one said "I put a pad on after the incontinence".
- Resident G entered the home 19 March 2005 and receives enteral nutrition. The resident's interim care plan dated 9 April 2005 does not identify the resident having an enteral feeding tube as a diagnosis. The resident's enteral feeding tube change chart has liquid paper on the date section with writing over it.
- Information to guide wound care is not available to staff.
- The team observed a resident with a wound dressing on their hand. On review of resident I's progress notes, it showed the resident had a fall on 18 September 2008 causing a wound to the left wrist. An incident report was completed but a wound management form identifying times for checking and changing the wound had not been completed four days after the incident occurred. Resident J entered the home 23 December 2006. The resident's care plan does not identify use of restraint. The resident has a physical restraint form for a chair table which does not identify review dates for the restraint. Staff confirm the restraint is still used. The team was not able to identify staff practices or documentation to ensure this restraint was removed regularly. The clinical operations coordinator asked the team "does this have to be on the care plan?"
- Clinical care monitoring of blood sugar levels are required as stipulated by individual residents' general practitioners. The clinical systems auditor and the registered nurse division one who assists with education said the home's glucometer is calibrated. Although the team was told calibration does happen for the glucometer no records or documentation was provided to the team to show this happening, the team was unable to identify if the glucometer is calibrated.
- On 19 September 2008, the first day of the visit, 20 residents were observed to be in bed at 2.30pm. After the team discussed this with management, the team noted that there were very few residents resting in bed on the remaining days of the audit.
- The operations manager and two care staff told the team there are times when a registered nurse division one is not on duty. This impacts on the supervision of staff and clinical care provision.
- Liquid paper ('white out') is used on clinical care charts and care plans.
- Due to the decreased cognitive ability of the majority of residents feedback in relation to the satisfaction of clinical care was not able to be assessed by the team
- Not all clinical policies and procedures that guide care provision are current.
- A care staff member told the team that care plans are not complete.

2.5 Specialised nursing care needs

This expected outcome requires that "residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's recommendation

Does comply

Residents' specialised nursing care needs are assessed on entry to the home. Care plans are provided. Residents diagnosed with diabetes have reportable blood glucose ranges on file and blood glucose monitoring occurs as stipulated by general practitioners. Residents requiring enteral nutrition are appropriately managed and referrals to dietitian have occurred to ensure correct feeding supplements and regimes are provided. Wounds are generally transferred onto wound management charts. Staff demonstrated their knowledge of residents' specialised care needs. Relatives are satisfied with specialised care needs provided.

Additional information

The team discussed with management the following issues:

- Specialised nursing care needs such as resident's requiring enteral feeding care plans are being reviewed by a registered nurse division two.
- Not all wounds are registered on wound charts. Refer to Expected outcome 2.4 Clinical care.

2.6 Other health and related services

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

Team's recommendation

Does comply

Residents are assessed on entry to the home and care plans are developed. Care plans are reviewed and referrals occur. Residents are referred to specialists including; dietician, optometrist, physiotherapist, dentist and wound consultant. A podiatrist visits the home regularly and as required. The home has access to health and related services including an audiologist, stoma therapist, optometrist and wound consultant. Staff said they refer residents to specialists as needed. Residents and relatives are satisfied with the visiting external specialists.

2.7 Medication management

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

Team's recommendation

Does comply

The home ensures medications are secured safely and correctly. Registered nurses division one, registered nurses division two medication endorsed and care staff administer medications. Medication charts show allergies, contain current photographs of residents and regular medications are clearly signed by the resident's general practitioner. Staff said they complete medication competencies to assist with administering of medications. Recent training has included medication and clinical management. Relatives said they are satisfied with how their medications are managed.

Additional information

The team discussed with management the following:

- A registered nurse division one was observed to take medications from a multi dose administration aid in her hand before placing it into a patty pan for crushing.
- One high care resident said some staff put medication in her hand and leave the room.

2.8 Pain management

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

Team’s recommendation

Does comply

Residents are assessed for pain and care plans are developed and provided. Staff confirm and the team observed both verbal and non verbal indicators are used to establish if the resident is experiencing pain. Alternatives to analgesia noted in resident files include repositioning, massage, applying medicated rubs and music therapy. Recent training has included pain management for all nursing and care staff. Residents stated they are satisfied with management of their 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

Residents are assessed for their needs and choices with end of life care through an advanced care plan form, either on entry to the home or soon after. Consultation occurs with relatives and residents if able. The home has access to palliative care specialists through the local hospice or hospital. Reviews of deceased resident files show appropriate care being provided to residents. Ongoing general practitioner review of residents was observed in files as occurring. The home has equipment to assist in providing comfort and care to terminally ill residents.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Residents are assessed for their needs and preferences with meals and drinks. Nutritional and hydration assessments also identify resident’s religious and cultural preferences. Care plans are developed. Individual resident’s information and details for preferences and size of meals, allergies and assistive meal aids was observed on documentation in the kitchen. A dietitian reviews residents on a referral basis when unplanned weight loss or gain is identified. Catering staff said they are informed of changes in residents’ requirements with meals. Senior staff said they have access on a referral basis to a speech pathologist. Residents are generally satisfied with the nutritional and hydration provided.

2.11 Skin care

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

Team’s recommendation

Does comply

Residents are assessed on entry to the home for their skin care needs and preferences. Care plans are provided and reviewed. Wounds are generally documented and management strategies show treatment of wounds, monitoring of wound progress and changing of dressings occurs. The home has access to pressure relieving mattresses, creams, comfort chairs and repositioning was noted in progress

notes as occurring. Residents are referred to wound consultants when required. Regular staff manual handling education occurs and lifting equipment and wound care products are available. Residents confirm satisfaction with skin care.

2.12 Continence management

This expected outcome requires that "residents' continence is managed effectively".

Team's recommendation

Does not comply

The home does not assess or review residents' continence needs appropriately. Care plans do not identify individual needs and preferences for residents' continence management. Residents are not consulted regarding care planning and continence management. The home does not support residents to be independent with toileting. Residents and relatives are not satisfied with the home's management of continence.

Supporting information

- Four residents and representatives are not satisfied with the home's continence management. Comments include:
 - “There's not enough toilets and not enough staff to toilet you. I ask to go to the toilet but I'm told you have to wait till the floaters come. Sometimes I wet myself when I have to wait a long time. There's no one to take us to the toilet it is a disgrace”.
- On 20 September 2008, the team observed that at 12:45pm, after the lunchtime meal, three residents were 'lined up' outside a bathroom. Residents who were able to communicate told the team they were waiting for the toilet.
- Three of eight toilets in communal bathrooms were observed to have shower chairs stored in them during the day. Residents using mobility aids including walking frames were observed unable to access the toilets and had to walk approximately 30 metres to another available toilet. Residents confirmed this occurs.
- Relatives said staff have to be asked to come and change continence aids for residents and they do not toilet residents regularly. Relatives said they have to ask for sheets to be changed on beds when dirty. Relative comments include; “When I say something mum's bed linen gets changed or I change (it) if not clean”.
- Nursing/care staff comments included:
 - “There's not enough linen”.
 - “There are no toileting times. People have to wait for toilets”.
 - “There are not enough toilets, only four, some people wet themselves while they're waiting”.
- Staff said:
 - “They usually toilet residents after breakfast and after lunch, there are no times”.
 - “The resident handover sheets show the care needed and that is what we follow”.
- The resident handover sheets were reviewed and the team found the handover sheets do not identify resident care needs with continence management.
- Continence audits for continence scheduled for March and June 2008 were not on file.
- Resident A entered the home on 28 August 2008. The resident's continence assessment has not been completed and does not show identified or individual toileting times. The resident's care plan says continence aids are to be used but does not identify individual toileting times for the resident and has not been signed as reviewed by a staff member.
- Progress notes dated 29 August 2008 show the resident was incontinent and a continence aid was applied by a registered nurse division one. The registered nurse division one, who is also involved with education at the home, confirmed the resident entered the home with an indwelling catheter that was removed on the entry day. The resident was seen by her general practitioner on the entry date to

the home. The general practitioner's notes said the resident's urine output was to be monitored for 24 hours. No monitoring or following of the general practitioner's directions occurred. The only documentation found was an entry in progress notes on 29 August 2008 that the resident was incontinent and a pad was applied this was signed by a registered nurse division one who was on duty during the team's visit. The registered nurse division one said "I put a pad on her after she was incontinent" and was not able to tell the team the process for documenting or monitoring of urine output over 24 hours.

- Resident B entered the home on 26 September 2001. The resident's continence assessment has not been completed and does not identify the resident's individual needs and preferences with toileting times. The resident's care plan says continence aids are used however, individual toileting times for the resident are not identified. The care plan has not been signed as reviewed. Progress notes show numerous entries about the resident being incontinent, including dates for 6 July 2008 and 2 August 2008 and continence aids being applied to the resident.
- Resident D entered the home on 3 February 2003. The resident's continence assessment is not completed and the resident's individual needs and preferences in relation to toileting times are not identified on the assessment or care plan. The resident's care plan that says continence aids are to be used through the day has not been signed as reviewed. Progress notes indicate the resident being incontinent and aids being used. .
- Refer to Expected outcome 3.6 Privacy and dignity.

2.13 Behavioural management

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

Team's recommendation

Does comply

Residents are assessed for their complex and challenging needs or behaviour management and care plans are developed. Strategies noted on residents' care plans include individual support and communication techniques. Aids used to assist with behaviour management include curved mattresses, sensor mats and alarm sensors. The team observed staff to redirect and divert residents with challenging behaviours in a caring and appropriate manner.

Additional information

- Restraint review is not occurring six monthly as stated in the home's policy.
- See Expected outcome 2.4 Clinical care.

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

A 'no lift' assessment is carried out on all residents on entry to the home which identifies resident's requirements with transferring needs. Care plans are provided to ensure staff are aware of resident's assessed transfer needs. Reviews, assessments and plans from the physiotherapists are also provided in residents' files. Residents are assessed for their level of mobility and mobility aids are provided appropriately. Residents were observed by the team to be independently mobilising throughout the home with mobility aids such as wheelchairs and walking frames. Staff were observed

to be assisting and supervising residents throughout the home. Residents said they are satisfied with the support with mobility that is provided.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

Residents are assessed for their oral and dental needs. Care plans are provided to guide staff with residents’ care needs with oral and dental care. A dental specialist is accessible via a referral basis and visits the home. Resident files show residents have been referred and seen by the dentist. Staff confirm their knowledge of residents’ needs and preferences with dental care. Residents and relatives said they are satisfied with the care provided with dental care.

Additional information

- Denture mugs were not all labelled.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Residents’ sensory loss needs including vision and hearing are identified and managed. Care plans are provided to guide staff. Residents have access to an optometrist who visits the home and an audiologist is accessible on a referral basis. A speech pathologist can be accessed through a referral process for assistance with needs in regards to speech. Staff said they are aware of residents’ needs in relation to cleaning and fitting sensory aids. Residents said they are supported with their sensory loss needs.

Additional information

- The home’s sensory loss assessment does not identify assessment for taste and touch.
- Some residents’ communication assessments do not contain information that the resident are from culturally diverse backgrounds and speak languages other than English.

2.17 Sleep

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

Team’s recommendation

Does not comply

The home does not provide a living environment that is conducive to sleep. Residents’ individual patterns, needs and preferences with sleep are not assessed appropriately. Residents’ needs and preferences are not consistently documented on care plans for staff to have knowledge of individual strategies for promoting sleep. Non pharmacological alternatives to promote sleep are not provided.

Supporting information

- Resident C entered the home 4 June 2008. The resident's sleep care assessment identifies the resident's preference is for a favourite blanket for sleeping. This information has not been transferred onto the resident's sleep care plan for staff to have knowledge of this care preference. The resident's relative said, "They don't give the blanket for sleep and they don't ask her if she wants it".
- Resident B's entry date is 26 September 2001. The resident's sleep assessments have not been completed to identify preferences and needs with individual sleep patterns and routines and pain management strategies. The resident's care plan for sleep does not identify any preferences with retiring or rising times. There are no strategies for the resident's individualised sleep preferences or choices for staff to be able to provide individualised care.
- Residents' comments about sleep include "some night staff make a lot of noise at night" and "a lot of noise last night boom, boom, boom".
- Resident meeting minutes from March 2008 show staff noise at night is disturbing residents' sleep. The actions taken to address this concern have not been incorporated into the home's continuous improvement system to ensure improvement occurs.
- Resident E entered the home 6 August 2007. The resident's sleep assessment on file was dated 21 August 2008. A care plan is not provided in the resident's file for staff to have knowledge of the resident's individual needs, preferences and routines before retiring to bed to promote quality sleep patterns.
- Resident H entered the home on 2 July 2007. The resident's interim care plan for sleep says "likes to get up later for a shower". This information has not been transferred to the resident's care plan so staff can promote the residents individual preferences with rising times.

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 not comply

The home does not have an effective continuous improvement system that consistently identifies and actions opportunities for improvement and demonstrates improvements across the resident lifestyle area. The home's current system comprises a series of separate quality processes that do not demonstrate a planned, systematic and integrated approach to the pursuit of quality care and services. Monitoring and reporting processes provide some baseline information however, deficiencies and also opportunities for improvement are inconsistently identified and actioned. Staff, residents and relatives are generally not satisfied continuous improvement is occurring.

Supporting Information

- Seven of 13 residents and relatives are not satisfied continuous improvement is occurring. Comments include "The place has gone downhill. The place has gone to the pack" and "The place seems constant".
- Staff are not generally satisfied continuous improvement is occurring. Comments include "The improvement is they demolished the building next door" and "We write suggestions down and they say they're going to discuss it at a meeting but there's not enough time at the meeting and nothing happens".

Staff comments also include” From the time I started there is no improvement” and “Things do need to be improved”.

- The home has not demonstrated sustainable process activities across the resident lifestyle areas in the last twelve months.
- The home’s adopted continuous quality improvement plan does not demonstrate that the home has systematically evaluated the services in the resident lifestyle areas and identified and responded to the feedback from residents/ representatives and other stakeholders.
- Monitoring mechanisms have not identified deficiencies in performance and opportunities for improvement in the area of resident lifestyle.
- Management has difficulty identifying improvements in the lifestyle area.

Additional Information

- The home identified one improvement in the area of resident lifestyle as increased outings for residents. The change has not been evaluated. The team notes an auxiliary worker with no first aid training takes groups of high care residents on outings that consistently include meals. Some relatives or staff volunteers may accompany the auxiliary worker on occasions.

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 not comply

The home cannot show an effective system for ensuring compliance with relevant legislation, regulatory compliance requirements and other standards and guidelines. Management and staff are not all aware of regulatory compliance requirements in relation to Standard Three. Management does not ensure information about regulatory compliance in the area of resident lifestyle is effectively communicated to staff and cannot show how the home complies with regulatory requirements.

Supporting Information

- The home cannot show how it complies with the requirements of privacy legislation.
- Management has an elder abuse policy in place however, management said any mandatory reporting complaint would be incorporated into the normal complaints, compliments and suggestions folder stored on a shelf in the administration office. No mandatory report has been received to date.
- Management has not demonstrated mandatory reporting of elder abuse education has been provided to staff at the home.
- The home cannot show how it ensures staff at the home are aware of mandatory reporting requirements.
- Management said mandatory reporting requirements are conveyed to staff through meetings however, minutes of meetings do not reflect consistent communication of mandatory reporting requirements.
- Four of seven care staff members confirmed the home had not provided mandatory reporting training.

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 not comply

The home does not demonstrate staff have the knowledge and skills required for effective performance in the area of resident lifestyle. The home has an overarching education program however an education program has not been effectively developed in Standard Three. Management have not identified deficiencies in the home's education and staff development systems in the area of resident lifestyle. Staff do not always demonstrate a full understanding of resident needs which relate to standard three.

Supporting Information

- The team reviewed the home's education calendar for the previous twelve months. Only one staff education session related to the area of resident lifestyle has occurred.
- Management have not identified staff training needs in the area of privacy and dignity and choice and decision making. During the visit the team identified staff practices in these areas that did not meet residents' needs and preferences.
- Education across the areas of resident lifestyle such as in privacy and dignity needs of residents, have not been identified as required by staff to ensure the needs of residents and the required standards are met. For example, resident privacy and dignity needs were not always met.
- Training sessions on palliative care and dementia care were held for residents and relatives. Management said staff could have also attended these sessions however management said staff "chose not to attend".

Additional Information

- Three staff attended a training session on grief and loss.

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

Residents and families are provided with information prior to entering the home detailing care and services provided at the home. On the day of entry to the home residents and families receive an orientation. Residents and families are consulted through meetings and family discussions in relation to care needs and requirements. Support groups are organised for families of residents. Residents and relatives confirm emotional support is provided by staff.

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

Residents are encouraged to be as independent as possible and are supported and assisted by staff to do so. Mobility aids, sensory aids, assistive eating devices, exercise programs from the physiotherapy sessions help residents to be independent. Residents were observed by the team to be supported with independence with staff supervising residents walking on a daily. Residents said they are encouraged to be independent as possible.

Additional information

The team observed some toilets were inaccessible to residents with mobility devices.

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 not comply

Residents' right to privacy and dignity is not consistently supported or respected. Staff practices do not maintain residents right to privacy and dignity and confidentiality. Information regarding residents is not stored to ensure privacy and dignity and confidentiality. Not all residents are able to advocate for themselves when their dignity and privacy is comprised. Residents are not satisfied with privacy and dignity.

Supporting Information

- The team observed several female and male residents being brought out of the same bathrooms on commode/shower chairs by staff at the same time. Residents were modestly dressed in 'dignity capes' with half of their legs exposed.
- A relative commented "They shower the residents together male and female".
- Management said a relative is completing a continence audit about toileting needs for the monitoring of residents who sit in the front foyer of the home. The continence audit was given to the team by management with an unspecified year on it. The continence audit was reviewed by the team and it shows ten residents' names. The audit contains a completed question area including the questions "Has the resident been taken to the toilet on time?" " Did the resident enjoy their lunch and dinner?" " Is there anything upsetting the resident today?"
- The handwritten comments section on this audit form for 3 September 2008 included that two residents need more assistance. The handwritten comment for 8 September says problems with toileting with yes.
- Three residents were observed to be lined up outside one of the communal bathrooms. Two of the residents were able to communicate with the team and when asked they said " we are waiting to go to the toilet".
- Residents' comments include. "There are not enough toilets and not enough staff to toilet you. I ask to go to the toilet but I'm told you have to wait till the floaters come. Sometimes I wet myself when I have to wait a long time." "Up the other end, men are going into the shower with a modesty cape while we are going into the shower (in the communal bathroom). When the resident questioned this practice, the resident said a staff member told them "You can't expect the Hilton".
- The team observed face washers with elastic cord sewn around the top being used as clothing protectors for residents at lunch and evening mealtimes.
- The team observed a frayed towel wrapped around the front of a resident being used at lunch and dinner mealtimes as clothing protection.
- The nurses' station is not secured and does not have a door on the entry area. Residents' information is in cupboards that are unlocked and easily accessible when entering the room. Diabetic management records and other resident clinical records were observed on top of a cupboard in the nurses' station.
- In the cottage room that is used for prayer services a cardboard box was observed by the team with hand written words 'check and shred' written on the top of it. On checking the contents of the untapped box it contained a sheet listing residents and information about an individual resident's blood sugar recordings. This was brought to management's attention.
- An open folder was on top of the administration shelf with nutrition and hydration directions for residents that are to be provided at mealtimes.

- A garden shed was observed by the team to be unlocked and contained resident's private and confidential care information including; handover sheets, blood sugar records, audits and were stored with continence aids.
- The home has a designated front entrance where visitors and contractors are to enter and to sign a register of their entry to the home. The team observed visitors, pathology collectors and contractors entering through another door situated off the car park. Some visitors to the home were observed to be using the security code to enter the home. The secured door entry from the car park allowed these visitors to walk past the communal bathroom, and toilet area. Residents were observed to be coming out of the communal bathrooms on shower chairs and modestly covered with 'dignity capes' with their legs uncovered.
- The team was told by management that resident's who sit in the front foyer are monitored by the administration assistant who may require assistance with continence management. A loud speaker system is used to call staff to the front foyer area and was heard identifying residents by their name.
- A locker was provided in a room to a resident by staff and was observed to contain opened and also sealed packets of mouth swabs, food including cooking oil and noodles, a dirty rubbish bin, garbage bag and homemade coat hangers. The resident's relative confirmed the items did not contain belong to their family member and that they were in the locker when it was brought into the room.
- Due to the decreased cognitive ability of the majority of residents feedback in relation to the satisfaction of privacy and dignity was not able to be assessed by the team.

(Refer to expected outcomes 1.8 Information systems, 2.4 Clinical Care, 2.12 Continence Management and 4.4 Living Environment)

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

The home identifies and responds to residents' individual leisure and lifestyle needs and preferences. Leisure and lifestyle care planning occurs and lifestyle plans are regularly evaluated. The home's activity program offers residents group and one on one activities and is promoted through displayed activity planners and the home's newsletter. Outings are regularly offered and special events of interest to residents are planned. Residents and relatives are satisfied with the range of activities and interests provided.

Additional Information

- An employed auxiliary worker regularly takes groups of up to 12 residents on outings that include lunch. Sometimes some relatives or staff volunteers attend these outings. The auxiliary worker is not trained in first aid. The team discussed with management the benefits of ensuring staff taking residents on outings have the skills and knowledge to care appropriately for residents.
- Lifestyle goals are not incorporated into residents' lifestyle care plans.
- Leisure and lifestyle opportunities for residents are not evaluated.

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

On entry to the home, each resident's cultural needs and practices and spiritual needs and preferences are identified. Support for individual interests and customs is enhanced through the maintenance of links with families and friends and the community. Church services are held regularly and a pastoral care worker provides spiritual care. Support for residents of all faiths to access spiritual care is available on a needs basis. Days of significance to residents are identified and respected. Culturally appropriate meals can be catered for. Residents and representatives are satisfied the home meets residents' cultural and spiritual needs.

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 not comply

The home does not have systems to ensure residents are able to participate in decisions about the services they receive. The home does not ensure information about residents' choices is documented and available for staff to provide care. The home does not promote residents to make choices and decisions about their life or lifestyle. Not all residents are able to advocate for themselves when their choices and rights have not been provided. Residents are not satisfied with the choices provided at the home.

Supporting Information

- Residents are not satisfied with the choices provided to them. Comments include:
"No choice in when we get up, only when they come".
"I'm wet I have to wait and I don't get my buzzer so I can call".
"No choice in shower times, no choice in bedtimes – machine transfer I have to wait".
- Staff comments include; "there are no toileting times people have to wait for toilets", "not enough toilets only four some people wet themselves while their waiting." Staff said "they usually toilet residents after breakfast and after lunch, there are no (toileting) times".
- The team observed 21 residents were in bed without emergency call bells within reach.
- Residents are not assessed for needs, preferences or choices with rising or settling times (refer to expected outcome 2.17 Sleep).
- Residents are inconsistently assessed for their needs and preferences with toileting and are not provided a choice when they wish to go to the toilet (refer to expected outcome 2.12 Continence management).
- Residents are not provided with a choice of showering times or the choice of showering beside the same gender and have to share communal bathrooms with the other gender (refer to expected outcome 3.6 Privacy and dignity).
- The home's menu is not on display in the dining/lounge area for residents who are able to make choices with evening meals.
- Salt and pepper is not provided on tables or offered to residents who would like to have it.
- One resident commented "When I ask for seconds they say there is none".

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 not comply

The home does not have an effective continuous improvement system that demonstrates significant improvements in the area of physical environment and safe systems. Management are not able to demonstrate that results show improvements in the safety and comfort of the home’s environment or responsiveness to the needs of residents, representatives and other stakeholders. The team identified systemic failures in relation to the monitoring, evaluation and reporting of the processes within the system. Staff, residents and representatives are not satisfied that improvements in the physical environment and safe systems are occurring.

Supporting Information

- Seven of 13 residents and relatives are not satisfied continuous improvement is occurring. Comments include “The place has gone downhill. The place has gone to the pack” and “The lounge is sometimes too crowded”.
- Environmental audits occur at the home however improvements have not been noted with successive audits.
- Any planned improvements as a result of environmental audits have not been incorporated into the home’s continuous improvement system.
- Deficiencies in the home’s environment are not consistently identified by the home’s monitoring systems. For example, a housekeeping audit of 15 August 2008 does not identify issues later identified during the home’s housekeeping audit of 18 September 2008 and during the team’s visit.
- Any issues identified during housekeeping audits are not detailed and actioned. For example, the home’s housekeeping audit of 15 August 2008 states that a ‘few areas need to be addressed i.e. wires and edges’. Details of the problems with ‘wires’ are omitted.
- Living environment audits during April 2008, May 2008, June 2008, July 2008 and August 2008 sample the same seven residents and one relative.
- A recent environmental audit reportedly of 18 September 2008 did not identify the all environmental issues identified by the team during the visit from 19 September 2008 such as ‘piggy backing’ of power points and a heater close to combustible materials in a resident’s room.
- The home’s environmental audits do not identify all items needing rectification.
- Not all items identified as requiring rectification are actioned in a timely manner. For example, an environmental audit of 15 August 2008 identified ‘wires and edges’ needed to be addressed, a ‘spring cleaning and painting program needs to commence’ and ‘the building looks worn out’. These issues have not yet been actively addressed.
- The home’s monitoring systems have not detected deficiencies in the home’s catering systems, including compliance with the home’s food safety plan.

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 not comply

The home does not have an effective system for identifying relevant legislation, regulations and guidelines. Management does not demonstrate its awareness of the performance of the home against current regulatory compliance requirements and how any changes have been implemented to meet changing compliance obligations. Management is not able to show how the home complies with regulations relating to the physical environment and safe systems. The home cannot demonstrate it adequately complies with infection control guidelines and food safety standards.

Supporting Information

- The home’s operations manager said she was not aware of whether the home had evidence of compliance with building certification codes.
- The operations manager told the team the approved provider had told her that the Department had not sent a letter to the home and that the “Certificate Assessment people were hoping the new building would start”.
- Management could not show evidence of compliance relating to the physical environment and safe systems. For example, an exit door was observed to

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 educational opportunities for staff in the area of physical environment and safe systems through verbal requests, review of audit results, observations by management and changes in legislation and regulatory compliance. Records of attendance and feedback reviews are maintained and staff are notified of scheduled sessions through memoranda, telephone calls and through notices. Staff confirm frequent education opportunities occur.

Recent education relating to Standard Four includes:

- Manual handling
- No lift training
- Infection control questionnaires
- Fire and evacuation 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 not comply

The home does not identify and actively respond to the safety and comfort needs of residents in a systematic and timely manner. Maintenance issues, environmental hazards and a general lack of cleanliness throughout the home were observed during the visit. Residents can access areas of the home that present safety hazards and exits are not secure. Space in communal areas does not consistently meet the needs of the

current mix of residents. The home's living environment does not support the residents' safety and comfort needs. Not all staff are satisfied the home is safe and comfortable for residents. Residents and relatives are not satisfied with the safety and comfort of the home's environment.

Supporting Information

- The team observed 'piggy-backing' of power boards with numerous attached leads throughout the home. The leads were observed to be hanging in loose loops, gathered on the floor and wedged between furniture. Refer to Expected outcome 4.6 Fire, security and other emergencies.
- Electric cords were observed to be coiled across walls and on floors and presenting trip and choking hazards to residents.
- One exit door to the car park and road was observed to be ajar on two occasions when staff or visitors entered and the automatic closure failed. The door is close to residents' rooms and the home has residents with wandering behaviours. Management said the automatic closure required oil and this would soon be rectified however, the problem was not rectified during the first two days of the visit.
- The chemical storage rooms contained large containers of chemicals including floor primer and liquid bleach at floor level and unsecured. The areas were observed to be unlocked on each day of the visit. On the 22 September 2008, the fourth day of the visit, the team observed the padlock on the external door to this area was not engaged and the catch was closed with a piece of wire. Staff were observed to be accessing the room to store dirty linen. The area is accessible from the car park.
- The staff room opening off the central corridor near the foyer is not secure and the door was observed to be opened and the room unattended on occasions. The staff room has a boiling water tap. Management said the door is generally closed and a snib catch is in place. After discussions with management the door was closed however, the door was observed to be without any snib catch mechanism.
- The meeting minutes of 18 September 2008 also state that on at least two occasions the stoves have been left on in the kitchen.
- Resident K's progress notes for 2 August 2008 night duty show the resident had urinated in the sluice toilet beside the pan steriliser in the utility room. Staff investigating found the resident 'touching electrical appliances that produce hot steam and hot water,' and were 'concerned the resident might open the pan steriliser when it is operating'.
- Pan rooms are accessible to residents through communal bathrooms and both pan rooms were dirty. One pan room had water on the floor around the pan sanitiser machine. Management said the pan sanitiser required maintenance.
- The laundry directly opening off the central corridor was observed to be consistently unlocked during the visit. A large bucket of bleach powder was observed to be on the floor of the laundry and a solution for washing wool was accessible under the laundry sink. The laundry door had a lock mechanism; however management said the laundry could not be locked because staff needed to access it.
- A small room off the laundry and without a lock contained large containers of chemicals, including liquid bleach at floor level. Some containers were connected to laundry machines however, several other containers, including bleach were on the floor. After discussions with the team, a snib catch was applied during the visit however, the team observed the catch was not engaged or ineffectively engaged throughout the visit.
- The room off the laundry is in a state of disrepair and enclosed on one side by only lattice and board. The lattice has large openings; only one section of the lattice has open weave wire across the structure. The room opens onto the front car park and does not support the maintenance of safety and security at the home.
- The cleaner's room opens off the room off the laundry on one side through an unlocked sliding door and onto the car park on the other side through a lockable

door. This small area contains a locked cupboard labelled 'chemical store' however, several large and small containers of chemicals are accessible on the floor and on the cleaner's trolleys in the room.

- The hand washing area in one communal bathroom was dirty. A chest of drawers with sharp edges and splintered sides that could injure a resident was observed beside the washbasin. The drawers contained two continence aids, goggles, crumpled tissues and an uncapped, unlabelled used razor blade. Debris was observed beside and behind the drawers and rubbish bin and there was mould on the tiles. The hand sanitiser container over the sink needed maintenance and the light switch was cracked.
- Shower cubicles were insufficiently cleaned with brown matter along the edges of the shower recesses and mould and stains in some tiled areas.
- The home does not have any fixed or portable bath for residents.
- Residents are accommodated in single bedrooms, double and triple bedrooms, four bed rooms and there is one room where eight residents reside.
- Eight of 13 residents and relatives are not satisfied with the safety and comfort of the home environment.
- Five of ten staff nursing and care staff are not satisfied with the safety and comfort of the home environment.
- There are holes in some walls, including in residents' bedrooms.
- There are no ensuite bathrooms; two communal bathrooms with a total of eight toilets and five showers are available for 56 residents.
- One toilet was observed to be inaccessible and to be used as storage for a shower chair on both days of the visit. On the first day of the visit a rubbish bin lid was observed on the floor of the toilet. Staff and residents confirmed residents accessed toilets in this communal bathroom.
- Eight of 13 residents and relatives stated there are not enough toilets and residents sometimes have to wait. Refer to Expected outcome 2.12 Continence management.
- Communal bathrooms were insufficiently clean and smelt of urine. There was debris and gloves on the floor and visible dirt. Two brown finger-width smear marks were visible on the wall beside a cubicle for the duration of the visit.
- A long cloth curtain in the communal bathroom hand washing area was observed to be dirty.
- A plastic garden chair among furniture provided for seating in the home's foyer. A resident who uses a frame for walking was observed to be seated on the chair that was placed on the vinyl floor surface.
- Edges of rooms and corridors, under beds and around residents' bedside drawers were dirty.
- Most walls in residents' rooms and also most doors are in need of painting.
- Several chairs in communal areas and bedrooms were observed to need cleaning
- Space in the lounge / activity area is restricted. On the first day of the audit the team observed 15 empty comfort and mobility chairs stored in the cluttered lounge area where 13 residents were seated in front of the television.
- On day two of the visit, the lounge area had been cleared of excess furniture in the morning however, in the afternoon, eight large chairs were stored in the lounge. The equipment completely blocked the residents' view of the large aquarium.
- Areas of the home including communal bathrooms, around cupboards and under beds were observed to remain insufficiently clean for the duration of the visit. Dried substances and dirt were observed on the floor and some privacy curtains were dirty. Refer to Expected outcome 4.8 Catering, cleaning and laundry services.
- The metal chest of drawers put into the communal bathroom on the second day of the visit contained a packet of razors.
- A fence in the car park has fallen down.

- Assessors noted a confused member of the community from a nearby dwelling was allowed to wander freely in the home without any staff intervention whilst awaiting police to assist this person.
- On the last day of the audit a cleaning trolley with unsecured chemicals was observed to be unattended in a communal corridor while the cleaner was observed to be at the other end of the home.

Additional information

- Pan sanitiser maintenance was occurring on 22 September 2008 during the last day of the four day visit.

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 an occupational health and safety system that provides a safe working environment that meets regulatory requirements. There is a work place occupational health and safety officer on site. Policies and procedures, incident reports and third party inspections and relevant education support occupational health and safety. Staff and resident safety is also supported by regular manual handling training, risk assessments, maintenance programs and audits. Occupational health and safety is discussed at meetings. Staff confirm ongoing education and support in safe work practices.

Additional information

- Notes of an occupational health and safety meeting were shown to the team. The operations manager said the meeting took place on 18 September 2008. The notes recorded that there was a large spider above the wardrobe in a resident bedroom and 'there could be more in other rooms'. No actions to address the issue are recorded.

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 not comply

The home has electrical systems in place that are potential risk factors to residents. Management does not show evidence of effective and established procedures for identifying and acting on fire, security and emergency risks. Management of electrical appliances are not appropriate to control risk. Maintenance of emergency exits and staff and visitor practices in relation to the use of an emergency exit do not support the safety and security of the living environment. Chemicals are not stored safely. The home does not effectively review its performance in the area of fire, safety and other emergencies.

Supporting Information

- The team observed numerous examples where electrical adaptors were 'piggy backed' onto powerboards with electric appliances connected.

- The team observed a situation where a powerboard was connected to two other powerboards that were supporting the use of electrical appliances including beds and televisions.
- The meeting minutes of 18 September 2008 states that wires are visible in two residents' bedrooms. No actions are recorded. The team observed the covering of an electrical cord had split, exposing coloured plastic coated wires. The outlet was above a resident's bed and the resident was in bed at the time.
- A halogen radiant heater was plugged into an electricity outlet in a room where two residents reside. The heater was not switched on however, the heater was plugged in to an electrical outlet and the team noted combustible materials including a cardboard box with a plastic bathmat hanging out were close to the heater. Similar heaters were on in the cottage area with a chapel attached to the home and the team noted while the heater had a tilt switch, the wire grill quickly became too hot to touch.

On the first day of the visit, the team alerted management to the danger of using this type of heater in a resident bedroom and the danger of having combustible materials close to a heater. On the second day of the visit the heater was observed in the same room, plugged into the powerpoint but not in use and the combustible materials remained in the same place near the heater. This was again brought to the attention of management and the heater was removed from the residents' room.

- During the visit a chair left close to a radiant heater in the 'cottage' area smouldered and smoke erupted. The heaters, similar to those in the residents' room, were then turned off.
- Undated occupational health and safety meeting minutes (that the operations manager said are from a meeting of 18 September 2008) state that on a few occasions night staff have found the 'cottage' area attached to the home to be unlocked and doors wide open and 'in some cases with heaters left on'. The heaters are the radiant heaters described above.
- The home's front door and one exit door are operated by coded key pads and several staff were observed to have difficulty entering codes into the key pads.
- One exit door operated by a key pad was observed to be left ajar on two occasions after visitors to the home entered through the door. The exit door, off a central hallway near residents' rooms, opens directly onto a car park and to a road area. High care residents were observed to be wandering near the exit door that was ajar.
- Staff, service providers and visitors to the home were observed to enter the home through the side exit door operated with a key pad and not through the home's front entrance manned by reception staff. Visitors to the home entering through this door are required to walk past a communal bathroom and residents' bedrooms to reach the reception area.
- The partner of a laundry staff member was observed on several occasions to be in the laundry assisting the staff member with folding of linen. The laundry is opposite a communal bathroom. The visitor to the home said he comes to the home every week to assist in laundry tasks. The operations manager was not aware that this occurred.
- Chemicals at the home were observed to be unsecured.

Additional information

- After discussion with the team, management secured the chemicals and removed radiant heaters from the rooms of two residents. Management said the door closing device had been adjusted and the team observed the door now closes very quickly.

4.7 Infection control

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

Team's recommendation

Does not comply

The home does not have systems and processes to ensure an effective infection control program is provided. Staff do not have current knowledge and skills for infection control practices and are unaware of the need for maintaining infection control. Monitoring of staff practices does not occur to ensure infection control procedures are followed and implemented.

Supporting Information

- The team observed four staff serve and assist residents with their evening meal without washing their hands. Four staff was observed to be wearing the same gloves entering into different residents' rooms.
- Staff were observed in residents' room meal assisting one resident and then meal assisting another resident. At no time did the team observe staff washing their hands between serving residents.
- Resident's over bed meal tables were observed to be dirty and had stains and build up of dirt in rims.
- A registered nurse division one was observed to take medications from a Webster pack in her hand before placing it into the patty pan for crushing.
- The cleaning trolley observed to be used for cleaning was dirty, had ground in dirt on the top and had stains on it.
- In the home's bathrooms the team observed there to be mould in the grout areas of showers. These showers were confirmed by staff to be used for showering residents.
- A toilet was dirty with dry urine in the groove of the toilet seat. On the bathroom wall there was a brown substance smeared on the wall beside the toilet door. This was observed still being there on day three of the visit.
- A communal hand basin had mould and when touched by the team was found to be a slimy substance in the grout areas around the hand basin. The rubbish bin beside the hand basin had dirt ground in to the rimmed edges and did not have a lid.
- The team observed two standing machines had ground in dirt in the groove of the footplate section where residents' feet are placed for transferring. Staff confirmed the machines are in working order and are used to transfer residents. The standing machines were noted to have dirty transfer slings on them and were observed to be taken into residents' rooms by staff. Staff said there is no schedule for washing the transfer slings. Transferring machines including standing and lifting machines are not identified on cleaning schedules at the home.
- One utility room was observed by the team to have commode pans with wet faeces in it placed on the clean rack section. The stainless steel bench area where commode pans are placed ready for use was observed to have dirt, dirty plastic containers, stains and a sponge was half submerged in water on the bench. The pan steriliser was leaking water onto the floor but was observed by the team to still be used by staff. Both utility rooms at the home were observed to have ground in dirt on the floors and the window ledges behind the stainless steel benches were covered in dirt. The blood spill kit in one utility room was covered in dust and dirt.
- Three linen skips in bathrooms were observed to be rusted and four linen skips had broken lids. Staff confirmed the linen skips are used daily.
- On the first day of the visit at 2:45pm three shower chairs stored in bathrooms were observed by the team to have uncleaned footplates and seat areas.
- Three rubbish bins in communal areas were observed to have dirt around rims, edges and the sides of the bins and two were noted as to not have lids.

Staff said they do not always have enough personal protective equipment including gloves available to perform their tasks and said they have to ask for them to be provided. The team observed boxes of opened gloves labelled food handling gloves in

the treatment room, in resident's rooms in holders and the bathrooms. Staff confirmed these gloves are provided for them to give care including toileting and showering of incontinent residents.

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 not comply

The home does not ensure hospitality, cleaning and laundry services are provided in a way that enhances residents' quality of life and the staff working environment. Management does not effectively monitor the provision of catering, cleaning and laundry services provided at the home effectively. The home does not follow the food safety plan or safe food storage requirements. Catering, cleaning and laundry staff practices are not appropriate and compromise resident safety. Not all staff, residents and relatives are satisfied with the home's hospitality services.

Supporting Information

- Five of 10 staff are not satisfied with the hospitality services provided at the home. Comments include:
 - “ Residents are not happy with food most of the time. It's too salty or too tough. The one who needs more (food) doesn't get much. They don't seem to know who needs what. When I ask for alternatives (for the residents) the kitchen complains”.
 - “The floor is dirty. The residents complain their clothes shrink. There's not enough mop heads”.
 - “I'm not happy with the cleaning”.
- Three of 13 residents and relatives expressed dissatisfaction with hospitality services however, due to the decreased cognitive ability of the majority of residents, feedback in relation to the satisfaction of hospitality services were not able to be assessed by the team. Comments from a resident include “A lot of the time I'm hungry. If you ask for seconds they say there's none”.
- In the home's bathrooms the team observed mould in the grout areas of showers and the sides of the floor of the showers were dirty. These showers were confirmed by staff to be used for showering residents.
- Communal bathrooms were observed to be dirty.
- A staff hand basin had a slimy substance in the grout areas around the hand basin. The rubbish bin beside the hand basin had dirt ground in to the rimmed edges and did not have a lid.
- A communal toilet was observed to have dry urine in the groove of the toilet seat. Communal toilets were observed to be dirty and smelt strongly of urine.
- On the bathroom wall there was a brown substance smeared on the wall beside the toilet door. This was observed still being there on day four of the visit.
- A utility room was observed by the team to have; commode pans with wet faeces in it placed on the clean rack section. The stainless steel bench area where commode pans are placed ready for use was observed to have dirt, dirty plastic containers, stains, and a sponge was half submerged in water on the bench. The pan steriliser was leaking water onto the floor but was observed by the team to still be used by staff. Both utility rooms were observed to have ground in dirt on the floors and the window ledges behind the stainless steel benches were covered in dirt. Utility rooms are accessible to residents through the communal bathrooms.
- Three rubbish bins in communal areas were observed to have dirt around rims, edges on the sides of the bins and two were noted as not having lids.
- Sensor mats and falls mats in use in residents' rooms were dirty.

- The cleaning trolley observed to be used for cleaning by the cleaner was dirty and had ground in dirt and stains.
- The hairdresser/complimentary therapy room was observed by the team to be cluttered and dirty, with a large amount of piled dirt between cupboards on the floor. The sink was stained and dirty and the hose connection was dirty. The hairdresser confirmed seven residents have their hair attended to in the room.
- The team observed the home's kitchen, including the floor area, vitamised food mixing bowl and containers of food and condiments were dirty. For example, plastic containers of condiments under a food preparation table were unlabelled and covered in oil and dirt. The cook said a stained plastic container with crusty food remanent is used to prepare the vitamised meals.
- The catering assistant overseer said the monitoring of foods and the kitchen is her responsibility. The home's cleaning schedule does not include cleaning the kitchen although the cleaner said." I mop the kitchen floor every day after the breakfast is delivered at 8:00am". The kitchen area was observed by the team to have built up dirt on the floors and stains were observed on sections of the floor. Under the stoves and storage tables the linoleum flooring has lifted and clear plastic sticky tape placed over the linoleum has also lifted. Fluff and dirt were observed in the uplifted flooring and under the storage tables.
- The sides of the stoves were also observed to have oil and fat on the sides of them.
- The upright freezer was observed had a layer of dust on the top of it and the inside door seals had left over food particles.
- The freezer also contained two frozen packets of pasta without an opening or use by date. The chest freezer had three unlabelled frozen foods in it without opening or use by dates.
- The pantry shelves were noted by the team to have dust and left over food on them. A large drum of cooking oil was positioned on a shelf and under it on the floor there was a large amount of dripped lumped hard oil.
- Six clear packets of used dry foods were observed in the pantry without identification labels, opening dates or use by dates. For example, two opened packets of spaghetti and a packet of couscous were not covered.
- Large bags of unopened dry goods were observed to be stored directly on the pantry floor including flour and milk powder.
- Large kitchen food storage bins were observed to have dirty lids.
- In the kitchen cool room the team observed multiple items of out of date food, unlabelled food including a hard fast food burger in original packaging and an unlabelled thermal flask of clear and odourous fluid.
- In the kitchen cool room the team also observed food in and on dirty containers and also food in containers with mould observed.
- In the kitchen cool room, numerous examples of undated containers of food were observed.
- Not all food items in the cool room were securely covered.
- The laundry is situated at the back entrance of the home near the car park the laundry door was observed by the team to be unlocked. A large container of bleach powder was observed on the floor of the laundry and an opened bottle of wool wash was accessible under the laundry sink.
- At least two residents with wandering behaviours reside at the home. Staff confirmed one of these residents wears a wandering security alarm to alert staff when the resident is near the home's backdoor exit leading to the car park. The sensor alarm is positioned on the wall after the laundry door.
- Two residents were observed to be wandering near the laundry unsupervised at different times through the visit.
- On 20 September 2008, the team observed a resident wandering near the laundry and chemical storage area unsupervised at 9:30am, 10:30am, 12:30pm, 1:00pm,

3:30pm and 4:30pm. The laundry and chemical storage areas were unlocked until the morning of 22 September 2008, the last day of the visit.

- The laundry was observed to have dirty floors with ground in dirt in corners of the room.
- The home's chemical storage area off the laundry is not identified on any cleaning schedule at the home. Large plastic containers of chemicals were stored directly on the floor in a room that has garden lattice on two sides as walls. Wind and dust was blowing into the room and the room was observed to be very dirty with refuse and debris.
- A selection of residents' freshly laundered jumpers on coat hangers was observed to be on a rack in this storage room above the chemical containers. Laundry staff confirmed the clothing was clean and said 'I hang them there to dry'. The team observed three pairs of slippers on a ledge, rubber gloves and three sets of coloured mops and buckets hanging above the full chemical containers.
- Laundry staff were observed with clean linen dragging on the floor of the laundry whilst folding it.
- The home's procedure is for staff to take dirty and soiled linen to the laundry by going outside the backdoor of the home into the cleaner's room through the chemical room to the dirty sectioned area of the laundry. Staff was observed by the team to take soiled linen through the clean section of the laundry on numerous occasions.
- On 20 September 2008, a dryer lint filter was observed to be full and had not been emptied as per the home's laundry cleaning schedule. The lint filter posed a potential risk of fire. Refer to Expected outcome 4.6 Fire, security and other emergencies.
- A bulky doona was observed to be unfolded and uncovered on the top of a wardrobe in the bedroom of three residents

Additional information

- Management said a cleaning program is in place at the home and that privacy curtains are washed according to. Refer to Expected outcome 4.8 Catering, cleaning and laundry services.
- On 22 September 2008, the operations manager told the team the cleaner had been terminated. A relieving cleaning contractor had been engaged for 22 September 2008 however, an ongoing cleaning contractor had reportedly been appointed to start during the week of 22 September 2008.
- On the second day of the visit, the team observed corridors, main floor areas and reception areas had been significantly cleaned. Several staff and residents told the team significant cleaning by staff had occurred during the evening of 19 September 2008.
- The damaged chest of drawers beside the communal bathroom was replaced following the first day of the visit with an older style metal chest of drawers.
- During the visit cleaning of falls mats commenced.