



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Froniditha Clayton Aged Care**

RACS ID 3642  
94 Springs Road  
CLAYTON SOUTH VIC 3169

**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 09 October 2018.

We made our decision on 11 August 2015.

The audit was conducted on 14 July 2015 to 15 July 2015. 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 care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

Expected outcome	Quality 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:

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

<b>Expected outcome</b>	<b>Quality Agency decision</b>
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: Care recipient lifestyle

### Principle:

Care recipients 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	Quality 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 Care recipient security of tenure and responsibilities	Met

## Standard 4: Physical environment and safe systems

### Principle:

Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, staff and visitors.

Expected outcome	Quality 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



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**Australian Aged Care Quality Agency**

## **Audit Report**

**Froniditha Clayton Aged Care 3642**

**Approved provider: Froniditha Care**

### **Introduction**

This is the report of a re-accreditation audit from 14 July 2015 to 15 July 2015 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients 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, care recipient lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

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

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 14 July 2015 to 15 July 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of two registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 2014.

## Assessment team

<b>Team leader:</b>	Dawn de Lorenzo
<b>Team member:</b>	Colette Marshall

## Approved provider details

<b>Approved provider:</b>	Froniditha Care
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## Details of home

<b>Name of home:</b>	Froniditha Clayton Aged Care
<b>RACS ID:</b>	3642

<b>Total number of allocated places:</b>	90
<b>Number of care recipients during audit:</b>	71
<b>Number of care recipients receiving high care during audit:</b>	Not applicable
<b>Special needs catered for:</b>	Memory support unit

<b>Street:</b>	94 Springs Road
<b>City:</b>	Clayton South
<b>State:</b>	Victoria
<b>Postcode:</b>	3169
<b>Phone number:</b>	03 9552 4100
<b>Facsimile:</b>	03 9552 4139
<b>E-mail address:</b>	<a href="mailto:reeneb@froniditha.org">reeneb@froniditha.org</a>

## Audit trail

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

### Interviews

Category	Number
Manager Residential Care	1
Quality and infection control manager	1
Manager human resources	1
Clinical care coordinator	1
Clinical and care staff	9
Care recipients/representatives	14
Activities officers	2
Physiotherapist	1
Catering, cleaning and laundry personnel	8
Maintenance officer	1

### Sampled documents

Category	Number
Care recipients' files	8
Care recipients' lifestyle files	8
Agreements for care recipients	5
Medication charts	8
Personnel files	7
External contracts	4

### Other documents reviewed

The team also reviewed:

- Activities calendar and lifestyle documentation
- Archive register
- Audits, audit schedule and surveys
- Catering, cleaning and laundry schedules and related records
- Completed feedback forms folder

- Compulsory reporting register and flow chart
- Consent forms
- Continuous improvement plan
- Education records
- Essential services documentation including annual essential services report
- Food safety plan and third party audits
- Incident reports and analysis documentation
- Infection control data and analysis documentation
- Influenza vaccination records
- Information for care recipients including handbook and package
- Material safety data sheets
- Medication competency assessments register
- Memoranda
- Menu
- Minutes of meetings
- Newsletters
- Occupational health and safety documentation
- Orientation documentation for contractors, permanent and temporary staff
- Police certificate and statutory declarations registers and nursing qualification register
- Policies and procedures
- Preventative and unplanned maintenance documentation
- Risk assessments
- Self-assessment documentation
- Staff handbook, position descriptions and related human resource documentation.

## **Observations**

The team observed the following:

- Accreditation assessment signage for stakeholders in Greek and English
- Activities in progress



- Cleaning and laundry in progress
- Feedback forms with box and external complaints information in Greek and English
- Fire fighting equipment, fire panel, alarms, site maps, evacuation pack and care recipient list
- Hand hygiene facilities and other infection control equipment
- Interactions between staff and care recipients
- Living environment
- Noticeboards
- Nursing stations and staff room
- Refreshment and lunch service
- Short group observation in the Galini memory support unit at lunch
- Storage of medications, equipment and supplies
- The 'Charter of care recipients' rights and responsibilities – residential care' displayed in Greek and English
- Vision, mission and values statement displayed.

## Assessment information

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

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

**Principle:** Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of care recipients, 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 organisation actively pursues continuous improvement and monitors performance against the Accreditation Standards. The Fronditha Board and Executive oversee the strategic plan of the organisation with continuous improvement monitored by local management. Utilisation of a framework with mechanisms such as feedback from stakeholders, infection control information, audits and incident report data ensures identification of areas for improvement. Management encourage care recipients, representatives and staff to contribute to the continuous improvement system through means such as attending meetings, completing feedback forms, electronic mail and the home's open door policy. In addition, stakeholders complete regular surveys. Management introduce changes in a careful manner and evaluate their impact. There are processes such as internal and external audits to review performance. Management provide feedback to stakeholders as appropriate verbally, through meetings or consultations, or through documentation such as electronic mail.

Examples of improvement initiatives implemented in relation to Standard 1 Management systems, staffing and organisational development include:

- Management identified education for staff required improvement to ensure training is offered across all Accreditation Standards. Staff completed a training needs questionnaire, which management first analysed and then introduced extra education topics such as sleep and sensory training. Feedback from staff has been positive who report the education has led to improved care and services for care recipients.
- Staff requested new uniforms and management organised for a display of sample uniforms and sought staff feedback. Following the selection, the new uniforms were introduced with different colours for different designations. There has been positive feedback from care recipients, representatives and staff who report easy identification of each staff's position. Staff also said they appreciate the improved professionalism of the new uniforms. Evaluation is ongoing.
- Management identified the need to improve the staff appraisal system and revised the processes in consultation with staff. The new system includes improved discussions of such processes as education needs, Accreditation Standards, revised policies and procedures. There has been positive feedback from staff who find the new appraisal

system has improved their understanding of their position and its expectations, leading to improved care and services for care recipients.

## **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 organisation’s management has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines across the Accreditation Standards. Management subscribe to various legislative services, government agencies and industry bodies to ensure they receive notification of changes in legislation.

The organisation’s management then develop or modify policies, procedures and education processes to ensure alignment with any changes. Staff receive information of any regulatory changes through avenues such as the appraisal system, meetings, memoranda or education.

Examples of responsiveness to regulatory compliance obligations in relation to Standard 1 Management systems, staffing and organisational development include:

- Management notified stakeholders in advance regarding this re-accreditation audit.
- There is a system to ensure compliance with police certificate requirements and overseas statutory declarations for all relevant staff.
- Management monitor the professional registrations of staff to ensure performance of tasks by qualified individuals.

### 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

Management and staff have appropriate knowledge and skills to perform their roles effectively. The education program includes topics across the Accreditation Standards. Analysis of education needs occurs through evaluation of training sessions and staff feedback at meetings and during performance appraisals. A yearly education planner is developed and displayed in relevant areas for staff information. The program includes competencies, orientation and mandatory training via several modalities such as DVD presentations, in house presentations, external courses and competencies. Ongoing monitoring of skills and knowledge occurs through performance review, feedback, observation and monitoring systems such as audits and incident reporting data. A training register database is in place to record and monitor staff attendance and there is a process to follow up non-attendance at mandatory training. Staff expressed a high level of satisfaction with the education program at the home including the opportunity to attend external courses.

Examples of recent training and development opportunities relevant to Standard 1 Management systems, staffing and organisational development include:

- bullying and harassment
- compulsory reporting
- inventory and equipment
- leadership for senior staff.

### 1.4 Comments and complaints

*This expected outcome requires that "each care recipient (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

Each care recipient and/or their representative and other interested parties have access to internal and external complaints mechanisms. The system includes feedback forms, stakeholder meetings, information handbooks and brochures. A locked box to lodge forms ensures anonymity if desired. Stakeholders also verbalise complaints through management's open door policy or electronic mail. There are interpreter services available such as those for care recipients from Greek backgrounds as required. Management ensure stakeholder satisfaction through regular surveys as well as through the home's auditing system. There is a process to monitor any comments and complaints as required to identify trends.

Management investigate any suggestions in a timely manner and provide feedback to stakeholders as appropriate through meetings, consultations or electronic mail. Care recipients, representatives and staff are aware of how to make a complaint and are satisfied to do so if required.

## 1.5 Planning and leadership

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

### **Team's findings**

The home meets this expected outcome

The organisation has documented the residential care service's vision, mission, values and commitment to quality on display in the home. Various handbooks also contain this information.

## 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

There are appropriately skilled and qualified staff sufficient to ensure the delivery of services in accordance with these Standards and the residential care service's philosophy and objectives. The recruitment process includes interviews, reference and qualification checks with continued monitoring of registration once employed. There is a system to ensure staff possess current police certificates with associated documentation as necessary. The staff orientation process includes an induction day, education and supernumerary shifts. Position descriptions and duty lists document staff roles. Management monitor staff performance through competency assessments, appraisals and observation of practice. There is a process to ensure roster coverage through the use of casual or temporary staff to fill any vacancies with consideration given to the current needs of care recipients. Staff are satisfied with the number of staff and adequacy of skills. Care recipients and representatives are satisfied care recipients receive adequate care in a timely manner.

## 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

Stocks of appropriate goods and equipment for quality service delivery are available.

There is an effective stock control system, inventory is regularly checked and reordered before minimum stock levels are reached. Purchased goods and equipment are inspected on arrival and stock is stored safely in clean secure areas. There is an unplanned and preventive maintenance system to ensure functionality of plant and equipment and electrical equipment is tested and tagged. There is an asset register and a process to replace equipment or purchase new equipment. New equipment is trialled and staff training is provided prior to use. Staff, care recipients and representatives are satisfied with the quantity and quality of goods and equipment available in 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

There are effective information management systems with confidentiality, privacy and security maintained throughout. All stakeholders have access to current information, activities and events of the home as appropriate through means such as meetings, noticeboard displays, handbooks and newsletters. Care recipients and representatives receive adequate information, including regular care consultations, to assist them to make decisions about each care recipient's care and lifestyle. Management and staff receive accurate information to help them perform their roles through care planning documentation, handover sheets, education, memoranda, meetings and online policies and procedures.

There is a process to regularly back up the computer system externally with logons and passwords for staff and care recipient information is securely and appropriately stored. Care recipients, representatives and staff are satisfied with information systems and communication processes.

## **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

There is a system to provide externally sourced services to meet the residential care service's needs and service quality goals. Management review external service agreements regularly with input from care recipients and staff, as appropriate, to ensure the provision of optimum service. There is a system to ensure contractors have a current police certificate with associated documentation as necessary. External providers receive an orientation regarding the home's processes when they commence. Care recipients, representatives and staff are satisfied with the services provided by the home's contractors.

## Standard 2 – Health and personal care

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

### 2.1 Continuous improvement

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

#### **Team's findings**

The home meets this expected outcome

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

Examples of improvement initiatives implemented in relation to Standard 2 Health and personal care include:

- Management identified the need to improve trend analysis and evaluation of clinical care key performance indicators and developed a new monthly clinical report. This report is then analysed by both clinical and quality managers to ensure accurate information to relay to staff. There has been positive feedback from staff who report the identification of clinical issues and resultant actions has led to improved care for care recipients.
- Management recognised the importance of improving medication education for personal care workers. A registered training organisation now completes medication training for personal care workers who are then issued a certificate. Management then follow-up with a medication competency assessment. There has been positive feedback from personal care workers who report improved understanding leading to improved medication management for care recipients.
- Management identified the clinical work instructions manual required improvement and updated the documents to include improved information across a wide range of clinical issues. There has been positive feedback from staff who report improved access to pertinent information leading to improved care for care recipients. Management said the information also contributes to the home's policy and procedure reviews.

## 2.2 Regulatory compliance

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

### ***Team’s findings***

The home meets this expected outcome

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

Examples of regulatory compliance in relation to Standard 2 Health and personal care include the following:

- Qualified staff oversee specific care planning activities and care tasks.
- There are procedures to ensure compliance with legislation in the event of a care recipient’s unexplained absence.
- There are policies and procedures in relation to medication management.

## 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

Management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of care recipient health and personal care. For a description of the system refer to expected outcome 1.3 Education and staff development.

Examples of recent training and development opportunities relevant to Standard 2 Health and personal care include:

- continence and skin integrity
- diabetes
- medication management
- nutrition and hydration
- pain management
- swallowing difficulties and thickened fluids
- wound care.



## 2.4 Clinical care

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

### **Team’s findings**

The home meets this expected outcome

Care recipients receive clinical care appropriate to their needs and preferences. On entry to the home, an assessment and interim care plan defines care needs and interventions required. This is followed by a comprehensive assessment and care planning process. A registered nurse is responsible for the development and evaluation of clinical care and review of care plans. Consultation with the care recipient, their representative, medical practitioners and other health professionals occurs. There is a monthly care review process including consultation with care recipients and representatives. Communication of care occurs through verbal and written handover, care plans and treatment schedules. The local hospital in reach services visits the home to undertake clinical review and provide treatment. Clinical incidents are monitored and evaluated and relevant health professionals review clinical care outcomes. Care recipients and representatives are satisfied with how clinical care is provided.

## 2.5 Specialised nursing care needs

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Specialised care plans outline interventions and monitoring for staff to follow. Registered nurses review and evaluate outcomes of care in consultation with medical practitioners and a range of other health professionals. Other specialised external consultants visit the home including wound care, palliative care and aged mental health and psychiatric services. The local hospital in reach service visits the home as required. Care recipients and representatives are satisfied with how specialised care is undertaken.

## 2.6 Other health and related services

*This expected outcome requires that “care recipients are referred to appropriate health specialists in accordance with the care recipient’s needs and preferences”.*

### **Team’s findings**

The home meets this expected outcome

Care recipients are referred to appropriate health specialists in accordance with their assessed needs and preferences. Medical practitioners visit care recipients regularly and on an as needs basis and other health professionals provide services on site including physiotherapy, podiatry, nutrition and speech pathology. Dental, hearing, and eye care services are provided on site or care recipients attend outside appointments according to their choice and preference. Referral to medical specialists outside the home occurs as needed and information regarding changes to treatment and care are followed. Care recipients and representatives are satisfied with the home’s process for referral to health specialists according to needs and preferences.

## **2.7 Medication management**

*This expected outcome requires that “care recipients’ medication is managed safely and correctly”.*

### **Team’s findings**

The home meets this expected outcome

Care recipients’ medication is managed safely and correctly. Qualified nurses undertake or supervise medication administration and competency training is completed annually. Medical practitioners assess and monitor care recipient medication requirements and an independent pharmacist completes medication reviews. Medications administered on an as needs basis are evaluated for effectiveness including a monthly review by the registered nurse and medical practitioner. Monitoring of medication incidents occurs and review is undertaken accordingly. There is a system for safe storage and disposal of medications and multidisciplinary medication meetings are held to monitor and evaluate the medication system. Care recipients and representatives are satisfied with how staff undertake medication administration.

## **2.8 Pain management**

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

### **Team’s findings**

The home meets this expected outcome

All care recipients are as free as possible from pain. Assessment and care planning processes include assessment of pain history, the presence of pain and effectiveness of current or previous therapies. Assessment tools include verbal and non-verbal signs of pain. A range of pain management strategies includes heat packs, massage and analgesia and the physiotherapist incorporates pain treatment into physiotherapy care plans. Medical practitioners monitor pain and the effectiveness of analgesia and other treatments on a regular basis. Care recipients and representatives are satisfied with pain management treatments used at the home.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

The comfort and dignity of terminally ill care recipients is maintained. End of life care planning incorporates the cultural preferences of care recipients. Palliative care plans outline care needs including comfort and dignity measures. Consultation with the care recipient, representative, medical practitioner and other health professionals occurs to allow effective care provision. Specialised palliative care services are consulted to assist with care planning as required and key staff have undertaken palliative care training. Staff provide emotional support for care recipients and their families and religious representatives attend according to care recipient wishes.

## **2.10 Nutrition and hydration**

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

### ***Team’s findings***

The home meets this expected outcome

Care recipients receive adequate nourishment and hydration and there are effective processes to support individual choice and preference. Assessment of nutrition and hydration needs includes dietary requirements, medical conditions and personal preferences. Care recipients at risk of nutrition and hydration problems are identified through weight monitoring and observation of eating patterns. A dietitian visits the home on a monthly basis and there are effective referral and review mechanisms in place. Speech pathology referrals occur as required and medical practitioners monitor care recipients’ nutrition and hydration requirements. There are communication processes to advise catering staff of care recipients’ dietary plans including variations. Dietary supplements, specialised diets and assistive devices are used to support care recipient needs. Care recipients and representatives expressed a high level of satisfaction with the provision of culturally specific food and assistance given to care recipients during meal and refreshment services.

## **2.11 Skin care**

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

### ***Team’s findings***

The home meets this expected outcome

Care recipients’ skin integrity is consistent with their general health. Skin care plans outline care recipients individual care needs and includes assessment of nutrition, continence and mobility status. Staff monitor the condition of care recipients’ skin during routine care and maintain skin integrity through the application of moisturisers, limb protectors and use of pressure relieving devices. Wound care treatment is evaluated and the incidence of skin tears and pressure injuries is documented through the incident reporting system. Care recipients and representatives are satisfied with how staff attend to skin care.

## **2.12 Continence management**

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

### ***Team’s findings***

The home meets this expected outcome

Care recipients’ continence is managed effectively. Assessments include triggers and health conditions which may affect continence and care plans outline individual support to maintain or restore continence. A designated staff member is responsible for the continence program and monitors supplies, care recipient needs and staff education requirements. Care recipients and representatives are satisfied with how staff manage care recipient continence and maintain privacy and dignity when providing assistance.

## **2.13 Behavioural management**

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

### ***Team’s findings***

The home meets this expected outcome

The needs of care recipients with challenging behaviours are managed effectively. Behaviour assessments and care plans outline individual triggers and effective intervention strategies. Evaluation of the effectiveness of behaviour care plans occurs in consultation with medical practitioners and referral to a geriatrician or psychogeriatric services occurs as required. The lifestyle program includes activities for care recipients with a dementia related illness which are personalised to enhance wellbeing. Care recipients and representatives are satisfied staff manage behaviours in a caring and supportive manner.

## **2.14 Mobility, dexterity and rehabilitation**

*This expected outcome requires that “optimum levels of mobility and dexterity are achieved for all care recipients”.*

### ***Team’s findings***

The home meets this expected outcome

Optimum levels of mobility and dexterity are achieved for all care recipients. Mobility and dexterity care plans outline strategies to promote safe mobility and dexterity. Physiotherapy plans identify measures to maintain and promote mobility and dexterity according to care recipient capabilities and includes falls prevention strategies, provision of suitable footwear and daily exercise regimes. The environment of the home promotes independent mobility for care recipients using assistive equipment. Care recipients are reviewed by the physiotherapist after a fall and there is a range of falls prevention equipment in use. Falls data is collected and analysed and prevention strategies are revised accordingly. Care recipients and representatives are satisfied mobility and dexterity is encouraged and staff provide suitable assistance.

## **2.15 Oral and dental care**

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

### ***Team’s findings***

The home meets this expected outcome

Care recipients’ oral and dental health is maintained according to needs and preferences. Care plans include details about daily care of teeth, mouth and dentures and level of assistance required by the care recipient. Dental appointments are arranged as required and dental products are replaced according to a schedule or as required. Care recipients and representatives are satisfied with the level of oral and dental care provided by staff.

## **2.16 Sensory loss**

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

### ***Team’s findings***

The home meets this expected outcome

Care recipients’ sensory losses are identified and managed effectively. Sensory care plans outline individual care requirements and referral to other health professionals such as speech pathologists, audiologists and optometrists occurs as required. Staff assist care recipients with use of hearing and visual aids and check the working condition according to a set schedule. Care recipients and representatives are satisfied with the attention given to care recipients’ sensory needs.

## **2.17 Sleep**

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

### ***Team’s findings***

The home meets this expected outcome

Care recipients are assisted to achieve natural sleep patterns. Staff assist care recipients to maintain their preferred sleep pattern when they move into the home. Sleep assessments provide staff with information to assist with promoting natural sleep including the provision of comfort measures according to individual choice and preference. Staff utilise a variety of methods to promote sleep and consult with the care recipients’ medical practitioner if medication is required. Care recipients said the home is quiet at night and staff provide assistance as needed and according to their preferences.

## Standard 3 – Care recipient lifestyle

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

### 3.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

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

Examples of improvement initiatives implemented in relation to Standard 3 Care recipient lifestyle include:

- Care recipients requested they would like to garden as most had their own gardens in the past. Management introduced raised garden beds with a working bee of care recipients, representatives, staff and management to set up and plant the initial gardens. There has been positive feedback from care recipients, representatives and staff who report care recipients both enjoyed the day and working in the gardens thereafter.
- Care recipients suggested they would like to do some painting. Staff organised for care recipients to paint a flower mural on a wall in one of the lounges in the Galini memory support unit. There has been positive feedback from care recipients who enjoyed the painting and all stakeholders who enjoy the bright addition to the unit.
- Management asked care recipients if they would enjoy acting and singing on camera. Care recipients and staff then participated in the making of a movie. Although not fully completed, there has been positive feedback from care recipients who enjoyed both participating and watching the movie. We observed portions of the colourful and moving performances in Greek and English during the visit.

### **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 care recipient lifestyle”.*

#### ***Team’s findings***

The home meets this expected outcome

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

Examples of regulatory compliance in relation to Standard 3 Care recipient lifestyle include:

- There is a privacy policy.
- Care recipients and representatives are offered an agreement and receive information on care recipient rights and responsibilities, services provided and the complaints scheme.
- There are policies and procedures concerning elder abuse and compulsory reporting with the maintenance of a register.

### **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 and staff have the appropriate knowledge and skills to perform their roles effectively in the area of care recipient lifestyle. For a description of the system refer to expected outcome 1.3 Education and staff development.

Examples of recent training and development opportunities relevant to Standard 3 Care recipient lifestyle include:

- choice and decision making
- elder abuse
- emotional support
- lifestyle documentation and care planning
- privacy and dignity
- spiritual and cultural care.

### **3.4 Emotional support**

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

#### **Team's findings**

The home meets this expected outcome

There is a system to ensure each care recipient receives emotional support adjusting to life in the new environment and on an ongoing basis. Prior to or on entry to the home, management give care recipients and representatives information regarding the entry process, explain services and provide a tour with introductions to staff and other care recipients as possible. Activities officers and volunteers assist care staff in offering support to care recipients adjusting to the new environment. The Greek community within the home assists care recipients in adjusting to their new surrounds. Management and staff encourage representatives to participate in the home initially and on an ongoing basis. Staff complete an assessment and care plan which includes emotional needs of care recipients and review these regularly. The lifestyle program provides individual time with care recipients with an aim to maintain personal interests where possible. Care recipients personalise their rooms as they wish. Care recipients and representatives are satisfied with emotional support for care recipients.

### **3.5 Independence**

*This expected outcome requires that "care recipients 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

Management and staff encourage care recipients to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service. Lifestyle care plans identify care recipients' needs to participate in specific interests, maintain their independence and retain ongoing community and social associations. Items such as mobility aids assist care recipients to maintain their independence. Large group activities promote the Greek community within the home.

Management and staff encourage and support care recipients to maintain contact with friends and family as well as participate in activities in the external Greek community. Care recipients personalise their rooms as they wish. Care recipients and representatives are satisfied management and staff ensure each care recipient can be as independent as possible.

### **3.6 Privacy and dignity**

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

#### **Team's findings**

The home meets this expected outcome

Management and staff recognise and respect each care recipient's privacy, dignity and confidentiality. There is a privacy policy and care recipient information is securely and



appropriately stored. Care recipients have lockable drawers in their rooms to store private items as they wish. Quiet areas are available for care recipients to meet privately with visitors. Staff aid care recipients in a respectful manner when attending to activities of daily living including assisting at meal times in a manner to retain each care recipient's dignity. Staff said they are aware of respecting each care recipient's privacy and dignity such as knocking on doors prior to entering care recipient rooms. Care recipients and representatives are satisfied staff treat each care recipient with dignity and respect.

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

*This expected outcome requires that "care recipients 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

Management and staff encourage and support care recipients to participate in a wide range of interests and activities both in groups and on an individual basis. Activities officers complete an assessment in consultation with each care recipient and representative to identify such information as each care recipient's life history and leisure interests. This assessment forms the basis of the care plan which undergoes regular review. Activities officers plan activity programs in both group and individual settings. There is a range of activities on offer such as bus outings, prayers, gentle exercises, pin bowling, bingo, music, hand massage and card and board games. Celebration of special occasions such as birthdays and Greek cultural days occurs. Volunteers assist lifestyle staff with activity programs on a regular basis. Activities officers evaluate and redesign programs as necessary based on care recipient feedback and participation. Information from care recipient meetings and surveys also assists activities officers in planning programs. Care recipients and representatives are satisfied with leisure interests and activities offered to care recipients.

### **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

Management and staff ensure care recipients' individual customs, beliefs and cultural backgrounds are fostered and valued. Lifestyle assessments and care plans document cultural and spiritual needs. Small lounge areas are available for private reflection. There is a chapel onsite with regular church and prayer services and care recipients attend their own church if preferred. Management and staff ensure the celebration of cultural and significant days such as birthdays, Saints' Name Days and Greek Orthodox Easter. Staff have access to services specific to Greek and other cultural sensitivities and interpreter services as required. Care recipients and representatives are satisfied with cultural and spiritual life.

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

*This expected outcome requires that "each care recipient (or his or her representative) participates in decisions about the services the care recipient 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

Each care recipient or his or her representative participates in decisions about the services the care recipient receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of others. Care recipients have input into the services they receive such as preferred rising and retiring times, level of participation in activities, preferred clothing, choice of meals and preferred title and name. Management encourage care recipients and representatives to provide feedback about care and services through meetings, surveys and consultation. Care recipients and/or their representatives sign various consent forms as required. Staff encourage care recipients to make their own decisions. Care recipients and representatives are satisfied with the opportunities provided to care recipients to make their own choices.

### **3.10 Care recipient security of tenure and responsibilities**

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

#### **Team's findings**

The home meets this expected outcome

Care recipients have secure tenure and understand their rights and responsibilities.

An information package and handbook provided to prospective care recipients and their representatives assist them in understanding the process of entering into aged care, including the provision of care and services. Care recipients and representatives receive further information upon their entry to the home, are offered an agreement which outlines secure tenure, explanation of fees and charges, services provided and rights and responsibilities. The 'Charter of care recipients' rights and responsibilities – residential care' is displayed in the home. Care recipients and representatives said they understand their rights and responsibilities and secure tenure arrangements at the home.

## Standard 4 – Physical environment and safe systems

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

### 4.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

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

Examples of improvement initiatives implemented in relation to Standard 4 Physical environment and safe systems include:

- Management recognised the importance of improving the environment of the Galini memory support unit and organised for painting of walls and sidings as well as re-finishing of handrails. Management also noted care recipients sometimes gathered at or tried to open the door to the unit. Following consultation and investigation, an artist painted a large tree with flowers across the wall of the door. Now care recipients sit and admire the painting rather than trying to open the door. Following all these measures, there has been positive feedback from representatives and staff who report an improved and more secure environment for care recipients.
- Management identified the infection control system required improvement and introduced processes such as extra hand sanitisers, new spill kits and pedal bins as well as an updated infection control manual. There has been positive feedback from staff who report the infection control measures have led to improved care and services for care recipients.
- Management introduced an improved fire and emergency procedure manual with photographic detail and provided education to staff. Emergency action cards, providing a quick referral to guide staff in the event of an emergency, were also introduced at staff request. There has been positive feedback from staff who report improved and timely access to any emergency information to guide them in such an event.

## 4.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

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

Examples of regulatory compliance in relation to Standard 4 Physical environment and safe systems include:

- There are processes to provide a safe working environment to meet regulatory requirements.
- Management have a system to ensure compliance with fire safety regulations.
- There is an effective infection control program, including guidelines in the event of an outbreak and a food safety program to include third party auditing.

## 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 have the appropriate knowledge and skills to perform their roles effectively in the area of physical environment and safe systems. For a description of the system refer to expected outcome 1.3 Education and staff development.

Examples of recent training and development opportunities relevant to Standard 4 Physical environment and safe systems include:

- chemical usage
- fire and emergencies
- food handling
- infection control
- manual 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 care recipients' care needs".*

##### **Team's findings**

The home meets this expected outcome

Management of the residential care service is actively working to provide a safe and comfortable environment consistent with the needs of care recipients. All rooms are single occupancy with shared or private ensuites. There is safe access to clean, comfortable and well-maintained communal and private living areas, dining rooms and gardens. All areas are appropriately furnished to ensure a home-like atmosphere and temperatures are maintained at a comfortable level throughout. Relevant staff monitor the comfort and safety of the environment through preventative and unplanned maintenance processes. Staff assist care recipients to remain safe and comfortable by ensuring access to items such as call bells and mobility aids. Care recipients and representatives are satisfied care recipients feel safe and comfortable.

#### **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

Management is actively working to provide a safe working environment that meets regulatory requirements. There is an occupational health and safety committee and representatives have undertaken the required training. There are documented policies, procedures and safe work instructions and staff are aware of their responsibilities through the orientation process, education, and meetings. Monitoring of health and safety includes environmental audits, incident and hazard reporting, evaluation and analysis occurs and is discussed at the occupational health and safety meeting. There is a system for risk identification including a risk register. Staff are satisfied management work actively to create a safe work environment and are responsive to any issues raised.

#### **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

Management and staff actively work to provide an environment with safe systems of work to minimise fire, security and emergency risks. Approved professionals carry out testing and maintenance on emergency alarms and equipment. There are documented emergency policies and procedures with regular education for staff in fire, security and other emergencies. The evacuation maps and care recipient lists are current. Exit doors are free from obstruction. There is an electrical safety testing and tagging system for all applicable goods. There are instructions for care recipients and visitors to follow in the event of an emergency in each care

recipient's room. Staff said they have received fire and other emergency training and know what to do in such an event. Care recipients and representatives are satisfied care recipients feel safe and secure.

#### **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

There is an effective infection control program in place. Infection surveillance is undertaken and results are evaluated by key clinical staff and discussed at relevant staff meetings.

Policies and procedures including outbreak procedures are available for staff to follow. Hand hygiene, personal protective equipment and appropriate waste disposal systems are in place throughout the facility. Care recipients are assessed and monitored for the risk of infection and medical practitioners and nursing staff monitor response to treatment. There is a planned pest control program. Catering, cleaning and laundry procedures follow infection control guidelines. There is a food safety program and current council and external audit certification. Cleaning schedules are in place and environmental audits are undertaken.

Vaccinations are offered to care recipients and staff.

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

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

##### **Team's findings**

The home meets this expected outcome

Hospitality services are provided in a manner which enhances care recipients' quality of life and the staff's working environment. Meals are prepared on site with care recipient allergies, likes, dislikes and special dietary needs taken into account. Dining rooms reflect an environment to provide a pleasant dining experience for care recipients. Staff provide cleaning daily according to a schedule with processes for any extra cleaning tasks as required. Laundry staff process all items on site with provisions for labelling of care recipients' clothes to assist in the prevention of lost items. Management monitor hospitality services through internal and external audits with the provision of regular staff education including chemical handling and infection control. Care recipients, representatives and staff are satisfied with the home's catering, cleaning and laundry services.