



Australian Government

Australian Aged Care Quality Agency

St Basil's at St Peters

RACS ID 6767
9 Winchester Street
ST PETERS SA 5069

Approved provider: St Basil's Homes for the Aged in South Australia (Vasileias) Inc

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 21 December 2017.

We made our decision on 04 November 2014.

The audit was conducted on 23 September 2014 to 24 September 2014. 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	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:

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	Quality 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	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 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	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



Australian Government

Australian Aged Care Quality Agency

Audit Report

St Basil's at St Peters 6767

Approved provider: St Basil's Homes for the Aged in South Australia (Vasileias) Inc

Introduction

This is the report of a re-accreditation audit from 23 September 2014 to 24 September 2014 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 23 September 2014 to 24 September 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 1998. The assessment team consisted of three assessors 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:	Diane Mogie
Team members:	Joanne Glaze Jordan Toomey

Approved provider details

Approved provider:	St Basil's Homes for the Aged in South Australia (Vasileias) Inc
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Details of home

Name of home:	St Basil's at St Peters
RACS ID:	6767

Total number of allocated places:	32
Number of care recipients during audit:	32
Number of care recipients receiving high care during audit:	32
Special needs catered for:	People of non- English speaking backgrounds.

Street:	9 Winchester Street
City:	ST PETERS
State:	SA
Postcode:	5069
Phone number:	08 8362 1105
Facsimile:	08 8362 4903
E-mail address:	jnicholls@stbasils.com.au

Audit trail

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

Interviews

Category	Number
Management	3
Clinical/care/lifestyle staff	8
Administration staff and medical staff	2
Care recipients/representatives	7
Volunteers	1
Hospitality and environment/safety staff	4

Sampled documents

Category	Number
Assessments/care plans/progress notes	6
Treatment plans/monitoring charts	5
Care recipient lifestyle profiles, care plans and assessments	5
Medication charts	8
Personnel files	5

Other documents reviewed

The team also reviewed:

- Activities calendars
- Annual education planner
- Approved providers list
- Asbestos register
- Attendance records
- Care recipient participation and feedback records
- Care recipients service agreements/ handbook
- Cleaning schedules
- Clinical indicator data

- Comments and complaints system
- Communication diaries
- Continuous improvement log and plans
- Dietary folders/Dietitians review
- Drugs of dependency records
- Equipment and operating procedures folder
- Evacuation list
- External provider information
- Food inspection report
- Refrigeration temperature monitoring records
- Handover records
- Hazard/incidents data
- Infection control data
- Duty statements/Job descriptions
- Language prompts/translations
- Mandatory reporting and missing persons register
- Memorandum
- Menu's/modified diet guidelines
- Mission vision and philosophy
- Observations records
- Organisational chart
- Preventive and scheduled maintenance information
- Safety data sheets
- Schedule 8 & 4 licence
- Smoking assessments
- Staff handbook/information guide
- Staff and agency orientation program

- Staff registrations and signatures
- Staff training records
- Various audits and surveys
- Various meeting minutes
- Various policies and procedures
- Volunteer induction record/information guides

Observations

The team observed the following:

- Accreditation signage on display
- Activities in progress
- Charter of residents rights displayed (Greek and English)
- Equipment and supply storage areas
- Feedback forms
- Fire suppression equipment/evacuation maps
- Interactions between staff and care recipients
- Internal and external complaints and advocacy information displayed
- Internal and external living environment
- Meal service
- Medication administration/storage of medications
- Personal protective equipment/hand sanitizing gels/outbreak kits
- Safety signage
- Short group observation in dining room
- Specialised care equipment
- Suggestion boxes and feedback forms
- Vision, mission and philosophy statement.

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 home identifies opportunities for continuous improvement using comments/complaints, improvement forms, surveys, audits, care recipient and staff meetings, incident /hazard reports/logs, and one on one meetings with management. Monitoring of improvements is achieved through action plans, continuous improvement logs and analysis of incidents. Staff and care recipients meetings or individual consultations are used to provide progress reports and feedback. Staff, care recipients and their representatives confirm they make suggestions for improvement and that management is responsive and results are achieved in a timely manner.

Improvements implemented by the home over the past 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- The homes corporate services have initiated a re-branding program to enhance their organisation and homes profile. An external designer has re-branded the corporate logo, developed new letter head, care recipients pre admission and information packs. A web page is being developed that informs prospective care recipients and their families' up to date information of the organisation and home. New uniforms have been distributed to corporate personnel and all staff are wearing new profile name badges. Management has received positive feedback from stakeholders.
- Management identified an opportunity to enhance communications with care recipients and their representatives. Document holders have been placed in each care recipient room to hold activities calendars, flyers and information on daily events. Management has received formal feedback that indicates satisfaction with this initiative.

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 has systems in place to identify relevant legislation, professional regulations and guidelines which relate to standard one. The home subscribes to a legislative update service and receives magazines and information from regulatory bodies and relevant industry bodies. Changes to regulatory compliance are communicated to staff through corporate intranet access, meetings, noticeboards and memoranda. Compliance with regulatory and legislative requirements is monitored at a corporate level, contract auditors and by scheduled auditing. Changes are adapted into any policies or procedures which guide staff practice at the home, staff are informed of changes to policies and procedures. A review of documentation and staff feedback demonstrated knowledge of their legislative responsibilities. Review of the home’s quality program showed that it conducts a range of targeted audits to evaluate how it meets the requirements of specific legislation, for example: Care recipients are informed of the accreditation visit, and the home has completed police checks on all staff, volunteers and contractors.

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 provides an education program for staff on clinical care, care recipient lifestyle, legislative and advisory requirements, care recipients’ complaints and organisational needs. The home ensures that mandatory topics, including fire training, manual handling and corporate requirements are attended by providing monthly opportunities for training and maintaining attendance records. Site based training for new staff also includes role induction and buddy shifts. Key personnel maintain records and monitor staff attendance at mandatory and organisational required training sessions. Staff are remunerated for mandatory training attendance. Management and key personnel monitor the skills and knowledge of staff using audits, competency assessments and observation of practice. Staff indicate they have access to ongoing learning opportunities, are kept informed of their training obligations and the program assists them in the performance of their work roles.

Examples of recent education and staff development relating to Standard 1 Management systems, staffing and organisational development include:

- Accreditation your role
- Conflict resolution
- Basic information technology

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

Care recipient and their representatives are advised on entry to the home of the internal and external mechanisms available to them should they wish to raise a concern and information is also provided within the care recipients' pre-entry handbook. Care recipients and their representatives are encouraged through an 'open door' policy to approach management in the first instance regarding any issues of concern. Care recipient/representative meetings are conducted bi-monthly and also provide a forum for care recipient/representatives to voice any comments, suggestions or complaints that they may have. Management document and act upon both verbal and written complaints and record this information electronically to assist in the follow-up of matters. Staff confirm knowledge of the processes in assisting care recipients who approach them with a complaint or concern and of legislative mandatory reporting requirements. Care recipients and their representatives are satisfied with their access to complaints mechanisms and are satisfied that issues raised are dealt with in an appropriate, timely and confidential manner.

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 has documented its commitment to quality residential care through the organisation's vision, values, philosophy and objectives which are displayed throughout the home. Consistent documentation is achieved through the quality management system, staff training, self-directed learning packages, and the corporate intranet. Newly re-branded care recipient and stakeholder information is documented to corporate standards in alignment with the organisation's vision. Care recipient and their representatives are satisfied with the organisation's commitment to quality throughout 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

Staff recruitment, induction and performance management is conducted in accordance with the documented corporate process. The home promotes a culture of employing only qualified staff with current police checks. Staff roles are outlined in position descriptions and orientation processes ensure a shared understanding of the home's philosophy and vision, care

recipients' rights and responsibilities, and relevant policies and procedures. Ongoing staff education opportunities are provided through an on-line training program, external courses and support for formal education. A base roster is maintained and management ensures adequate coverage of all positions through staff additional shifts, casual pool assignments and the use of agency staff. Staff performance is monitored and annual performance appraisals are conducted. Performance management and mandatory training requirements ensure consistency in the quality of service provision. Staff are satisfied with the human resource management at the home.

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 has systems to identify, purchase and maintain goods and equipment for the quality delivery of services to care recipients'. Corporate approved supply contracts are used. Corrective and preventative maintenance programs are scheduled through onsite maintenance support as well as corporate and local suppliers. New equipment, additional goods and additional maintenance requirements are identified through maintenance requests, incident/hazard reports, complaints, staff and care recipient meetings, and improvement forms. These are prioritised and addressed through local and capital purchase programs which are reviewed annually. Staff, care recipient and their representatives are satisfied they have access to appropriate and sufficient goods and equipment to meet care recipients' needs.

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 has systems to manage information effectively and ensure its security and confidentiality. An electronic information system facilitates care recipient care provision, reporting requirements and supports service provision. Access to care recipients' and staff files is restricted and they are stored in a secure area; archived material can be retrieved readily and back-up systems are in place for computer records. Handover processes communicate care recipients' care information to nursing staff and all staff groups are kept informed with one-to-one directions, communication books, meetings, memos, meeting minutes, education and training reminders/schedules, policy updates, electronic mail and notice boards. Care recipient have meetings, noticeboards and other correspondence to keep them informed. Care recipients, representative and staff feedback indicates communication of information is timely and effective.

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

The home uses external providers who undertake work within negotiated corporate contracts. Service agreements are maintained and discrepancies in service provision are documented by staff. Contractors sign in on arrival and report to appropriate personnel before commencing duties. Contactor contact details are available after hours for urgent needs. Records of contractor activities onsite are maintained and regular reviews conducted on the quality and appropriateness of work undertaken. External service contracts are reviewed annually with input from key personnel. Staff, care recipient and representatives are satisfied with contractor services provided by the home.

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 about the home's continuous improvement systems and process.

In relation to Standard 2 Health and personal care, staff record care recipient falls, skin tears, medication incidents and this information is collated and analysed for trends. Care recipients, representatives and staff said they are satisfied that the home actively promotes and improves care recipients' physical and mental health.

Examples of improvements related to Standard 2 Health and personal care implemented by the home over the last 12 months include:

- Management has recently purchased a shower chair that can accommodate care recipients with specific needs. The chair has a commode, tilt and comfort functions and is suitable for bariatric care recipients. Management said the purchase of the chair has enabled staff to safely assist care recipients who previously have not been able to shower due to mobility and health issues to have regular showers. Feedback from staff and care recipients indicates showering is safer, easier and more comfortable.
- As a result of feedback from an external behavioural team the home is currently trialling an activity apron and table cloth. The apron and table cloth is designed for cognitively impaired care recipients who are continually wandering and has the potential to assist care recipients to stay seated and occupied. Management and staff said they have had some success with initial trials and will continue to use the tools with wandering care recipients.

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 about the home’s regulatory compliance systems and processes.

Information on professional clinical guidelines and evidence-based practice is communicated and available to care staff. Staff understand reporting requirements for care recipients who abscond and are aware of reporting timelines. Guidelines have been put in place for the identification of deceased persons in accordance with new legislative requirements. Staff feedback demonstrates knowledge of their legislative responsibilities for Standard 2 Health and personal care. For example: Current dangerous drug licence, reporting requirements for absconding care recipients and clinical staff registrations.

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

Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes.

Management and staff demonstrate they have the knowledge and skills required for effective performance in relation to care recipients’ health and personal care. Care recipients and representatives said they are satisfied staff understand care recipients’ individual care needs.

Examples of recent education and staff development relating to Standard 2 Health and personal care include:

- Palliative care
- Dysphagia
- Wound management

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 this is appropriate to their individual needs and preferences. There is an ongoing review and evaluation system for identifying and managing care recipients’ clinical care needs. Processes include care recipients who have an interim care plan on entry to the home followed by a clinical care assessment. This information is used to develop individual care plans in consultation with care recipients and their representatives. The home monitors care recipients’ clinical care outcomes through reviews of care plans and auditing of reporting processes. Results show needs are documented and reviewed and that care is consistently provided to meet the individual needs of care recipients. Care recipients and representatives are satisfied with the level of consultation and that appropriate clinical and personal care is provided to care recipients.

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 receive specialised nursing care from qualified nursing staff that is appropriate to their identified needs and preferences. The home assesses and reviews specialised nursing needs for care recipients’ through consultation with health specialists, allied health staff, care recipients and representatives. Specialised care needs are documented in care plans; treatment and medication charts and care is provided as per these documented requirements. Monitoring occurs through the home’s audit process, regular care reviews, clinical surveillance data and informal feedback through the handover process. Observation showed staff have access to appropriate specialised equipment and care recipients and representatives are satisfied with the specialised care provided to care recipients.

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

The home has systems to ensure care recipients are referred to appropriate health specialists in accordance to their health needs and preferences. Registered nursing staff assess care recipients and they are referred to appropriate health specialists to identify any further health issues requiring attention. Following a review from a health specialist, care needs are reviewed and updated and documented in care plans, treatment and medication charts to support specialist and allied health recommendations. Care is coordinated as per these recommendations by senior nursing staff and monitored through regular care reviews, handover processes, audits and feedback from care recipients and staff. Staff said they have

access to current information from health specialists and care recipients and their representatives are satisfied that care recipients have access to health specialists.

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’ medications are delivered by qualified staff and are generally managed safely and correctly. There are identified processes for assessing, managing and monitoring care recipients’ individual medication needs, including nurse initiated and as required medications and these are documented and evaluated regularly. Refrigerated medications are generally stored as per the home’s process and all medications are securely stored as per legislative requirements. Monitoring occurs through meetings with medication advisory committee and also through audits, medical reviews, medication incidents data, competency records and staff observation. Staff are aware of legislative requirements in relation to care recipients’ medications needs. Care recipients and representatives said they are satisfied that the home manages care recipients medication needs.

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

The home has systems to ensure all care recipients are as free as possible from pain. Care recipients are consulted and assessments are conducted by registered staff to identify any issues and care requirements in relation to pain management, these assessments are reviewed by medical and allied health staff. A treatment plan is developed and care plans medication charts and treatment directives direct staff in relation to care recipients’ care and treatment needs. Further interventions include positional changes, exercise regimes and massage and these interventions are monitored by nursing and allied health staff. Monitoring of care recipients pain management includes audits, regular care reviews, observation and feedback from staff and care recipients and representatives. Staff are aware of strategies to assist with pain management and care recipients and representatives are satisfied that care recipients pain issues are managed effectively.

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

Care recipients receive appropriate palliative care that maintains their comfort and dignity during end stage of life. The home has processes to capture individual palliative care wishes and a palliative care plan is endorsed as required. Care recipients are consulted regarding

particular preferences to aid comfort and care. The home assists representatives to maintain their comfort and provides hospitality services as required. Consultation occurs with external palliative care services to assist with care recipients care needs and pain management and pastoral care is arranged according to individual preferences. Monitoring of palliative care processes is conducted through consultation with care recipients' and representatives and through staff feedback processes. Staff are aware of care recipients care needs in relation to palliative care and representatives are satisfied with the care that care recipients receive at the end stage of their life.

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

There are systems to ensure care recipients receive adequate nourishment and hydration. Dietary preferences and needs are assessed in consultation with the care recipient and representatives and advised to catering. Nutrition and hydration assessments identify care recipients at risk and nutrition care plans include monitoring guidelines, strategies, supplements and aids. Fluid intake is monitored and support provided to increase intake as required. Allied health professional referrals are arranged and consultation with the medical officer takes place. Training is available for staff in supporting nutrition and hydration.

Monitoring of care recipients nutritional requirements takes place through regular weight monitoring, observation and clinical and care reviews. Care recipients have the opportunity to comment on the meal service at resident liaison meetings and on an individual basis. Care recipients are satisfied with nourishment and hydration provided to support their individual needs.

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

There are systems to ensure care recipients are provided with assistance to maintain their skin integrity. Documentation demonstrated that interim and ongoing assessments of the care recipients' skin integrity are conducted and there are referrals to relevant professionals as required. Care recipients at risk are identified and plans include strategies to ensure adequate nutrition, change of position and relief of pressure and effective moisturisation.

Wound assessment and planning is conducted by registered nurses and healing rates are monitored. Daily care plans include nail and hand care and podiatry services attend the home. Skin integrity management is regularly reviewed and evaluated through documented checks, skin tear reporting, care review meetings and audit processes. Observation and staff interviews confirmed there are sufficient supplies and equipment for the provision of skin care. Care recipients said they are satisfied with the care provided to maintain their skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

There are systems to ensure care recipients continence is managed effectively. Continence assessment processes identify care recipients’ normal patterns, support needs and required aids. Staff interviews and documentation confirmed assessment processes include voiding frequency and identification of care recipients’ individual needs and preferences in relation to continence management. A continence link nurse and aid supplier supports staff and monitors effective aid use. Documented urinary and bowel management plans and toileting schedules are regularly reviewed. The home follows dietary strategies to support natural bowel patterns and protocols for identifying and preventing infections. Documentation confirmed that data on infections that may affect continence is collected, analysed and appropriate actions taken. Continence management and privacy and dignity training is provided for staff. Care recipient and representatives interviewed are satisfied that care recipients continence needs are being met.

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 home has systems to identify needs of care recipients with behaviours of concern are managed effectively. Individual assessments and behaviour monitoring assist staff in identifying triggers and strategies to assist with care recipients’ behaviour management and care needs. Care plans identify triggers, strategies and interventions to assist staff in managing behaviours of concern. Staff are aware of planned strategies and interventions to provide effective management of care recipients identified behaviours, these also include interaction with care recipients through their lifestyle program. The home supports minimal restraint. Monitoring of behaviour management occurs through planned care reviews, clinical meetings, review of incident data and medical and behaviour management specialist reviews. Care recipients and representatives are satisfied with the home’s approach to managing behaviours of concern.

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

The home has systems to assist care recipients to achieve optimum levels of mobility and dexterity. Assessments completed by registered nursing staff and physiotherapy staff capture care recipients individual needs in relation to their mobility requirements and assistance required to enhance their dexterity. Individualised mobility, exercise and transfer plans are

developed; these include assistance and mobility aids required. Suitable assistive aids are provided including equipment to promote care recipient safety such as low beds. Falls are monitored monthly and analysed for trends and a stick to stand program has been recently implemented. Monitoring occurs through regular care reviews, reassessments by the physiotherapist, audits and observation. Results show a 15 per cent decrease in falls for the months of April to June 2014. Staff attend manual handling training annually and are aware of care recipients care needs. Care recipients and representatives are satisfied that care recipients mobility and dexterity needs are maximised.

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

The home has systems to assist care recipients’ oral and dental health is maintained. Registered nursing staff complete oral health assessments on entry and on an ongoing basis to identify individual oral and dental care needs. Care plans provide individual oral and dental hygiene strategies. Care recipients are assisted to attend external dental services and oral equipment is replaced two monthly and monitored by care staff. Monitoring of care recipient’s oral care is completed through staff observations, regular care plan reviews, audits, feedback from dental specialists including care recipients and their representatives. Staff are aware of strategies to support care recipients’ oral and dental health. Care recipients and representatives are satisfied that care recipients oral and dental health is maintained.

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

The home has systems to ensure care recipients sensory losses are identified and managed effectively. Assessment processes capture care recipients care needs in relation to hearing, vision, touch, taste and smell. Care plans identify strategies and aids to support and improve care recipients’ sensory loss. Activities are promoted to enhance sensory enjoyment.

Registered nursing staff consult with representatives regarding individual care recipient’s care needs requiring referral to the audiologist and optometrist. Monitoring occurs through regular care reviews, medical reviews, feedback mechanisms and observation. Staff are aware of care recipients’ sensory care needs and care recipients and their representatives are satisfied with the home’s approach to managing care recipients sensory loss.

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

The home has system to ensure care recipients are able to achieve natural sleep patterns. Nursing staff complete a three day assessment to identify care recipients’ natural sleep patterns, preferred settling times and routines. Care recipients who have poor sleep patterns are identified and are reviewed by medical staff when required. Individual care plans include interventions and strategies to assist sleep patterns, including preferred settling and rising times and comfort interventions required. Ongoing monitoring identifies any sleep disturbance and strategies are reviewed to address any issues identified. Regular care reviews, audits, observations and feedback from care recipients assist in the evaluation of care needs. Care recipients and representatives are satisfied with the home’s approach to assisting care recipients to obtain a restful night sleep.

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 about the home’s continuous improvement systems and process.

In relation to Standard 3 Resident lifestyle, the home captures suggestions and improvements from feedback, care recipient meetings and care recipient and representative surveys. Staff contribute to improvements through meetings, complaints and suggestions.

Care recipients said they are encouraged and supported to provide feedback and suggestions.

Examples of improvements related to Standard 3 Care recipient lifestyle implemented by the home over the last 12 months include:

- The home has purchased digital picture frames and a set of pictures to promote storytelling and reminiscence. The picture frames are currently being used in the dining room and show pictures of various regions in Greece. Management and staff said verbal feedback has been positive and care recipients enjoy the picture shows.
- The home has a large contingency of Greek care recipients who like to participate in activities and events throughout the wider Greek community, however due to mobility and health concerns not all care recipients are able to leave the home. Resources have been made available and the home now has the ability to live stream weekly Greek Orthodox services from the local church. Care recipients and their representatives who wish to participate are able to view the services from the Greek dining room at the home. Management and staff said they have a good attendance to the services and care recipients confirm they are satisfied with this improvement.

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 about the home’s regulatory compliance systems and processes.

There is a system in place to manage mandatory reporting in accordance with regulatory requirements. Staff feedback demonstrates knowledge of their legislative responsibilities, security of tenure and compulsory reporting requirements. For example: Care recipient’s agreements, security of tenure and the compulsory reporting of assaults.

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

Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes.

Management and staff demonstrate they have the knowledge and skills required for effective performance in relation to care recipients’ lifestyle.

Examples of recent education and staff development relating to Standard 3 Resident lifestyle include:

- Dignity
- Elder abuse
- Behaviour management

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

Care recipients’ emotional needs are assessed on entry to the home and actions are taken to provide emotional support whilst adjusting to life within the home. New care recipients are orientated to the home and introduced to other care recipients. Care recipients and their representatives are provided with information about the home prior to, and on entry. After

entry, life history profiles are established to inform staff about care recipients' lifestyle, background, interests and capabilities. Care recipients are assessed for emotional support needs and care plans are in place to guide staff practice. Care recipients and their representatives said staff are considerate of care recipients' emotional needs and are supportive during the settling in period and on an ongoing basis.

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

Care recipients' needs and preferences regarding independence are identified on entry to the home and care plans are developed to guide staff practice. Care plans are reviewed every four months or as needed to ensure strategies are effective for promoting independence, lifestyle activities are in place for care recipients to maintain friendships and continue to have access to the community and community events. Staff communicate changes through one- to-one discussion, progress notes, communication diaries, notices and care plans. Social functions are facilitated within the home and interaction with friends and family is promoted. Care recipients' said they are satisfied with the assistance they are provided with to achieve maximum independence, to maintain friendships and to participate in community life.

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

Care recipients' preferences in relation to their preferred name, care, lifestyle, cultural and spiritual beliefs are identified on entry and this information is recorded on care plans. Care recipients' records are secured in areas that are restricted to authorised personnel, and discussions regarding individual care recipient's issues are conducted in privacy. Staff practices include the closing of curtains and doors when care recipient are being attended to and knocking to gain consent for entry. Staff have knowledge of individual preferences and address care recipients in a respectful manner using language skills and translation tools for the majority of non-English speaking care recipients. Care recipients' and representatives feedback indicated staff respect the care recipients' privacy and support them with dignity.

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

Care recipients' previous lifestyle, social background and activity history is assessed on entry to the home and these are reviewed every four months or as needed. Consideration is given to care recipients' preferred language, physical limitations and capacity to participate in activities is assessed; one-to-one activities are provided for care recipients who do not participate in the group activities or who prefer to stay in their rooms. Care recipients' are consulted in relation to choice of activities and preferences. Activity programs are developed in consideration of care recipients' suggestions gained through meetings, surveys and evaluation of participation. Care recipients are encouraged and assisted to engage in activities of interest to them and opportunities for new experiences are provided. Care recipients and their representatives said they are satisfied with the activities offered to care recipients as they are encouraged to participate in a range of activities that are of interest to them.

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 cultural and spiritual needs of care recipients' are assessed on entry to the home and communicated to staff through care plans, progress notes, through one-to-one discussion with staff, and communication diaries. Spiritually significant and cultural days of remembrance are observed and care recipients are encouraged to maintain links with the community to support their needs. Chaplaincy and religious services are provided upon request. Care recipients are supported to access the in-house church services if preferred and/or view a weekly live streaming of a Greek Orthodox service. The individual beliefs and customs of care recipients are observed and known by staff. Multi lingual staff are able to communicate with non-English speaking care recipients and staff are aware of processes to access culturally specific support services to determine resource requirements and available support networks when required. Care recipients and their representatives said they are satisfied with the activities provided in relation to care recipients' cultural and spiritual life within the home, and consider staff to be respectful of their choices.

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

Care recipients' are encouraged and enabled to exercise choice and to make decisions regarding their day-to-day life at the home. Assessment of care recipients' preferences occurs on entry to the home and on an ongoing basis. Care recipients and their representatives indicated they are involved in establishing care plans and their choices are respected. Information is provided in written and verbal form to provide care recipient with the ability to make informed choices. Care recipients' alternative decision-makers (such as adult guardian or enduring power of attorney) are identified and actioned according to assessed need. Care recipients' have access to multi language information regarding advocacy services if required and are aware of their rights and responsibilities. Care recipients' reported they are offered choices and are satisfied with their involvement in decision-making.

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

Entry processes are established to identify and support each care recipient's security of tenure. Information about care recipients' rights and responsibilities, entry details, fees and charges and the contents of the care recipient handbooks and the agreement are discussed with the care recipient and their representative prior to entry. If a change in accommodation or care requirements is recommended, alternative care options and or accommodation are explored in consultation with the care recipient (where appropriate), representatives, the medical officer and other relevant parties. Multi language information and brochures regarding current external complaints processes are displayed and accessible for care recipients. Care recipients and their representatives said they are aware of care recipients' rights and responsibilities and felt secure in their tenure.

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 about the home’s continuous improvement systems and process.

In relation to Standard 4 Physical environment and safe systems, improvements are monitored and evaluated through the home’s monthly compliance reporting system.

Examples of improvements related to Standard 4 Physical environment and safe systems implemented by the home over the last 12 months include:

- As a result of complaints regarding unpleasant odours, management has purchased and installed an electronic odour eliminating system throughout the home. Staff have been reminded to store soiled linen trolleys appropriately and staff duties lists have been revised to assist with odour management practices. Management said they have not received any further complaints in regards to odours. Staff and volunteers said there has been a noticeable difference since the instillation of the electronic system. Management continues to monitor staff practice.
- Management identified an opportunity to enhance their infection control processes and has installed hand sanitising stations throughout the home. Management said flyers and discussions at meetings have increased the awareness for staff, care recipients and visitors. Staff were observed using the sanitiser and the home has had no recent outbreaks of infections.

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 about the home’s regulatory compliance systems and processes.

There is a system to ensure building certification and other environmental requirements are met, including a food safety plan, safe work procedures and fire safety certification. Staff feedback demonstrates knowledge of their legislative responsibilities for Standard 4 Physical

environment and safe systems. For example: Building certification, fire safety regulation and work place health and safety.

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

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

Management and staff demonstrate they have the knowledge and skills required for effective performance in relation to care recipients' physical environment. Care recipients and their representatives said they are satisfied staff have the appropriate knowledge and skills to perform their roles effectively.

Examples of recent education and staff development relating to Standard 4 Physical environment and safe systems include:

- Infection control
- Manual handling
- Chemical training

4.4 Living environment

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

Team's findings

The home meets this expected outcome

There are systems to generally provide a safe and comfortable living environment to meet care recipients' needs. Care recipients are accommodated in single and shared rooms with shared bathrooms and all rooms are temperature controlled to maintain a comfortable temperature to meet care recipients' needs. Care recipients are encouraged to personalise their rooms and have access to communal and private areas to use with their families or visitors. The home has a minimal restraint policy and key pad security measures are in place and staff are generally aware of security procedures to maximise care recipients safety.

Monitoring of the environment generally occurs through incident and hazard reporting, workplace inspections, audits, preventive and scheduled maintenance and feedback mechanisms. Staff are generally aware of strategies to ensure care recipients safety is maintained. Care recipients and representatives said they feel safe and comfortable in their environment.

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

The home has systems that guide management to actively work to provide a safe working environment that meets regulatory requirements. Staff are orientated and trained in workplace health and safety at induction and are provide training on an ongoing basis.

Hazards and incidents are reported and analysed to identify any trends, this information is reported through management meetings. Work health and safety representatives assist in reporting and managing of hazards identified, including risk assessments conducted.

Standard operation procedures guide staff in appropriate actions to maintain care recipients safety and reducing staff and care recipients incidents. Occupational health and safety is monitored through management meetings, incident and hazard reporting, work place inspections and audits. Staff said they are aware of their responsibilities in regard to occupational health and safety and they have access to information to guide them in safe practice.

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 are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. There are processes to ensure fire detection systems, fire suppression equipment are all in good working order and an evacuation plan is in place if the event arises. An evacuation list is available to guide emergency services and fire wardens are aware of their duties in the event of an emergency. Fire drills are conducted to ensure staff are aware of correct procedures and all staff are required to attend mandatory in training in relation to fire and other emergencies. Security systems are in place and staff are aware of these systems. The home monitors fire and security systems through completion of fire inspection records, triennial inspections and environmental audits. Staff are aware of emergency procedures and care recipients and representatives are satisfied care recipients are safe and secure in the home.

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 has systems to generally ensure that an effective infection control program is in place. Infection control is managed through the home's polices and guidelines, outbreak

management procedures and resources available. An influenza vaccination program is offered to staff and care recipients and staff have access to personal protective equipment. Preventive pest control systems are in place and a food safety plan guides staff in their practice. Cleaning staff use a colour coded system to prevent and control the risk of infection. All staff attend infection control education annually. Senior clinical staff monitor infections through monthly incident data which showed a low incidence of infections and these results are reported and discussed through the quality management committee meetings. Staff generally demonstrated an understanding of the home's infection control processes. Care recipients and representatives are satisfied with the practices employed by the home to minimise the incidence of infection.

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 generally provided in a way that enhances care recipients quality of life and the staff's working environment. A seasonal menu offers variety to meet care recipients' individual dietary needs and preferences and is reviewed by the dietitian. Care recipients' current dietary requirements, food allergies and preferences are identified and communicated to kitchen staff as required. Care recipients rooms and communal areas are generally cleaned according to cleaning schedules. A labelling service is in place to assist with missing clothing and dedicated laundry staff process personal clothing, while all linen is managed by off-site. Housekeeping and catering services are monitored through audits, surveys, care recipient meetings and feedback mechanisms. Staff said they have access to work schedules and care recipients are satisfied with the hospitality and laundry services provided by the home.