



**Aged Care**

Standards and Accreditation Agency Ltd

## **SITE AUDIT REPORT**

Name of home	Froniditha Clayton Aged Care
RACS ID	3642

### **Executive summary**

This is the report of a site audit of Froniditha Clayton Aged Care 3642, 94 Springs Road, CLAYTON SOUTH VIC 3169 from 28 July 2009 to 29 July 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd on 31 July 2009.

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

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

- 44 expected outcomes

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

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Froniditha Clayton Aged Care.

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

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

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

# Site audit report

## Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 28 July 2009 to 29 July 2009.

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

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

## Assessment team

Team leader:	Monica Sammon
Team members:	Heather Pearce
	Lynore Mercer

## Approved provider details

Approved provider:	Froniditha Care Inc
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## Details of home

Name of home:	Froniditha Clayton Aged Care
RACS ID:	3642

Total number of allocated places:	103
Number of residents during site audit:	100
Number of high care residents during site audit:	95
Special needs catered for:	Greek specific Secure dementia specific unit

Street/PO Box:	94 Springs Road	State:	VIC
City/Town:	CLAYTON SOUTH	Postcode:	3169
Phone number:	03 9552 4100	Facsimile:	03 9552 4139
E-mail address:	anned@froniditha.org		

**Assessment team's recommendation regarding accreditation**

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Fronditha Clayton Aged Care.

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

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

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

**Assessment team's reasons for recommendations**

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

**Audit trail**

The assessment team spent 2 days on-site and gathered information from the following:

**Interviews**

	Number		Number
Facility manager	1	Residents/representatives	17
Registered nurses division one	2	Regional manager	1
Registered nurses division two	1	Laundry staff	2
Care staff	7	Cleaning staff	1
Catering staff	2	Maintenance staff	1
Activities coordinators	2	Personal care worker/ unit coordinator	1
Support services Coordinator	1	Volunteers	3
Clinical care coordinator	1	Administration assistant	1
General practitioner	1		

**Sampled documents**

	Number		Number
Residents' files	16	Medication charts	45
Resident care plans	13	Personnel files	8
Residents agreements	10	Deceased resident file	1
Wound monitoring charts	10	Blood sugar monitoring charts	15

## Other documents reviewed

The team also reviewed:

- Agency staff orientation checklist
- Appointments- internal and external
- Audit schedule and completed audits
- Blood sugar charts
- Bowel list
- Care list
- Care plan consultation
- Care plan with resident or representative form
- Chair cleaning regime
- Cleaners room
- Cleaners schedule, infection control procedures folder
- Clinical assessment forms
- Comments and complaints folder
- Continuous improvement plan
- Contractors' police check agreements folder
- Department of Health and Ageing folder
- Diabetic management plan folder
- Diet analysis form
- Dietician folder
- Dietician's menu review
- Doctors book
- Drug refrigerator temperature checking charts
- Essential services records folder
- External occupational health and safety laundry assessment
- Family and friends support charting
- Family conference checklist
- Fire safety declaration 2009
- Fire service performance report 17/7/2009
- Food handling certificates
- Food safety audit
- Gastro outbreak procedures folders
- Gel pack heating instructions
- Hazard alerts folder
- Hazardous chemicals register
- Incident summary folder
- Infection control audits
- Infection control unit folders
- Internal occupational health and safety audits
- Job descriptions
- List of staff signatures for drug administration
- Maintenance phone numbers list
- Manual handling competencies folder
- Material safety data sheets
- Medication advisory committee minutes
- Medication competencies folder
- Medication incidents
- Medication policies and procedures
- Meeting minutes
- Meeting schedule

- Memorandum
- Memory Lane book
- Menu
- Nurse initiated drug list
- Nurse registrations 2009 spreadsheet
- Pad allocation list
- PEG and catheter charts
- Pest control records
- Physiotherapist folder
- Podiatrist folder
- Police check declaration for period ending 31/3/2009
- Police check spreadsheet
- Policies and procedures
- Preventative maintenance folder
- Preventative maintenance schedule and work sheets
- Previous family meeting flyers
- Records of group activities
- Records of resident participation
- Registered nurse night duty duties
- Resident of the day
- Resident weights and graphs
- Residents information in Greek
- Residents rooms
- Residents' information handbook
- Respiratory outbreak procedures
- Restraint assessment and authorisation
- Restraint flow chart
- Rosters
- Safety assessment check
- Shower list
- Signed consent records
- Social, cultural and spiritual evaluations
- Staff appraisal matrix
- Staff attendance records and evaluations
- Staff diary
- Staff education matrix
- Staff handbook
- Staff handover sheets
- Staff memorandums
- Summary care plan
- Supplier compliance 2009 folder
- Temperature records
- Wound management folder

## **Observations**

The team observed the following:

- Activities in progress
- Archive room
- Cleaning in progress
- Continence aids cupboard
- Equipment and supply storage areas
- Injection list
- Interactions between staff and residents
- Internal and external living environments
- Kitchen
- Laundry
- Lifting equipment
- Living environment
- Meal service
- Medication trolleys
- Menus and signage in Greek
- Notices regarding the surveillance cameras
- Nurses' stations
- Photos of wounds
- Resident and staff designated smoking areas
- Resident and staff noticeboards
- Residents' rooms
- Security bins
- Staff assistance with meals
- Sterile supplies
- Storage of medications
- Surveillance camera vision
- Treatment room
- Utility room
- Wound trolley

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

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

### **1.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

The home has an effective system of ensuring continuous improvement and all stakeholders are able to raise issues of concern with management by using the feedback form, during meetings or by discussion with staff or management. Ongoing issues, together with issues raised through audits, surveys, hazard forms or from resident or staff incident analysis are transferred to the home’s improvement logs where they are actioned and monitored. Documentation shows that issues are actioned in appropriate time frames, actions are responsive to needs and feedback is provided to stakeholders. Management uses the analysis of the information gathered to improve the care and services provided to residents. Recent improvements under this standard include:

- The introduction of an electronic handover report between unit coordinators and the manager at the end of each shift. This enables the manager to be kept informed of any changes in resident status as they occur.
- The introduction of an electronic maintenance log so the manager can be kept informed of and monitor maintenance issues occurring in the home.
- The home has purchased a new payroll and financial management system and relevant staff are currently undergoing training in the systems. The systems are expected to go on line in September 2009. The systems will provide staff with better access to personnel information and improved reporting capacity.
- A review of the rostering system resulted in streamlining shifts to commence at the same time so all care staff now attend handover. The restructure was introduced incrementally to facilitate a smooth transition.
- The agency staff induction/orientation form was amended to provide more meaningful information for both the agency staff and for the home.
- Guidelines have been created for shift duties to ensure agency staff understand the requirements of the position they are engaged to fulfil.

### **1.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

The home subscribes to a legislative update service and receives updates and notices of regulatory and legislative changes through this subscription, plus its membership of industry peak bodies and information from government departments and other industry related organisations. Following advice of a change to legislation, the home’s policies and procedures are updated by the executive team and the operations team and distributed to staff via memos and at staff meetings. Education sessions are arranged

when required. Regulatory compliance is monitored through audits, checklists and observations and deficits are actioned through the continuous improvement system. The home has a system in place to monitor police record checks of staff and volunteers and all current staff have a current police record check. The home's contractors are required to provide confirmation that their personnel have current police record checks.

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

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

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

Does comply

The home has processes in place to ensure that staff have the necessary skills and knowledge to perform their roles effectively and for their ongoing performance to be monitored. Management has identified and prioritised staff education needs. The education calendar includes education sessions via an audiovisual package which are facilitated by the clinical care coordinator plus sessions by external presenters. Staff attendance is monitored for performance review and some education sessions are evaluated. Articles of interest and external educational opportunities are displayed and staff are supported and encouraged to improve their skills and to attend Greek language classes. Education offered relevant to management systems, staffing and organisational development includes senior management training in the aged care funding instrument, managing complainants and difficult conversations, equal employment opportunity, whistleblower protection, and assessing the standards.

### **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

New residents and staff are made aware of internal and external avenues for complaint during the orientation processes. Information about these systems is contained in the resident and staff handbooks. Brochures, complaint forms, the home's policy and procedure document and minutes of each unit's resident and relatives' meetings are displayed in the home. Copies of brochures for external complaints and advocacy services are also available in Greek. The home uses an external consultant to facilitate staff training, family focus groups and mediation sessions as required. Most residents and representatives reported that they are aware of the avenues available to them to raise issues and were satisfied that issues are dealt with appropriately and in satisfactory time frames. Residents confirmed they can discuss issues of concern verbally with management or staff and are satisfied with their opportunities to do so.

### **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 philosophy and principles are displayed and are contained in the resident and staff handbooks. The organisation's commitment to quality is evident in the recent improvements it has made relating to its human resources, its framework for continuous improvement and in the provision of a cultural, resident-friendly environment. The board is currently considering proposals for major renovation or rebuilding works that will enable the home to provide quality care for its residents into the future.

## **1.6 Human resource management**

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

### **Team's recommendation**

Does comply

The home has systems in place to ensure that there are appropriately skilled and sufficient staff employed for delivery of high quality care to residents. Staff complete relevant competencies in medication administration and manual handling, have job descriptions and access to the education program. Skill levels are monitored by feedback from residents and relatives, incident and accident reports, internal audits, annual appraisals, staff feedback and direct observation. A range of specialist services are available on referral and the recruitment process targets specific skills with Greek language skills highly regarded. New staff undergo orientation and probation and agency staff are also orientated. Records of staff qualification, further education, professional registration and police record checks are maintained. Staff confirm positive improvements in relation to changes in rostering, behaviours and skill levels of staff, and residents speak very highly of the prompt care, attention and respectful affection they receive.

## **1.7 Inventory and equipment**

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

### **Team's recommendation**

Does comply

The home has processes in place to ensure stocks of appropriate goods and equipment are available at all times. Staff, residents and representatives confirmed the home has appropriate supplies and that equipment is well maintained. Residents advised that management is responsive to suggestions for the purchase of new equipment. New equipment is trialled and assessed for suitability prior to purchase. The home employs a maintenance officer who attends to preventative and reactive maintenance and repairs. Documentation shows that equipment is being maintained according to schedule and a list of approved contractors is available to staff for emergencies. Staff, residents and representatives stated they are very satisfied with the responsiveness of the home's maintenance staff and contractors to identified issues.

## **1.8 Information systems**

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

**Team's recommendation**

Does comply

All stakeholders as appropriate have access to current, accurate and appropriate information. Residents and their relatives confirm that they are consulted and informed regarding care needs by unit managers. Relevant information about the home is made available to residents and their relatives via the information book, notice boards and direct conversation. Key information and data across all aspects of the home is collected, recorded, and reported. Staff are satisfied that they have access to relevant information via residents' files, care plans, handover, specialised care folders, job descriptions and schedules, staff meetings, notice boards and memorandums. Information is stored and disposed of appropriately and in accordance with legislative requirements.

**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

Formal contracts or service agreements are in place through the organisation's head office for all external service providers and these outline the nature and standard of the service to be provided. Contracts and service agreements reviewed are current, detailed and set out specific standards of service to be delivered. Performance of external suppliers is reviewed regularly by relevant staff and all contracts and service agreements require the supplier to ensure that all personnel comply with relevant legislation and regulations, including police record checks. Staff, residents and representatives confirmed their satisfaction with the services provided by external contractors.

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

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

### **2.1 Continuous improvement**

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

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

Does comply

The home has an effective system of continuous improvement, and staff, residents and representatives contribute to the homes continuous improvement in relation to residents' health and personal care. For further information see Expected outcome 1.1 Continuous improvement. Recent improvements to residents' health and personal care have included:

- The recent roster review resulted in the establishment of a floating registered nurse division one shift that has responsibility for medication management.
- All 'as required' medicines are now dispensed in their original packaging and administered only by registered nurses. This measure has also introduced savings for residents.
- A folder has been set up in each of the nurses' station in which all referrals to allied health professionals are filed to facilitate easier tracking of referrals.
- The purchase of disposable measuring tapes to measure wound sizes has improved wound management for residents.
- Noodles have been introduced to reduce the incidence of residents rolling out of bed.
- Tilt back shower chairs have been purchased to increase the comfort for residents during showers.
- Facsimile/printers/photocopier machines have been purchased for each unit to facilitate efficient liaison with the pharmacy and doctors' surgeries.

### **2.2 Regulatory compliance**

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

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

Does comply

The home has effective systems in place to monitor changes in legislation, regulations standards and guidelines. For further information, see Expected outcome 1.2. The home's systems monitor compliance with legislation that is relevant to health and personal care and these include orientation and education programs, audits, staff competencies, observations and maintenance of registers. Staff have electronic access to policies, procedures and flow charts relevant to their roles and can access other information if required. Registered nurses division one manage the care needs of high care residents. The team confirmed that medications are stored and administered in accordance with legislative requirements. The professional registrations of nursing staff are monitored annually and are fully current. Staff confirmed that they receive updates on legislative changes appropriate to their areas of responsibility through memos, at meetings and in education sessions.

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

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

#### **Team’s recommendation**

Does comply

The home has processes in place to ensure that staff have the necessary skills and knowledge to perform their roles effectively and for their ongoing performance to be monitored. For further details, see Expected outcome 1.3 Education and staff development. Education sessions offered to staff in relation to residents’ health and personal care are malnutrition awareness, dementia and challenging behaviours, diabetic management, enteral feeding, continence management, case management, wound management, urinary catheterisation, pain management and medication management.

### **2.4 Clinical care**

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

#### **Team’s recommendation**

Does comply

The home provides residents with appropriate clinical care through the initial care assessments, care planning, the evaluation process, including ongoing monitoring and observations. Individual care plans include care strategies and interventions and are reviewed monthly or when resident’s needs change. Care consultation occurs with the resident and/or their relatives, staff and other relevant health professionals. Current information about residents’ care needs is communicated between staff through verbal and written hand over reports, progress notes and a communication book. Residents and relatives stated they are very satisfied with the care provided and that they are consulted of any changes to care needs.

### **2.5 Specialised nursing care needs**

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

#### **Team’s recommendation**

Does comply

The home has processes in place to ensure the complex care needs of residents are managed appropriately. There are processes for referring residents to appropriate clinical specialists to assist in assessment and care management. Specialised nursing care is delivered in accordance with specified requirements, is undertaken by qualified nursing staff and in most cases, specialised nursing care needs are met. Staff have access to education and resource materials to assist in maintaining current practice knowledge and skills specific to residents specialised care needs. Residents and relatives expressed satisfaction with the provision of specialised nursing 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

The home has processes in place to refer or assist residents with complex health requirements to access appropriate specialists for treatment and advice. Residents have access to a range of health professionals and referrals in conjunction with the general practitioner are through verbal contact or by written referral. Residents' progress notes and care plans confirm appropriate and timely referrals and follow up and staff on most occasions carry out care according to specialists' instructions. Residents and relatives advise that residents are assisted to attend appointments of their choosing.

**2.7 Medication management**

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

**Team's recommendation**

Does comply

The home has a system in place to safely and correctly manage residents' medications including security and checking mechanisms. Medications are dispensed from multi dose blister packs by registered nurses division one, registered nurses division two (endorsed) and personal care staff, who must complete annual medication competencies. Self medicating residents are assessed to determine their ability to do this safely and are reviewed regularly by both the general practitioner and nursing staff. Currently, safety cannot be assured as there are not lockable drawers in residents' rooms. Regular medication audits are undertaken to ensure compliance, although the system at management level is not capturing all incidents, such as missed signatures. A medication advisory committee meets regularly, reviews medication incidents and ensures correct practice. Residents and relatives advise that they are satisfied with the way medications are managed.

**2.8 Pain management**

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

**Team's recommendation**

Does comply

There is an effective system in place to ensure residents are supported in their pain management requirements. Assessments include either verbal or non-verbal tools and observation of behaviour and care plans include strategies to ensure residents' personal preferences are met and for residents to remain as comfortable or as free as possible from pain. Pain management is reviewed regularly, with pain charting instigated if required, to monitor the degree of pain and effectiveness of strategies. Contemporary pain management practices are in place and residents are provided with a choice of alternative pain relief methods including heat pack treatments, gentle exercise or massage. Residents are referred to appropriate specialists such as medical specialists, a palliative care team or the physiotherapist as indicated. Residents and relatives stated that they are satisfied with staff responses to pain needs.

**2.9 Palliative care**

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

**Team's recommendation**

Does comply

The home has a holistic approach, including culturally specific requirements to ensure the comfort and dignity of residents is met in the terminal stages of the resident's life. Staff respect cultural differences and do not usually discuss terminal care wishes or palliative care until the resident is at the terminal stage of their life. The services of the local palliative care team can be accessed to provide support and assist in palliation and pain management. Spiritual and cultural support is provided in keeping with the resident's cultural requirements. A review of a file of a deceased resident showed that the resident's preferences had been acknowledged, there was ongoing consultation with the resident and family, involvement of the palliative care team and that the appropriate care has been provided to ensure comfort and dignity had been maintained. Correspondence from past residents' families highlights their satisfaction with the support provided.

**2.10 Nutrition and hydration**

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

**Team's recommendation**

Does comply

Residents' nutritional and hydration needs and preferences, including cultural and religious customs, food likes and dislikes, dietary preferences, assistive devices required and skin integrity are assessed following entry to the home and these are documented on the care plans. There is a system to communicate updated resident information to the kitchen as residents' needs and preferences change. Residents' weights are monitored monthly or more frequently if required and variances are noted and appropriate action taken, such as referral to the dietician or the introduction of supplementary drinks. Additional dietary needs, including altered consistency and texture of food and fluids are provided when necessary. Residents are referred to a speech pathologist if swallowing issues are identified. Residents and relatives confirm residents are supported to maintain their nutrition and hydration.

**2.11 Skin care**

*This expected outcome requires that "residents' skin integrity is consistent with their general health".*

**Team's recommendation**

Does comply

The initial and ongoing assessment and review processes identify residents' skin care needs and preferences such as skin integrity status, continence, mobility and nutritional and hydration status. Care plans include interventions and preventative measures such as the use of emollients, position changes, protective bandages and equipment. Wound care is provided under the direction of the registered nurse and, if required a wound care consultant. The home monitors nutrition and hydration, accidents and incidents including wound infections, pressure areas, falls and skin tears and acts appropriately on trends identified. Wound management education has been provided to staff and manual handling training is mandatory for all staff. Residents and relatives confirm they are satisfied with the way skin integrity is managed.

## **2.12 Continence management**

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

### **Team’s recommendation**

Does comply

There are systems in place to ensure that residents’ continence needs are managed effectively, including assessment on entry to the home and an ongoing evaluation of strategies. Levels of assistance required, maintenance of skin integrity, toileting schedules, continence aids, use of commodes, catheter care and other factors that may impact on continence are documented on the care plan. A continence advisor can be accessed if required. Bowels are charted on a daily basis and there was noted to be minimal use of aperients. Urinary tract infections are monitored and evaluated monthly. Residents and relatives confirm that continence issues are handled discreetly and dignity is maintained.

## **2.13 Behavioural management**

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

### **Team’s recommendation**

Does comply

The home has a system in place to ensure the needs of residents with challenging behaviours are managed effectively, including a dementia specific 33 bed secure unit. Behavioural assessments, care plans and progress notes indicate appropriate and successful behaviour management strategies, although triggers to behaviours are not always identified. To provide support to staff and to help develop strategies for residents, the home accesses the local aged persons mental health services as required. The care and lifestyle staff implement a range of programs and strategies to assist in management of residents with behaviours of concern. The home has made a concerted effort to reduce the incidence of restraint and those residents with restraint have authorisation and are reviewed three monthly. The residents and relatives expressed satisfaction that behaviours of concern are addressed appropriately.

## **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

Residents are supported to achieve optimal levels of mobility and dexterity through the assessment, care planning, ongoing care and review. A falls risk assessment is undertaken on all residents by the physiotherapist and care plans identify those residents who are a high falls risk, with strategies and protective equipment in place to minimise this. The nursing care plans of all residents include assistance required including transfers, aids and either individual or group exercise programs, although there was noted to be inconsistencies in care plan documentation used to identify residents at risk. The physiotherapist visits three times a week and residents individual exercise programs are in their rooms where care staff can assist residents to undertake their programs, if required. Resident falls are monitored and reported on monthly and

education is provided to staff on manual handling. Residents report they are satisfied with the level of assistance provided

## **2.15 Oral and dental care**

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

### **Team’s recommendation**

Does comply

The home has systems in place to ensure residents’ oral and dental health is maintained. The oral and dental health of residents and the ability to maintain this is assessed and reviewed regularly. Care plans detail individual assistance, preferences and interventions required. A dental service can be accessed or residents can access or are assisted to attend their own preferred dentist or technician. Residents experiencing swallowing difficulties are referred to a speech pathologist after consultation with the general practitioner, resident and/or relative. A range of modified foods and fluids to assist resident with oral or dental impairments is available. Staff state they are aware of the assistance required by residents, and will, if required, assist residents with their oral and dental requirements and residents confirm this.

## **2.16 Sensory loss**

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

### **Team’s recommendation**

Does comply

A sensory assessment for hearing, vision, speech and communication, but not on taste and smell, is undertaken on all residents, to ensure that these losses are identified and managed effectively. Care plans detail identified losses and the assistance required, such as the use of an interpreter, and includes maintaining and fitting assistive devices such as spectacles and hearing aids. Residents have access to specialist assessment and treatment if required, including optometry, audiology and speech therapy. The lifestyle program is culturally developed to assist residents with sensory loss including notices in Greek, Greek food and music to stimulate smell, hearing, touch and taste. Residents and relatives confirm that they are satisfied in the way residents are supported to manage sensory loss.

## **2.17 Sleep**

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

### **Team’s recommendation**

Does comply

On entry to the home, an individual assessment is undertaken to identify the resident’s rest periods, settling and rising times and other night time rituals or assistance required if disturbed. The care plans identify these individual preferences and a holistic approach is taken including if appropriate, toileting assistance, sedation, pain relief measures, massage, drinks and the degree of lighting in the room. Single room accommodation for residents in both Pronia and Galini wings assists in providing a quiet environment for residents. Accommodation in Steyi wing is a mixture of single, double and some four bed rooms, however residents confirmed they are assisted to settle and achieve natural sleeping patterns and the home was mostly quiet at night.

## **Standard 3 – Resident lifestyle**

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

### **3.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

The home has an effective system of continuous improvement, and residents and their representatives contribute to continuous improvement in relation to resident lifestyle through the comments and complaints system, annual residents’ surveys and during residents’ meetings. For further information see Expected outcome 1.1 Continuous improvement. Recent improvements under this standard include:

- In response to an identified need in the most recent resident satisfaction survey the home accessed services through the local general practice network to provide counselling for residents or their family members during times of grief, loss or adjustment.
- A restructure of the duties of lifestyle staff in the dementia unit has resulted in staff having more time available to spend with residents.
- An interactive computer games program has been purchased to encourage mobility and dexterity and mental stimulation for residents living in the secure dementia unit.
- The home’s policy for bus drivers was amended to expand the training provided and new volunteers have been trained so additional outings can be provided to residents.

### **3.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

The home has effective systems in place to monitor changes in legislation, regulations standards and guidelines. For further information, see Expected outcome 1.2. In relation to resident lifestyle, residents and their representatives receive information relating to privacy legislation on entry to the home and the charter of residents’ rights and responsibilities is displayed on noticeboards throughout the home and included in resident and staff handbooks and resident agreements. Staff receive education during their orientation on their obligations to respect residents’ privacy. All residents are offered residency agreements on admission and policies and procedures have been updated to reflect recent changes in mandatory reporting of elder abuse and missing residents.

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

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

**Team's recommendation**

Does comply

The home has processes in place to ensure that staff have the necessary skills and knowledge to perform their roles effectively and for their ongoing performance to be monitored. For further details, see Expected outcome 1.3. Education and staff development. Education sessions offered to staff in relation to resident lifestyle include elder abuse and mandatory reporting. Staff receive training during orientation regarding privacy, confidentiality and residents rights and staff confirm that they are reminded of these principles during handover and meetings. Lifestyle staff meet regularly to share ideas to improve the programmes offered at the home.

**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 are supported in adjusting to the new environment when they first enter the home and their emotional status and needs are assessed, identified and met on an ongoing basis. Residents and their relatives stated that they are warmly welcomed and supported by the activity staff who are of Greek heritage and understand their needs and can communicate effectively with the residents and relatives. Residents are also supported by visiting religious personnel and members of the outside community and family members are very welcome and encouraged at the home. Staff spend one on one time with residents and all staff are educated to increase understanding of Greek culture and customs. The home's ability to provide appropriate emotional support is monitored by internal audits, resident feedback and observation.

**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 and their relatives confirm that they are satisfied with the assistance provided by the home in relation to residents' independence, maintenance of friendships and participation within the internal and external community. Many of the residents have known each other before entering the home and activity staff ensure that these relationships are fostered by the inclusive lifestyle program and the fostering of a vibrant internal community which welcomes family and outside community members, including school groups and church groups. Taxis are organised for those residents who require them, and some residents visit their families regularly. Residents are encouraged to maintain their mobility, utensils to maintain independence with eating are provided and residents confirm that staff allow time for them to complete their own personal care as they are able. Sensory deficits are identified and suitable aids and assistance provided, and within the limitations of the present building, the environment allows for maximum independence.

### **3.6 Privacy and dignity**

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

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

Does comply

Residents and their relatives confirmed that their privacy, dignity and confidentiality is recognised and respected. Staff are educated in a code of behaviour and in residents rights in relation to privacy and confidentiality. Residents or their authorised representatives are required to sign for consent to collect relevant appropriate information and in relation to the use of that information. Residents state that all staff knock before entering their rooms and within the limitations of the building, protect their privacy at all times during personal care. Shared rooms have privacy curtains and residents are able to personalise their space within the home. There are private conversation areas in the home, although the residents generally prefer to be together. Resident information is generally stored appropriately and the maintenance of privacy and dignity is monitored by the internal audits and via resident and staff feedback.

### **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

Residents speak very highly of the activities program which is offered six days per week, with religious services on Sunday. Residents are assessed on entry to the home in relation to their past interests, hobbies, occupation, cultural and spiritual involvement, and preferred lifestyle. The program is culturally specific and residents were observed to be enjoying the program, participating as they are able and being given appropriate assistance to overcome barriers to participation. Residents' lifestyle care plans are reviewed and the program is adapted according to resident participation and feedback. For example, recently a men's card group was added in response to residents' needs. The programs are successful in assisting with management of behaviours as the activity staff know the residents very well and express dedication to their roles. For example, in the dementia unit, the residents are engaged by the Greek singing, dancing, praying and one on one attention given by staff.

### **3.8 Cultural and spiritual life**

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

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

Does comply

The home is culturally specific and the Greek culture is highly respected, valued and fostered across all aspects of the home. Many staff are of Greek heritage and other staff are educated in Greek customs, culture and language. All food served is Greek and the menu and some other signage and brochures are displayed in Greek. The activities program is culturally specific and includes close attention to the spiritual needs of the residents. Prayers are held every morning, religious personnel and members of church groups attend the home and conduct services and holy days and festivals are celebrated. The residents' cultural and spiritual needs are considered in

the provision of care. For example, advanced care wishes are not addressed as this is not culturally appropriate. See Expected outcome 2.9 Palliative care.

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

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

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

Does comply

Residents and their relatives confirm they are consulted and can participate in decisions about the care and services they receive. Cognitive skills are assessed and authorised representatives are nominated. Information about services provided is communicated to the resident verbally, via the information booklet and notice board and at resident and relative meetings. A family conference is held after the resident has resided at the home for one month and the care plan has been completed, to ensure that residents and their families are fully informed and to give them an opportunity to participate in decision making. Residents and their nominated representative are then informally consulted on an ongoing basis and formally during regular care consultations. Residents state that they can make choices regarding their personal care, daily routine and meals, and both they and their relatives have access to the internal and external complaints mechanisms.

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

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

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

Does comply

Prospective residents are provided with information and a tour of the home by the manager and a Greek speaking member of staff. On entry, a package of information is provided that includes information about fees and charges, details of internal and external avenues for comments and complaints, advocacy services and the resident handbook. Some of this information is also provided in Greek. All residents are offered and encouraged to sign a residency agreement. Residents and representatives advised the team that they are kept informed of changes and are consulted about issues that affect their tenure. Residents and/or their representatives stated that they feel secure regarding their tenure in the home.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

The home has an effective system of continuous improvement which undertakes continuous improvement activities related to the physical environment and safe systems. For further information see Expected outcome 1.1 Continuous improvement. Recent improvements under this standard include:

- The installation of camera surveillance in public areas of the home and car parks to improve safety and security of residents, staff and visitors. Residents and staff were advised of this and the team observed notices on noticeboards about the cameras.
- The home installed an ultra-violet sterilisation system to its hot water system to reduce the risk of infections.
- The home’s new payroll and financial management system will also increase the home’s security for residents and staff through the use of swipe card access to the home for all staff members.
- The purchase of furniture and equipment to suit the needs of residents.

### **4.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

The home has effective systems in place to monitor changes in legislation, regulations standards and guidelines. For further information, see Expected outcome 1.2. In relation to the physical environment and safe systems, staff participate in annual mandatory training on manual handling, infection control and fire and emergency procedures. The home’s fire prevention systems are serviced according to regulations and audited. Electrical equipment is tagged and tested according to requirements. Staff confirmed that appropriate systems are in place to ensure the home is a safe working environment.

### **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 has processes in place to ensure that staff have the necessary skills and knowledge to perform their roles effectively and for their ongoing performance to be monitored. For further details, see Expected outcome 1.3 Education and staff

development. Education sessions offered to staff in relation to the physical environment and safe systems include compulsory sessions in infection control, manual handling, fire and emergency and chemical handling for all staff. Catering staff have also received training in the use of drink thickening agents and the home has provided education in workplace bullying and harassment.

#### **4.4 Living environment**

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

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

Does comply

Residents are accommodated in one of three units that reflect the safety, comfort and care needs of the residents. Adequate furniture is provided and is appropriate for resident use. Residents are able to personalise their rooms as they please. The home has heating and cooling systems in place that can be easily adjusted, and resident rooms can be ventilated according to individual preferences. The home is well lit and provides numerous areas where families can meet, in addition to the main lounge areas. The home is clean and odour free and residents, representatives and staff confirmed that this standard is maintained at all times. Residents and representatives confirmed that they are satisfied with the level of comfort and safety provided to them in the home.

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

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

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

Does comply

Management works towards providing a safe working environment for staff in line with regulations. External workplace assessments, monthly occupational health and safety audits, maintenance reports, hazard notifications by staff, incident and accident reports identify areas of risk and required improvements. There is a scheduled preventative maintenance program and a prompt response to maintenance issues as they arise. Staff confirm they receive training in manual handling, chemical safety, infection control and equipment use and that the home has a zero tolerance to bullying and harassment in the workplace. There are three trained representatives and occupational health and safety meetings occur bi monthly. Staff state that management respond appropriately to staff injuries. Return to work plans are managed by the organisations' human resources department.

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

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

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

Does comply

The home's emergency processes and systems are displayed throughout the facility and staff attend fire and emergency training annually. Emergency equipment is

inspected and serviced according to schedule, and all exit lights and exit doors are free from obstruction and are illuminated. Evacuation packs are accessible to staff and include a current list of residents that details mobility status. The organisation has a disaster and evacuation plan and staff are knowledgeable about the home's emergency procedures and what is required of them should an emergency arise.

#### **4.7 Infection control**

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

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

Does comply

The home has an infection control program which is effective in identifying and containing infections. The facility manager monitors the monthly infection data which is recorded, analysed and trended by each unit manager. Infection control is an agenda item at meetings and all staff have compulsory infection control education. Blood spill kits are available, outbreak management procedures are in each nurses' station and appropriate signage and equipment is available. Hand washing facilities and alcohol gels are readily accessible throughout the home and infection control audits occur in each unit monthly. An audited food safety program is in place and staff in catering, cleaning, laundry and care were all observed to be following standard infection control procedures.

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

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

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

Does comply

Residents and their relatives confirm that they are very satisfied with the catering, cleaning and laundry services provided to them at the home. Residents' food is prepared fresh in the main kitchen and transferred to two other serveries where it is served within fifteen minutes. Kitchen staff are informed of residents' nutritional needs, special requirements and preferences. Residents stated that the food, which is Greek cuisine is very good, however an alternative is available if required. Snacks are readily available and the menu which rotates four weekly has been reviewed by a dietician. Residents' linen and personal clothing is laundered daily in the home's two laundries. Woollen clothing is line dried, clothing can be labelled on site and staff report that they always trace missing or unmarked clothing. Residents' bedrooms, bathrooms and all communal areas are cleaned daily according to a schedule using appropriate procedures, chemicals and equipment. Support services staff have received appropriate education in food and drink preparation, food handling, infection control, chemical handling and occupational health and safety as relevant. Hospitality services are monitored via audits and resident feedback.