



Aged Care
Standards and Accreditation Agency Ltd

Froniditha Lower Templestowe

RACS ID 3688

11 Omar Street

LOWER TEMPLESTOWE VIC 3107

Approved provider: Froniditha Care

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 6 May 2015.

We made our decision on 9 March 2012.

The audit was conducted on 6 February 2012 to 7 February 2012. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

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

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

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



Aged Care
Standards and Accreditation Agency Ltd

Site Audit Report

Froniditha Lower Templestowe 3688

Approved provider: Froniditha Care

Introduction

This is the report of a site audit from 6 February 2012 to 7 February 2012 submitted to the Accreditation Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 6 February 2012 to 7 February 2012

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

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

Assessment team

Team leader:	Darren Bain
Team members:	Carolyn Rogers
	Timothy Nyborg

Approved provider details

Approved provider:	Froniditha Care
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Details of home

Name of home:	Froniditha Lower Templestowe
RACS ID:	3688

Total number of allocated places:	60
Number of residents during site audit:	60
Number of high care residents during site audit:	56
Special needs catered for:	Nil

Street:	11 Omar Street	State:	Victoria
City:	Lower Templestowe	Postcode:	3107
Phone number:	03 8850 5111	Facsimile:	03 9850 5000
E-mail address:	kerrinm@froniditha.org		

Audit trail

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

Interviews

	Number		Number
Management/administration	5	Residents/representatives	16
Clinical/care/lifestyle staff	14	Volunteers	1
Allied health professionals	1	Ancillary staff	5

Sampled documents

	Number		Number
Residents' files/ care plans and lifestyle assessments	19	Medication charts	10
Resident agreements	7	Personnel files	7

Other documents reviewed

The team also reviewed:

- activities calendar
- activity attendance sheets
- activity participation record
- allied health referrals
- approved suppliers list
- audit schedule
- audits
- blood sugar monitoring charts
- bus trip record
- care consultations
- care plan review sheets
- changes to dietary requirements
- cleaning schedules
- clinical competencies
- complaints and incident reports
- condolences form
- continuous improvement plan
- contracts and agreements
- diabetes management plans
- dietary supplement list
- drugs of addiction register
- duty statements
- education attendance records
- education calendar
- essential services equipment testing records
- essential services report/worksheets
- falls charts and surveys
- feedback forms
- fire and evacuation plan
- food safety register
- handover sheets
- incident reports

- individual education records
- induction records
- maintenance logs
- mandatory reporting register
- medication incident register
- meeting minutes
- meeting schedule
- memoranda
- monthly feedback register
- observation charts
- occupancy certificate
- orientation checklists
- performance appraisals
- physiotherapy memos to care staff
- police checks/statutory declarations
- policies and procedures
- preventative maintenance plan
- reference chart (English/Greek)
- resident referrals
- resident social profiles and files
- residents' information handbook
- residents' information package and surveys
- restraint authorisations
- specialised nursing care plans
- staff handbook
- staff roster
- third party audit
- vaccination register
- weight charts
- wound charts.

Observations

The team also observed the following:

- activities in progress
- bulletin and photo boards
- enteral feeding emergency kit
- equipment and supply storage areas
- hand washing facilities
- interactions between staff and residents
- living environment
- medication administration
- medication room
- nurses' station
- outbreak management kit
- palliative care kit
- religious service
- resident lunch service
- storage of medications
- volunteers in action
- water-lily dementia group
- wound management practices.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has systems in place to encourage improvements in all aspects of the home’s operations. Staff are informed of the corporate management’s and the home’s continuous improvement activities during orientation and through regular meetings and feedback sessions. The homes’ improvement activities are guided by feedback forms and scheduled internal audits and trending analysis. Other information leading to continuous improvement activities include resident and staff surveys, resident and staff meetings, broader corporate initiatives and reaction to external audits. The home shares and communicates information on the improvement process, with staff and residents and the broader Greek community via newsletters and radio. Residents/representatives report they are generally aware of improvement discussions however demonstrate limited knowledge of the process of utilising the improvement forms. Residents state they can generally talk to staff and management and are able discuss issues during regular resident meetings.

Recent improvements relevant to Standard One include:

- Following a review of resident/representative survey comments, the home has implemented new uniforms (with three separate colour schemes) and name tags for staff, assisting residents and visitors to the home to easily identify staff members.
- Management have reviewed the staffing mix and have put forward a plan to ensure appropriate ratios of Greek speaking staff are employed. As a result the home is able to roster at least one Greek speaking staff member on every shift. Staff report this has improved their ability to communicate with residents/representatives in a meaningful and effective manner.
- The resident handover form has been revised with the improvements made in the recording of current issues and ongoing diagnosis. Staff report the new format has improved communication and information sharing, as well as having a positive impact on their ability to offer appropriate care.
- The home has revised the continuous improvement feedback process and has implemented a singular format for offering feedback, which captures a range of issues including: comments, compliments and complaints. Management report this has improved their ability to respond in a timely fashion.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home receives updates on regulatory and legislative changes through a range of sources which includes peak body and industry membership and through Government websites and newsletter updates. Management inform staff of changes through memoranda, education, noticeboards and staff meetings. Management together with key administration staff ensure relevant policies and procedures are revised and updated as legislation

changes. Management monitors ongoing compliance through internal assessments, audits and raising regulatory compliance as a standing agenda item at staff meetings. Staff are further supported by education in areas relating to regulatory compliance across all Standards. Management are able to provide examples of regulatory compliance relevant to Standard One, management systems, staffing and organisational development including a process to ensure relevant staff, volunteers and contractors have current police 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 findings

The home meets this expected outcome

The home is able to demonstrate staff have the required knowledge and skills to perform their roles effectively. Position descriptions and duty lists define the knowledge and skills required for the roles performed. Educational requirements are identified via residents' needs, staff requests, incident data, performance appraisals and legislative changes. The educational programme comprises of internal and external presenters, seminars, individual sessions, and is flexible with times and days. The home maintains records of staff's attendance at education sessions, and monitors staff skills through audits and competencies. Staff and documentation confirm that management provides an education programme aimed at improving skills to benefit staff and residents.

Recent educational opportunities relevant to Standard one include:

- continuous improvement
- bullying and harassment
- teamwork and situational leadership
- incident reporting

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The comments and complaints process is outlined as part of the resident entry process. Management ensure comment feedback forms are made available at main office and confirm residents and or their representatives are encouraged to comment on the home's processes and services at resident and representative meetings. The home has mechanisms in place to ensure comment forms can be submitted confidentially. Information regarding the internal and external complaints process is made available to residents when they are introduced to the home, with forms displayed in Greek and English language. Documents indicated that staff and resident concerns are recorded and reviewed in a timely manner. Residents and or their representatives confirm their knowledge of their right to complain, and report that they feel comfortable raising concerns with staff and management.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home offers documentation supporting the home's vision, mission and philosophy and commitment to quality. The home is directed by a corporate based executive board which meets regularly to discuss planning and leadership matters. The home demonstrates a commitment to a clearly identified philosophy, vision and mission which is communicated in staff and resident handbooks. Information to stakeholders representing the mission and values of the home are on display in Greek and English languages in the home, with management's plans and goals highlighted at staff and resident meetings. Management and staff confirm their commitment to the identified values and quality objectives of the home.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has appropriately skilled and qualified staff to ensure care needs and services are provided to residents. There are formal processes for selecting new employees and monitoring staff performance. All new employees attend an orientation program and compulsory education topics are scheduled annually along with performance appraisals. The home maintains records of qualifications, police record checks, and professional registrations, where required. Staff confirm they have sufficient time to perform their roles and are satisfied with staffing levels. Residents and representatives state they are satisfied with the level and quality of care provided.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home can demonstrate a system to ensure appropriate levels of goods and equipment are managed and maintained in all areas. Equipment and inventory requirements are identified through regular stock and equipment audits, maintenance logs, staff requests, clinical and lifestyle assessments. Stores of goods and equipment including clinical supplies are generally reviewed by key personnel, with both staff and management ensuring stock is well managed and in good supply. Supply agreements and equipment are reviewed to ensure both cost effectiveness and quality is maintained. A preventative maintenance plan is in place supported by a quality audit program which ensures the ongoing maintenance of the home's equipment. Residents and or their representatives and staff confirm that they are satisfied with the equipment and supply levels at the home.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home operates from a base of paper and computer based records which are maintained to ensure information is easily identified and accessible to relevant stakeholders. Staff have access to policies and procedures, an education program and computer documents. Management ensure information is kept confidential and is stored appropriately, with appropriate archiving and document management systems in place. Staff members confirm the communication processes utilised by management are effective, these include memoranda, minutes of meetings, and handover sheets. Residents have access to notice boards relating to events and activities, and daily menus are put on clear display for residents to view in both Greek and English languages. Communication from management to residents and family occurs directly during resident and representative meetings and indirectly via verbal feedback. Staff, residents and or representatives state that they are satisfied with the level of communication in the home, and feel supported in being able to understand issues which relate to their work and lifestyle needs.

1.9 External services

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

Team's findings

The home meets this expected outcome

Management are supported by corporate office in managing interactions with external services, to ensure the ongoing quality and integrity of safety systems and general maintenance issues. The home maintains an approved external service providers list which generally is supported by appropriate contractors/agreements. Management report all contractors are generally accompanied by a staff member. Reviews and performance evaluations of service contractors are informally discussed and conducted at management and staff meetings. Staff and residents confirm that they are satisfied with the quality and service levels provided by the external providers who service the home.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has a system for reviewing and identifying opportunities for improvement in residents' clinical and personal care. Management conduct regular evaluations of health and personal care, with regular audits identifying trends and issues to be placed on comments, compliments and complaint forms. Internal audits and trending analysis are used to record falls, medication errors, incidents and other clinical indicators to monitor performance and identify trends. Management informally monitor improvements and discuss results in relevant staff and case reviews. Clinical staff confirm they have input, and are kept informed on issues relating to their requests, other planned improvements and changes in the home.

Recent examples of relating to Standard Two include:

- Following the identification of increased and ongoing wounds in some residents, the home has implemented a standardised wound management form improving staff ability to record actions and ensure wounds are monitored appropriately. Management report this has led to an overall decrease in the amount of residents suffering ongoing wounds.
- Management have undertaken a general review of care documentation and modified forms and reporting procedures ensuring information is consistently collected in a manner in keeping with policies and procedures and helping to improve timely and efficient care for residents.
- Following an incident of an absconding resident over the last 12 months management have implemented a new alarm / pendant system for residents identified as at risk of absconding, helping to ensure their whereabouts can be more easily monitored and reduced the risk of future absconding events.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has a system to identify relevant legislation, regulatory requirements and professional standards and guidelines in relation to resident health and personal care. Processes ensure and monitor compliance. For a description of the system and processes refer to expected outcome 1.2 Regulatory compliance. A clinical care coordinator and management oversee residents' clinical needs. Medication administration and storage is managed effectively and safely. There is a system for the mandatory reporting of missing residents.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Staff have appropriate knowledge and skills required to perform their roles effectively in relation to health and personal care. Staff have access to policies, procedures and clinical guidelines. Internal and external education sessions are provided, competencies are undertaken, and records of attendance at sessions are maintained. For further details refer to expected outcome 1.3 Education and staff development.

Recent educational opportunities relevant to Standard two include:

- continence management
- drinks and food texture modification
- palliative care
- wound care
- pain management

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home undertakes initial and ongoing assessment of residents’ care needs to provide residents with appropriate clinical care. Individualised care plans are developed in consultation with residents and representatives and regularly reviewed. Medical officers and allied health specialists reviews are conducted as required. Protocols guide staff in clinical practices, and documentation confirms ongoing consultation with residents and representatives. Clinical indicators are recorded and audits monitor staff practices and clinical management. Residents and representatives interviewed said they are regularly consulted regarding care needs and are satisfied with the care provided.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Residents have their specialised nursing care needs identified, planned and provided by appropriately qualified nursing staff. There are formal policies and procedures in place to give direction to clinical staff. Regular assessment and evaluation of care needs occurs, and care plans are comprehensive. Education is provided in areas of complex care and staff gave examples of residents’ care needs. Specialised equipment is available if required. Specialised care needs of residents at the home include diabetes, catheter and stoma management. Residents and representatives at the home confirm satisfaction with the specialised care the home provides.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Residents have access to a range of allied health specialists and referrals occur when required. Residents’ needs for health specialists are assessed and their preferred and/or existing health providers are identified and recorded. Assessments and prescribed treatments are documented in progress notes and specific information is transcribed into the care plans. A range of allied health specialists visit the home. Documentation confirms health specialists are actively involved in the delivery of residents’ care, and mechanisms exist to ensure urgent referrals occur if required. Residents and representatives indicate they are satisfied with the other health and related services the home provides.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to ensure residents’ medications are managed safely and correctly. Registered nurses oversee medication management providing support to enrolled nurses and personal care workers when required. Residents’ medication needs are assessed and administered according to their general practitioners’ orders. Medication management is monitored through regular audits, the monitoring of staff practices, and an incident reporting system. The team observed that medications are securely stored with processes for the ordering, receiving, and disposal of medications. Residents and representatives state that medications are administered safely and in a timely manner.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Residents’ pain issues are assessed on entry to the home and treatments and interventions are recorded. Assessments of residents’ pain management take into account medical history and precipitating and relieving factors. Pain assessments also consider psychological function, which allows for staff observation of non-verbal pain cues. Pain management interventions are documented and include the administration of schedule eight medications, pressure relieving equipment, repositioning, heat packs, and massage. Medical practitioners and allied health professionals assist with pain management, and staff demonstrate an awareness of residents’ pain needs. Resident and representative interviews confirm residents are comfortable and treatment for residents’ pain is provided.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The comfort and dignity of palliative residents is maintained through a multidisciplinary approach. Residents and/or their representatives are asked to complete a terminal care form

reflecting residents' beliefs, wishes and customs on entry. Individual palliative care plans are created to address specific end of life clinical and spiritual requirements when the need arises. To enhance resident and representative support, the home facilitates visiting religious clergy when requested. Education is provided to staff and resources are available. Staff gave examples of strategies used to ensure the comfort, dignity, and care needs of residents requiring palliative care.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure residents receive adequate nourishment and hydration. Residents' dietary needs and preferences are documented and communicated to the kitchen. Care plans include dietary likes/dislikes, special diets, consistency of fluids, required dietary aids and food allergies. The home monitors residents for adequate nutrition and hydration through staff observations, and the regular checking of residents' weight. Specific weight loss/gain guidelines are available, and residents receiving supplements are monitored for intake. Texture modified diets are provided for residents, and referrals to the speech pathologist and dietitian occur promptly. Residents and representatives interviewed said they are generally satisfied with the food and meals provided.

2.11 Skin care

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

Team's findings

The home meets this expected outcome

The home has systems to assess, identify and monitor residents' skin integrity for risks and potential pressure injury. Skin care plans are developed and provide staff with regimes for skin integrity management, and residents at risk are supported with skin integrity aids. Wounds are supervised by a registered nurse and the home has access to a wound nurse for advice/education. Skin tears are reported and preventive measures are taken. Staff can describe resident's individual skin care needs and aids used. Residents are satisfied with the assistance from staff and the skin care provided.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

The home has systems to support and optimise residents' continence needs. Residents' individual needs are identified and if indicated an individual continence management program is developed. Interventions such as increased hydration and a high fibre diet are implemented to maximise normal bowel health. Education and support is available from both the supplier of the products and from appropriately qualified staff. Staff are aware of residents' individual continence programs and were observed to assist residents. Residents say they are satisfied with how staff approach their continence needs.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

Residents with challenging behavioural needs are managed effectively. Behaviour assessments are completed and the information is used to develop care plans that record management interventions. Progress notes indicate effective interventions carried out by care staff. Lifestyle staff assist in managing behaviours with various therapies. Staff provided examples of strategies to assist in modifying residents’ behaviours, and the team observed staff interacting therapeutically with residents. The home has protocols to manage the use of restraint, and residents are referred to external specialist psycho-geriatric services if needed. Residents and representatives state satisfaction with staff interaction with residents’ requiring 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 findings

The home meets this expected outcome

Residents receive care that supports optimum levels of mobility and dexterity. The home has a system for the assessment, implementation and evaluation of care related to residents’ mobility and dexterity. On entry to the home, allied health staff assess and develop care plans specific to the residents’ needs. The home also demonstrated a system for review and reassessment. Progress notes reveal staff implement instructions and care plan re-evaluation. Residents confirm that they are generally satisfied that their mobility and dexterity needs are met.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

Residents receive oral and dental care that is appropriate to their individual needs and preferences. The home has an entry and on-going review and evaluation system for identifying and managing oral and dental health. This information is used to develop individual care plans. The home demonstrates evidence of recent re-assessment of residents’ needs in relation to oral and dental health. Residents are given the choice of whether they use their former dental team or one the home may recommend. Residents generally express satisfaction with the oral and dental care available to them.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Residents have their sensory losses identified and managed effectively at the home. The home assesses residents’ on entry for all five senses, and has a process for re-assessment and how this is communicated to the care staff. Information gathered from assessments is

used to formulate care plans. Staff demonstrate consideration for sensory loss and it is incorporated in to the routine care of residents. Medical practitioners and allied health also contribute to sensory assessments and refer to other specialists if necessary. Residents report they are satisfied with the level of consultation and how their information is used to deliver their individual needs and preferences.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Residents are able to achieve natural sleep patterns appropriate to their individual requirements. The home has an entry and ongoing review and evaluation system for identifying and managing residents’ sleep requirements. Each resident receives an individual sleep assessment and care plan and the home demonstrates this is regularly reassessed and evaluated. Progress notes confirm that medication used for sleep is evaluated for its effect. Residents confirm that they receive an undisturbed nights’ rest and that their preferences are met.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The system used to identify ongoing improvements in the area of resident lifestyle is described in Expected outcome 1.1 Continuous improvement.

Recent improvements relevant to Standard three include:

- The home has reviewed and updated resident activity documentation introducing improved standardised forms helping to ensure information is easily interpreted.
- The home has engaged a music therapist and has started a regular music program helping to engage and involvement residents in music therapy sessions.
- The following purchases have been made to improved residents social engagement and enhance interests and recreation:
 - The purchase of a piano
 - The implementation of a new vegetable garden
 - The installation of a dedicated prayer room
 - The purchase and installation of a large movie screen in the activity room
 - The purchase and installation of new fish tanks/aquariums for resident and visitor enjoyment.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has a system to identify relevant legislation, regulatory requirements and professional standards and guidelines in relation to resident lifestyle and there are processes to ensure compliance. For a description of the system refer to Expected outcome 1.2 Regulatory compliance. There is a system for mandatory reporting of elder abuse. Residents are informed about their rights to privacy and confidentiality.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management demonstrates staff have appropriate levels of knowledge and skills relating to resident lifestyle outcomes. Access to relevant training opportunities is encouraged. Attendance records confirm staff attend training on topics relevant to this Standard. Refer to expected outcome 1.3 Education and staff development for further details.

Recent training and development opportunities relevant to Standard three include:

- elder abuse and mandatory reporting
- privacy and dignity
- person centered care

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Residents receive support in adjusting to life in their new environment and on an ongoing basis. Lifestyle and care staff assess the emotional and psycho-social needs and preferences of residents by allowing a twelve day period of observation and consultation when the resident enters the home. During this time information is gathered from both the resident and their representative and by closely monitoring the residents' participation in the life of the home. Pastoral care, volunteers and appropriate cultural groups provide further one on one support if required. Staff refer to appropriate specialists if residents require further professional support or counselling. Residents are encouraged to bring in small personal items such as furniture and photos to create a homelike environment. Residents and representatives state they have their emotional needs and preferences met.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home provides an environment in which residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service. Residents who require an authorised person to act on their behalf, have this documented in the resident file. The home demonstrates a number of links with the community such as being regularly featured on Greek radio, and Greek newspapers, visitations by local schools, church and Greek cultural organisations and clubs. The home has an active ladies' auxiliary who provide funding for extra excursions and activities for the residents. Residents confirm they are supported by the home to maximise their 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 findings

The home meets this expected outcome

The home recognises and respects each resident's right to privacy, dignity and confidentiality. Privacy and consent statements are witnessed and signed by each resident or their representative in relation to their information, photos, and participating in external excursions or activities. The resident agreement contains a statement that confirms each resident's right to privacy and confidentiality. Staff knock before entering closed rooms and wait to be invited in. There are private areas available for residents to entertain their family or guests if required. Residents were observed to be well-groomed and treated respectfully by all levels of staff.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home has systems and process in place to support resident participation in a wide range of interests and activities of interests to them. Residents leisure interests are captured over a twelve day period on entry to the home and this information is used to formulate the resident's leisure and activity care plan. Documentation shows effective processes for recording the residents' participation and feedback. Activity calendars are displayed throughout the home in both English and Greek. Community groups and volunteers are actively involved in the home and are encouraged to input in the program. Residents and their representatives state they are satisfied with the activities program.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home demonstrates and values the individual interests, customs, beliefs and cultural and ethnic backgrounds. Resident's ethnic and religious backgrounds are catered for by including Greek orthodox priests and lay-people in the life of the home. Residents have access to a small Greek orthodox chapel and a lay-person conducts daily religious chanting. The home celebrates Greek national days, name days and other Greek orthodox religious days and residents and their representatives are encouraged to actively participate. Remembrance services are conducted for days of historical significance in Greek culture, and the team observed Greek poetry and mythology readings. Leisure and activity staff are encouraged to fill out condolence forms on the passing of a resident. This outlines the resident's daily activities and participation in the life of the home. Residents and their representatives are satisfied with the support provided to enable residents to maintain their cultural and spiritual lives.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Residents stated they are generally supported to participate in decision making affecting choice and lifestyle whilst not infringing on the rights of others. Residents' individual preferences are identified and direct the formulation of their care plans. The team observed care plans that showed refusal of treatment, requests for general practitioners of their own choice and showering times and their frequency. Processes are in place to ensure residents are aware of their rights and responsibilities and the opportunity to provide feedback.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has a system to ensure residents and representatives understand their rights and responsibilities and have access to information defining security of tenure at the home. Information about security of tenure, elder abuse, residents' rights and responsibilities, specified care and services and complaint mechanisms is provided during the entry process. All residents are offered an agreement on entry to the home. The charter of residents' rights and responsibilities and information regarding independent complaint services and advocacy groups are offered to residents/representatives. Staff are informed about residents' rights and responsibilities, specified care and services and elder abuse through policy, handbooks and education. Residents and representatives are satisfied with security of tenure and confirm they feel comfortable to approach management with any queries they may have.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home has a system that shows ongoing improvements in the area of physical environment and safe systems. For a description of the system refer to Expected outcome 1.1 Continuous improvement.

Recent improvements relevant to Standard four include:

- Following a complaint relating to lost property. The laundry service reviewed the clothing distribution system and identified clothes were often getting mixed together on delivery trolley. Following this identification laundry trolleys have been modified to include partitions helping to separate residents’ laundry and preventing clothing items from being wrongly distributed.
- A new Greek dietitian and revised menu has been put in place to assist with the provision of more culturally specific food appropriate to residents needs. Staff have also introduced a four weekly menu which is now presented in both English and Greek, improving residents’ ability to engage in choice and decisions on food.
- Following the ladies auxiliary fund-raising efforts management have set up a private dining family room and children’s play corner. This has helped to improve resident/relative engagement and support ongoing intergenerational sharing and mixing.
- Following the identification of moisture and air quality issues relating to water storage in the home’s basement, management have implemented a range of measures to address water storage and airflow issues in the basement area. Some of these efforts have included the purchase and installation of four air vents to help improve air quality in the base area. Management are also in the process of replacing evaporative cooling systems throughout the home with gas driven air conditioners to help reduce moisture build, ensuring both residents and staff are not exposed to poor air quality relating to moisture build up.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has a system to identify relevant legislation, regulatory requirements and professional standards and guidelines in relation to the physical environment and safe systems and there are processes to ensure compliance. For a description of the system refer to Expected outcome 1.2 Regulatory compliance. The home has a food safety program. Chemical storage is secure and current material safety data sheets are generally available. Emergency and evacuation procedures are in place and mandatory fire and safety training occurs. The home generally complies with internal audits and annual essential services maintenance reporting.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management and staff members have appropriate skills and knowledge to perform their roles effectively in relation to the home's physical environment and safe systems. All staff attend compulsory training sessions. For further details refer to expected outcome 1.3 Education and staff development.

Recent training and development opportunities relevant to Standard four include:

- fire and emergency
- food handling refresher course
- influenza outbreak management
- manual handling
- infection control
- safe chemical handling

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home's environment reflects the safety and comfort needs of residents. The living environment is monitored and includes environmental audits which are supported by maintenance and quality improvement requests. An intercom and electronic door locks at entry areas are in place and secure fencing and gates around the perimeter of the home ensure security. The home provides a large recreation room which is made available for entertainment and social activities. Outdoor court yards and gardens allow residents to enjoy outdoor features. Residents and representatives report the home is comfortable and secure with maintenance items regularly addressed.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Occupational health and safety is promoted by management and is discussed at scheduled meetings and regular staff meetings. Minutes from meetings are available for staff to review and training schedules reflect management's commitment to keeping internal staff educated and informed on safety issues. Regular audits, observation checks, policies and procedures are in place to ensure hazards are identified and reported for actioning. Chemicals are appropriately stored with material safety data sheets generally available in the relevant storage areas. Staff report they have knowledge of occupational health and safety responsibilities and are encouraged to report and document hazards when necessary. Staff confirm the home has suitable equipment available for use in keeping with the home's occupational health safety policies and operational standards.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has a system in place to minimise and manage fire, security and emergency risks. The maintenance of fire detection and fighting equipment is conducted by external contractors. Emergency procedures and evacuation plans are displayed throughout the home and emergency exit lights are checked and maintained on a regular basis. Management ensure staff undertake training and maintain audits relating to emergency procedures. Supporting reference material and emergency plans are situated in key areas throughout the home. Emergency fire and evacuation drills are conducted at the home. Staff confirm awareness of emergency and evacuation procedures. Residents and representatives said that they are not aware of the procedures for fire and emergency however report they generally feel confident in staff abilities.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home can demonstrate they have an effective infection control program, and procedures to guide staff in contemporary practices. The home provides ongoing education to staff on hand washing and infection control strategies, including the use of personal protective equipment and information on managing gastrointestinal outbreaks. Cleaning schedules are in place in all areas and contracts are held for the removal of sharps, infectious waste and pest control. Annual staff and resident vaccinations are encouraged and infectious outbreak kits are maintained. Auditing processes assist with the overall monitoring of the infection control program and the home undertakes data collection with trend analysis. Residents, representatives and staff state they are satisfied with the home's approach to infection control.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Hospitality services are provided by the home and are consistent with the needs and preferences of the residents. Food is prepared daily with residents' dietary information, special needs and preferences documented and available to staff. A four weekly menu is prepared with alternatives, which includes salads and sandwiches. Special dietary needs are reviewed by a Greek dietitian, with resident input invited at meetings and on feedback forms provided at each meal service. Cleaning services are managed by internal staff and are supported by a supervisor and independent audits and clear policies, process and schedules to assist staff in undertaking their cleaning duties relevant to the agreed servicing needs of the home. The home was observed to be generally clean throughout the visit, with residents reporting a high level of satisfaction with the cleanliness of the home. Laundering of linen and personal clothing is managed by internal staff, and are supported by appropriate schedules and systems to ensure clothing is washed regularly and returned to residents in clean and good condition. Clean and soiled laundry areas are defined and observed. Staff are aware of

their roles and responsibilities within their designated service areas. Residents report that they are satisfied with the hotel services provided by the home.