



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Froniditha Thalpori Aged Care Services – St Albans

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Froniditha Thalpori Aged Care Services - St Albans in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Froniditha Thalpori Aged Care Services - St Albans is three years until 25 September 2012.

The Agency has found the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's site audit report.

The Agency is satisfied the home will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor progress with improvements and compliance with the Accreditation Standards.

Information considered in making an accreditation decision

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and approved provider details

Details of the home

Home's name:	Froniditha Thalpori Aged Care Services - St Albans		
RACS ID:	3653		
Number of beds:	60	Number of high care residents:	50
Special needs group catered for:	<ul style="list-style-type: none">Dementia specific care for Greek elderly		

Street/PO Box:	181 Furlong Rd				
City:	ST ALBANS	State:	VIC	Postcode:	3021
Phone:	03 9365 4300		Facsimile:	03 9365 4323	
Email address:	barbarah@froniditha.org				

Approved provider

Approved provider:	Froniditha Care Inc
--------------------	---------------------

Assessment team

Team leader:	Fiona Taylor
Team member/s:	Kathryn Bennett
Date/s of audit:	7 July 2009 to 9 July 2009

Executive summary of assessment team's report	
Standard 1: Management systems, staffing and organisational development	
Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply
Standard 2: Health and personal care	
Expected outcome	Assessment team recommendations
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Executive summary of assessment team's report	
Standard 3: Resident lifestyle	
Expected outcome	Assessment team recommendations
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
Standard 4: Physical environment and safe systems	
Expected outcome	Assessment team recommendations
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Assessment team's reasons for recommendations to the Agency

The assessment team's recommendations about the home's compliance with the Accreditation Standards are set out below. Please note the Agency may have findings different from these recommendations.



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Froniditha Thalpori Aged Care Services - St Albans
RACS ID	3653

Executive summary

This is the report of a site audit of Froniditha Thalpori Aged Care Services - St Albans 3653 181 Furlong Rd ST ALBANS VIC from 7 July 2009 to 9 July 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Froniditha Thalpori Aged Care Services - St Albans.

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

Assessment team's recommendations regarding support contacts

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

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 7 July 2009 to 9 July 2009.

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

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

Assessment team

Team leader:	Fiona Taylor
Team member:	Kathryn Bennett

Approved provider details

Approved provider:	Froniditha Care Inc
--------------------	---------------------

Details of home

Name of home:	Froniditha Thalpori Aged Care Services - St Albans
RACS ID:	3653

Total number of allocated places:	60
Number of residents during site audit:	56
Number of high care residents during site audit:	50
Special needs catered for:	Dementia specific care for Greek elderly

Street/PO Box:	181 Furlong Rd	State:	Victoria
City/Town:	ST ALBANS	Postcode:	3021
Phone number:	03 9365 4300	Facsimile:	03 9365 4323
E-mail address:	barbarah@froniditha.org		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Fronditha Thalpori Aged Care Services - St Albans.

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

Assessment team's recommendations regarding support contacts

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

Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

	Number		Number
Chief executive officer	1	Residents/representatives	12
Regional manager	1	Volunteers	1
Manager residential care	1	Physiotherapist	1
Support services coordinator	1	Activities officers	2
Registered nurses	5	Cleaning staff	2
Care staff	5	Laundry staff	1
Administration assistant	1	Catering staff	2
Maintenance staff	1	-	-

Sampled documents

	Number		Number
Residents' files	16	Medication charts	6
Summary/quick reference care plans	8	Personnel files	6
Palliative care files	2	Resident agreements	6

Other documents reviewed

The team also reviewed:

- Accident/incident reports
- Activity participation records
- Activity program
- Annual essential services reports
- Assessment/care plans
- Behaviours monthly summaries
- Blood sugar folder
- Calibration log
- Calibration of measuring devices (kitchen)
- Catheter care details
- Catheter care plan
- Certificate of renewal of registration

- Certification assessments
- Changes to dietary requirements form
- Cleaning audits
- Cleaning audits and improvement required
- Colour dots system in medication chart
- Communication diary
- Continence aid allocation and usage sheets
- Continuous improvement action plans
- Continuous improvement graphs
- Continuous improvement logs and register
- Corrective action plan
- Description of cleaning
- Diabetic treatment sheets
- Dietary requirements and menu choice form
- Dietician plan
- Education competencies
- Employee satisfaction survey results
- Equipment risk assessments
- Essential services folder
- External suppliers list
- Falls monthly summaries
- False fire alarm records and correspondence
- Family conference records
- Feedback forms
- Fire control panels
- Fire maps
- Food and fluid chart
- Food safety plan
- Food temperature checks
- Food training schedule
- Hazard alert forms/incidents
- Incident graphs
- Induction records
- Infection and wound data
- Infection control audits:cleaning/hand washing/line/sharps
- Infection control flow chart
- Infection control report
- Infection graphs
- Kitchen daily/weekly cleaning procedures
- Kitchen supplies and kitchen orders
- Kitchen third audit June 2009Pest control documents
- Laundry and cleaning flowchart
- Leadership statements
- Log of staff signature
- Maintenance calibration log
- Material safety data sheets
- Medical practitioners' agreements
- Medication competencies
- Medication incident forms
- Medication monthly folder
- Medication weekly audits
- Meeting agenda and minutes
- Memoranda
- Missing persons data form
- Monitoring records and
- Monthly observations

- Next drainage bag change due
- Nurse initiated medications list
- Oxygen checklist
- Pandemic policy
- Pathology reports
- Peg feeding regime
- Police check register: suppliers
- Police check register: volunteers
- Police check register: staff
- Policies and procedures
- Position descriptions
- Qualification check database
- Refrigerator temperature records
- Reportable incident register
- Resident breakfast menu
- Resident dislikes forms
- Resident drinks assessment
- Resident medication management review report
- Resident of the day/daily observations and weights
- Resident satisfaction survey results
- Resident's food and fluid chart
- Residents/staff vaccinations
- Residents' information handbook
- Restraint authorisation
- Risk assessments
- Sample of external agreements
- Schedule maintenance
- Selected audit tools and results
- Selected flowcharts
- Special events records
- Sprinkler systems and pumps checks
- Staff appraisal database
- Staff education matrix
- Staff file contents checklists
- Staff information handbook
- Standard roster
- Supplements list
- Terminal care wishes form
- Test and tag detailed assets list
- Training attendance records
- Training evaluation forms
- Training programs
- Transfer equipment se Assessment/care plans
- Unscheduled maintenance records
- Weight folder/graphs
- Wound folder
- Unscheduled maintenance records
- Weight folder/graphs
- Wound folder

Observations

The team observed the following:

- Activities in progress
- Activity areas
- Bus trip preparation and departure
- Charter of Residents' Rights and Responsibilities displayed

- Cleaning trolleys
- Clinical supplies
- Coffee day activities
- Colour coded mop system
- Electrical testing tags on equipment
- Emergency exits
- Emergency kit
- Equipment and supply storage areas
- Evacuation pack and resident list
- Fire fighting equipment
- Interactions between staff and residents
- Keypad doors
- Kitchenette
- Living environment
- Lunch time meal service to residents
- Medication refrigerator
- Medication storage
- Mobility aids in use
- Name day activities
- Noticeboards and whiteboards
- Nutritional supplements
- Oxygen signage and storage
- Personal protective equipment
- Personal protective equipment
- Pre packaged medication system
- Refrigerators
- Religious reflection area
- Resident rooms, ensuite bathrooms and shared bathrooms
- Resident transfer equipment
- Sharps container
- Singing/dancing in progress
- Smoking areas
- Specimen refrigerator
- Spill kit
- Staff amenities
- Staff assisting residents with meals
- Storage of medications
- Students' study sessions on-site
- Visitor sign in/sign out book
- Weigh scales
- Wound trolley

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has a continuous improvement system that operates within the quality of care framework of the Fronditha organisation and shows improvements in management, staffing and organisational development. Opportunities for improvement are identified through mechanisms such as an open door policy of access to the management team, feedback forms and continuous improvement logs, satisfaction surveys, selective audits and continuous improvement action plans. The home’s improvement framework is used in a cyclical way and stakeholder participation is encouraged. Collected information is reviewed and analysed for trends. Staff stated that their contribution to continuous improvement is encouraged. Residents and representatives confirmed their views are welcomed and their voices are heard.

Examples of continuous improvement in Standard One include:

- The organisation has developed and launched a Greek care website link that advises other service providers about the traditions, culture, religion, language and other important information relating to Greek elderly. Staff and other service providers are assisted to provide culturally appropriate care.
- The home has introduced a ‘whistleblower’s policy’ and training has occurred to raise staff awareness. As a result the home is equipped to identify and address any issues arising.
- Equal employment opportunity training has been provided for staff and as a result staff have increased awareness of appropriate workplace behaviour.
- A part time human resources officer position has been initiated in the organisation to assist with staff recruitment and selection and with police checks and audits of employee files.
- Care staff hours have increased by one hour each day, across the week and this increase assists resident care.
- Three cordless telephones have been purchased so that families are able to contact residents and customer service has improved.
- Delivery of goods to the home has been standardised and most suppliers are now delivering goods at set times that have been negotiated with the home. This allows goods to be checked off.

1.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has a system in place for identifying relevant legislation and current regulatory requirements and ensuring compliance with regulations, guidelines and professional standards. Information and updates are received via mechanisms such as peak body membership and network meetings, published regulatory compliance information and legislative update services. Staff are informed of changes in regulatory compliance through strategies including meetings, memoranda, notices and policy statements. Compliance is monitored through mechanisms including appraisals, observation, staff and service provider credential and police check processes and through the incident reporting system. Staff confirmed they are informed about regulatory compliance.

Examples of responsiveness to regulatory compliance in Standard One include:

- The home's shows it has effective police check processes for staff, volunteers and external service providers as appropriate.
- The home provides education to ensure staff are familiar with equal employment opportunity guidelines and responsibilities.

1.3 Education and staff development

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

Team's recommendation

Does comply

The home has processes in place to ensure that staff have the appropriate knowledge and skills to perform their roles. Opportunities for education are identified through staff appraisals, satisfaction surveys, staff requests and in response to incident data review, resident care requirements and legislative change. The education program includes guest presenters and interactive education via the television and staff are made aware of these opportunities through fliers, meetings, programs and verbal reminders. Staff are encouraged to pursue training opportunities outside the home, and the organisation provides a scholarship program for nursing training or post graduate gerontic study. Education is provided to orientate new staff to the home's practices. Staff confirmed they are provided with relevant education. Residents and relatives are satisfied staff have the knowledge and skills to perform their roles.

Recent education relevant to Standard One includes:

- Equal employment opportunity
- Complaints and difficult communication
- Reportable incidents.

1.4 Comments and complaints

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

Team's recommendation

Does comply

The home has comments and complaints mechanisms that are accessible to each resident, their representatives and other interested parties. Information about internal and external complaint mechanisms is communicated at meetings, through written information such as information handbooks and accessible complaint procedure policy statements, and via one-to-one explanations about internal and external complaint mechanisms. The comments and complaints system includes feedback forms and suggestion box, satisfaction surveys, resident and relatives' meetings and an open door policy of access to senior staff and management. Organisational representatives are also available to assist with comments and complaints. Any dissatisfaction with the quality of care or services offered is promptly addressed and feedback occurs as appropriate. Residents and representatives said any comments or complaints raised are actioned to their satisfaction and resolved in a timely 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 recommendation

Does comply

The organisation has documented its aims, vision, mission and values and the home's commitment to quality throughout the service. The home's philosophy is reflected in these

statements and in statements of Principles concerning the provision of care, adherence to documented processes and promotion of continuous improvement. The commitment of the home and organisation to enhancing the well being of aged persons in a manner that meets their cultural, linguistic and historical needs is affirmed.

1.6 Human resource management

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

Team's recommendation

Does comply

The home has processes to ensure staff are appropriately skilled and qualified to deliver care and services to residents. Processes to monitor qualification and credential information are in place and position descriptions are current. New staff are provided with orientation and a performance appraisal schedule of initial and ongoing reviews is now in place. Rosters show adequate staffing levels and skill mix occurs and a registered nurse is on duty on each shift. Staff retention is high and the home has a stable work force with many staff serving at the home for long periods of time. Regular staff usually cover relief shifts however, agency staff are used if necessary. Staff are generally satisfied with current staffing levels and residents and representatives are satisfied with staffing levels and with the skills of staff.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The home ensures stocks of appropriate goods and equipment for quality service delivery are available. Catering supplies, non clinical, continence and chemical supplies are also regularly ordered through preferred suppliers and effective stock systems. Goods are stored safely in secure areas. Non-routine goods and capital equipment are obtained after discussion and trial with relevant personnel. Preventative and corrective maintenance programs are in place and an asset register is maintained. Staff and residents are satisfied with the availability of supplies and equipment and with the preventative and corrective maintenance services at the home.

1.8 Information systems

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

Team's recommendation

Does comply

Management and staff show they have access to information to assist them to perform their roles and provide care to residents. Information that guides resident health and personal care and resident lifestyle is generally current and appropriate. Incidents and their outcomes are recorded in individual files however, incident reporting and follow up processes are inconsistent and the effectiveness of the system in informing resident care and safety is not reviewed. Information is distributed to staff through mechanisms including meetings, notices and memoranda. Residents and representatives are informed about the home's activities through case conferences, meetings, notices, letters and invitations. Resident and staff files are securely stored with access restricted to authorised personnel and documents are appropriately archived. Staff, residents and representatives are satisfied with access to information and with the communication and feedback mechanisms available to them.

1.9 External services

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

Team's recommendation

Does comply

The home and organisation contracts external services and suppliers to provide a wide variety of services to the home. These services include fire protection, podiatry, physiotherapy, review pharmacy and external tradespeople. Service agreements that specify the quality of service delivery are in place with external service providers and informal contractor induction processes occur. The service of external suppliers and tradespeople is monitored through mechanisms such as stakeholder feedback, meetings and discussions to ensure service provision meets the home's needs and goals. The home regularly reviews of the performance of externally sourced services. Management, staff and residents confirmed that they are satisfied with the home's external services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

The home has an established continuous improvement system that demonstrates improvement in resident health and personal care. For a description of the home's system of continuous improvement, refer to Expected outcome 1.1 Continuous improvement.

Examples of recent improvements in Standard Two include:

The home and organisation's falls prevention and management policy has been amended to include an updated falls risk assessment tool and post falls management flowchart. Staff are now more aware of falls risk and falls management.

- The home has strengthened aspects of specialised nursing care by ensuring general practitioners record reportable blood sugar levels for each resident with diabetes. These levels are accessible in individual charts for quick staff reference and to reduce errors.
- The home's medication storage rooms have been relocated and remodelled for more efficient medication storage.
- A new weight management graph tool has been introduced and in cases where it has been used, staff reported it has assisted them to track residents' weight loss or gain.
- Two filtered water units have been purchased to support resident hydration. Residents are now offered filtered water.
- New floor scales that enable residents in wheelchairs to be weighed have been purchased and are in use.
- Five new wheelchairs have been purchased and are in use.

2.2 Regulatory compliance

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

Team's recommendation

Does comply

Management has systems in place to identify and ensure the home meets regulatory compliance obligations in relation to resident lifestyle. For a description of how the home identifies and ensures compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, refer to Expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard Two include:

- Annual registration for registered nurses at the home is monitored.
- A registered nurse one is on duty at the home on every shift across the week.
- Medication is stored safely and securely.

2.3 Education and staff development

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

Team's recommendation

Does comply

The home has processes in place to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of resident health and personal care. For a description of the home's staff education processes refer to Expected outcome 1.3 Education and staff development.

Examples of recent education relating to Standard Two include:

- Anxiety and depression
- Dementia certificate (four carers)
- Diabetes for carers
- Medication in aged care for registered nurses
- Medication administration for carers
- Application of continence aids
- Managing challenging behaviour
- Sensory loss.

2.4 Clinical care

This expected outcome requires that "residents receive appropriate clinical care".

Team's recommendation

Does comply

The home demonstrates that residents receive appropriate clinical care. On entry to the home residents' clinical care needs are assessed and documented and an individualised care plan developed in consultation with the resident, representatives and allied health professionals as appropriate. Care plans are reviewed regularly and evaluated and care conferences with representatives are conducted as required. A registered nurse division one is available on all shifts. Staff state they are well informed regarding residents' individual care needs through care plans, handover sheets and specific tasks. Staff are supported in their roles by the registered nurses division one and two and have access to clinical resources. Residents and representatives are satisfied with the care residents receive and that it is according to their needs and preferences.

2.5 Specialised nursing care needs

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

Team's recommendation

Does comply

The home demonstrates residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff. Residents' specific nursing care needs are identified through the initial assessment process and care plans are individualised to meet the residents' specialised needs. Care plans are regularly reviewed by the registered nurses in consultation with residents, representatives, medical practitioners and allied health professionals. Specialised care needs include pain and wound management, insulin dependant diabetics, percutaneous enteral feeding and anticoagulant medication. Staff confirmed they are aware of residents' specialised care needs, have access to resources and are supported in their roles by the registered nurses. Residents and representatives confirmed the appropriateness of the specialised care residents receive.

2.6 Other health and related services

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

Team's recommendation

Does comply

The home demonstrates that residents are referred to appropriate health specialists in accordance with each resident's needs and preferences. On entry to the home residents are

assessed by the physiotherapist and individual care plans are developed. Residents' individual care needs are reviewed regularly, representatives are consulted and changes are documented on resident care plans and communicated to staff. Residents are referred to allied health professionals such as speech pathologist, dietician, dentist, dental technician, mental health and palliative care services as required. Residents are regularly visited by a podiatrist as appropriate. Residents and representatives confirmed residents are referred to appropriate to specialists as required.

2.7 Medication management

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

Team's recommendation

Does comply

The home demonstrates that medication is stored and managed safely and correctly. On entry to the home resident medication needs are assessed and reviewed regularly in consultation with representatives and medical practitioner. Medications are administered by registered nurses division one, registered nurses division two with medication endorsement and by competent care workers using a pre packaged medication system. Medication audits are conducted and external pharmacy audits of residents' medication occur with information is directed to relevant areas such as medical practitioner and medication advisory committee. Staff confirmed they have medication competency assessments and resources available and are supported by registered nurses. Residents and representatives confirmed they are satisfied that medication is managed safely and correctly

2.8 Pain management

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

Team's recommendation

Does comply

The home demonstrates that all residents are as free as possible from pain. On entry to the home each resident's pain requirements such as type of pain, source, intensity and relieving factors are assessed in consultation with the resident and representatives. Care plans are developed to reflect the resident's pain needs and are reassessed regularly and if pain management is not effective. Strategies are documented on care plans and regularly evaluated for their effectiveness such as analgesia, massage, gentle exercise and air mattresses. Pain medication is managed in regards to resident's mobility and comfort. Staff confirmed they respond to residents' verbal and non verbal cues for pain and are familiar with pain assessment tools. Residents and representatives confirmed they are satisfied with how staff assist them to manage pain.

2.9 Palliative care

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

Team's recommendation

Does comply

The home demonstrates that the comfort and dignity of terminally residents is maintained. On entry to the home and as appropriate a discussion is encouraged with residents and representatives regarding residents' end of life wishes and the completion of a terminal wishes care plan. Palliative care plans are developed in consultation with residents, representatives and medical practitioners and address pain, hydration, oral care, skin integrity, spiritual and cultural elements. Pain management is monitored closely for effectiveness and regularly reviewed by the medical practitioner and referrals are made to external palliative services as appropriate. Staff confirmed they have attended palliative care education and have resources available. Residents and representatives confirmed the home's practices maintain terminally ill residents' comfort and dignity.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

The home demonstrates that residents’ receive adequate nutrition and hydration. On entry to the home residents’ nutrition and hydration needs are assessed and individual care plans developed that meet residents’ cultural, religious and dietary needs and preferences. The rotating menu is reviewed by the dietician. Residents’ weights are monitored regularly and if there are nutrition and hydration concerns; medical practitioners are notified and referrals are made to allied health professionals such as dietician and speech pathologist. Appropriate supplementation is administered as required. Staff stated they are aware of individual specific care needs such as nutritional supplements, swallowing difficulties, thickened fluids and special diets. Residents and representatives confirmed they are satisfied with the home’s approach to meeting residents’ nutrition and hydration needs.

2.11 Skin care

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

Team’s recommendation

Does comply

On entry to the home each resident’s skin integrity is assessed and a care plan is developed that documents specific prevention and management strategies such as sheep skins, barrier creams and pressure relieving aids. Alterations to skin integrity are documented in the care plan and wound management chart and specific strategies are implemented to manage the impairment. The wounds are reviewed and managed by registered nurses and referrals to external wound consultants are made as appropriate. Hygiene and nutritional status is considered and appropriate manual handling techniques are individualised to promote and maintain optimum skin integrity. Staff confirmed they have attended manual handling education, lifting equipment is maintained and they are supported by the registered nurse who manages the wound portfolio. Residents and representatives confirmed satisfaction with the skin care provided.

2.12 Continence management

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

Team’s recommendation

Does comply

The home demonstrates practices in continence management are effective in meeting residents’ needs. On entry to the home residents’ continence needs are assessed in consultation with residents and representatives. Care plans are developed that document aids required, level of assistance, bowel function and voiding patterns. The effectiveness of the interventions is regularly evaluated and an external continence advisor is consulted as required. Staff confirmed they are aware of individual continence needs, have received education in continence management and are supported by the registered nurse division one who manages the continence portfolio. Residents and representatives confirmed residents’ continence needs are being met and residents’ privacy and dignity is maintained.

2.13 Behavioural management

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

Team’s recommendation

Does comply

The home has strategies and processes in place to assess, manage and review residents. On entry to the home residents' behaviours are assessed in consultation with representatives and medical practitioners to identify specific behaviours and triggers. Care plans that document behaviour triggers and management strategies to minimise challenging behaviours are reviewed regularly and external allied health services are consulted as appropriate. Behavioural incidents are documented in progress notes. Staff confirmed they are aware of residents' specific behavioural strategies, have attended specific education sessions and have resources available. Residents and representatives are satisfied with the home's approach in managing challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that "optimum levels of mobility and dexterity are achieved for all residents".

Team's recommendation

Does comply

The home demonstrates that optimum levels of mobility and dexterity are achieved for all residents. On entry to the home residents are assessed to identify mobility and dexterity issues such as falls risk, mobility, transfer and physiotherapy needs and preferences. Care plans are developed to indicate the current care needs and mobility aids required such as electric beds that change from high to low position, mobility aids and hip protectors. Care plans are regularly evaluated for effectiveness and physiotherapy reviews occur as appropriate. Residents are encouraged to maintain and improve mobility and dexterity and their independence with passive exercises by care staff and group exercises. Residents and representatives are satisfied with the home's approach to optimising resident's mobility and dexterity.

2.15 Oral and dental care

This expected outcome requires that "residents' oral and dental health is maintained".

Team's recommendation

Does comply

The home demonstrates residents' oral and dental health is maintained. On entry to the home oral and dental assessments are conducted to identify residents' specific needs and preferences such as level of assistance and preferences for storage and cleaning of dentures and natural teeth. Individual care plans are developed and reviewed regularly and residents have access to a dental technician or encouraged to visit a dentist. Residents are encouraged to maintain their own oral and dental care, assistance is offered as required and dentures were observed to be stored appropriately. Staff showed they are aware of residents' needs and preferences in their oral and dental care and stated that they assist residents as required. Residents and representatives are satisfied with the homes approach to managing resident's oral and dental care.

2.16 Sensory loss

This expected outcome requires that "residents' sensory losses are identified and managed effectively".

Team's recommendation

Does comply

The home demonstrates that residents' sensory losses are identified and managed effectively. On entry to the home residents' sensory needs and specific requirements are identified and individual care plans are developed and reviewed regularly and as care needs change. Residents are supported to attend appointments to external allied health practitioners as required. Residents have access to resources and sensory stimulation such as large print books, music and videos. Staff confirmed they are aware of residents' individual needs and

how to care for visual and hearing devices. Residents and representatives are satisfied with the home's approach to managing residents' sensory losses.

2.17 Sleep

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

Team's recommendation

Does comply

The home demonstrates that its practices enable residents to achieve natural sleep patterns. On entry to the home residents' sleep and rest preferences are assessed and individual care plans are developed to reflect these needs. Care plans document interventions such as sleep and waking times, activity patterns, appropriate room temperature, lighting, music and warm drinks. Care plans are reviewed regularly and medical practitioners are consulted if strategies are not effective. Medication, pain, behaviour and continence management strategies are considered in decreasing wakeful moments and assisting residents in achieving natural sleep. Staff confirmed they encourage residents to participate in activities during the day and are aware of individual needs regarding restful sleep routines and preferences. Residents and representatives confirmed that residents are able to achieve natural sleep patterns.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

The home actively pursues improvements in the areas of resident lifestyle. For a description of the home’s system of continuous improvement, refer to Expected outcome 1.1 Continuous improvement.

Examples of improvements in Standard Three include:

- A mandatory reporting flow chart has been introduced to enable staff to quickly identify the incidents that are reportable. Staff feedback is that the chart is helpful.
- An activities room has been allocated and refurbished. Residents now use the room for quiet activities such as book reading.
- A small area with religious icons and a seating place has been established in a niche in a passageway in the home. Residents were observed to use the space for prayer and contemplation.
- A form to record consent to transfer or change rooms has been introduced for use when a change in tenure occurs with resident consultation and agreement. Management reports the document formalises agreed arrangements.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

Management has systems in place to identify and ensure the home meets regulatory compliance obligations in relation to resident lifestyle. For a description of how the home identifies and ensures compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, refer to Expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance related to Standard Three include:

- The home shows how it complies with obligations related to security of tenure and resident rights and privacy.
- The mandatory reporting system for elder abuse and residents who are found to be inexplicably absent has been put into place at the home.
- A confidential mandatory reporting register is maintained and education about mandatory reporting has occurred.
- Each resident or their representative is provided with and sign a residential agreement following entry to the home.
- A prudential compliance statement is regularly provided as appropriate.
- The home meets and exceeds its concessional ratio obligations.

3.3 Education and staff development

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

Team’s recommendation

Does comply

The home shows management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of resident lifestyle. For a description of the home's staff education processes refer to Expected outcome 1.3 Education and staff development. Staff said they are satisfied with the education opportunities offered by the home.

Recent education relating to Standard Three includes:

- Mandatory reporting and missing persons procedures
- Person centred care for people living with dementia
- Two staff attended grief and loss in aged care training as a component of palliative care education.

3.4 Emotional support

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

Team's recommendation

Does comply

The home has systems in place to identify and address residents' emotional needs on entry to the home and ongoing. Prior to entering the home, information is provided to the resident and their family about the environment and the services available to them, and residents' rights and responsibilities. In the adjustment period, the home's staff and management provide new residents with high level emotional support, reassurance and further information about the home's care and services. Assessment of each resident's emotional support needs and the support provided by family and friends occurs and plans are made to meet assessed needs and preferences. The effectiveness of support provided to residents is assessed through mechanisms such as satisfaction surveys and feedback from residents and representatives. Residents and representatives indicated satisfaction with the home's provision of initial and ongoing emotional support.

3.5 Independence

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

Team's recommendation

Does comply

The home supports residents to be as independent as possible, to participate in the community and to build relationships within and outside the service. Residents' independence needs and preferences are assessed on entry into the home and individualised care plans are developed that include strategies to maximise their independence. Strategies to maximise independence include freedom of movement, exercise programs, podiatry reviews, the use of individual mobility and dexterity aids and access to physiotherapy services. The home has wide well lit hallways and open communal spaces to allow safe movement and places for the resident to sit and rest while mobilising around the home. The home welcomes visitors and supports residents to develop friendships within the community and to maintain their individual interests and community involvement. Residents and their representatives confirmed staff assist them to be as independent as possible and to participate in community life.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

Each resident's privacy, dignity and confidentiality needs, preferences and rights are recognised and respected. Strategies to achieve outcomes include the use of residents' preferred names, the practice of staff knocking before entering residents' spaces, respect for appropriate clothing and dress and the secure storage of residents' information. Monitoring of effectiveness of strategies to promote privacy, dignity and confidentiality occur through satisfaction surveys, observation and through formal feedback mechanisms. Staff were observed to respect residents' privacy and dignity when attending to them. Residents and representatives said staff meet their expectations in relation to privacy and dignity.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

On entry to the home, an initial assessment of the resident's lifestyle needs and preferences occurs in consultation with the resident and a care plan that aims to continue and support each resident's leisure interests and activities is developed. The care plan is regularly evaluated to ensure the accuracy and currency of information and residents are involved in evaluating lifestyle opportunities through satisfaction surveys and resident meetings. The activity program is facilitated by activities officers who plan group and one to one activities and special events such as dances, movie nights, plays and regular outings occur. The activity program is displayed and activities include book club and library visits. Residents and representatives confirmed they are satisfied with the range of activities and interests provided.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

Currently, all residents at the home are of Greek cultural background and the home has processes that ensure that residents' individual customs, religions and cultural backgrounds are valued and promoted. On entry to the home, residents' specific individual spiritual needs and preferences are assessed and plans are made to meet these requirements. The local Greek Orthodox priest visits regularly; some residents attend various community churches and a regular bible study group is held at the home. Other individual religious and spiritual needs can be met on a needs basis. Culturally specific days such as Greek National Days, saints' name days, Easter Holy Week, Australia Day and Christmas are celebrated and respected. Culturally appropriate meals are provided. Residents and representatives are satisfied that residents' cultural and spiritual needs are met.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

The home is committed to promoting and respecting resident choices and decisions. Residents have input into the services they receive including their personal care, choice of doctor, rising and retiring times, food choices, and their level of participation in activities. Residents presenting with reduced decision-making capacity are identified, and their authorised representatives are involved with making decisions about their care. Residents and representatives are encouraged to provide feedback about the care provided via formal mechanisms such as family case conferences, resident and representative meetings,

feedback forms and satisfaction surveys. Residents are satisfied with the opportunities to exercise choice and control over their individual lifestyle at the home.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

An information package is provided for all residents prior to entering the home. Residents and their representatives are provided with a resident agreement that contains information about the residents' charter of rights and responsibilities, terms of tenure, schedule of services and fees and charges. Residents and representatives are consulted prior to moving rooms, or if a change of accommodation is required for clinical or physical security reasons. The change in tenure is now formalised on a consent document. Residents and their representatives confirmed awareness of residents' rights and responsibilities and satisfaction with the manner in which the home manages security of tenure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

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

Examples of improvements in Standard Four include:

- Residents’ dining and lounge areas have been re-furnished with items such as new tables, prints and curtains in the nursing home section, new curtains, linoleum and feature walls painted in the hostel and new curtains, prints and paint work in the area for residents living with dementia. Stakeholders report satisfaction with enhancements to the living environment.
- A secure outdoor area has been provided for the use of residents living with dementia and their families and friends. The pathways in this area now have anti-slip surfacing and landscaping provides a safe environment with outdoor seating and a new ‘bus shelter’.
- Three wide, heavy duty shower chairs have been purchased to ensure safe and appropriate equipment is available for residents.
- Three new air conditioners have been purchased and installed; two units are in the residential areas and one unit is in the laundry. Residents, representatives and staff are satisfied with this improvement.
- A pandemic influenza policy has been introduced and staff awareness of appropriate response has been increased.
- In response to resident feedback the home’s meat supplier has changed.

4.2 Regulatory compliance

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

Team’s recommendation

Does comply

Processes and systems are in place to identify and ensure that the home is compliant in relation to the physical environment and safe systems. For a description of how the home identifies and ensures compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, refer to Expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard Four include:

- The home shows evidence of compliance with food safety, occupational health and safety, building certification and fire and safety regulations, legislation and guidelines. Evidence includes third party audit and inspection results.
- The home displays a package of material safety data sheets near stored chemicals.
- Two occupational health and safety representatives recently attended comprehensive training in occupational 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 recommendation

Does comply

The home ensures management and staff have the appropriate knowledge and skills to effectively perform their roles in the area of physical environment and safe systems. For a description of the home's education and staff development processes refer to Expected outcome 1.3 Education and staff development.

Recent education relating to Standard Four includes:

- Manual handling
- Fire and emergency evacuation training
- Infection control
- Chemical handling
- 'No lift' training
- Debriefing for staff (one small group session)
- Chemical safety.

4.4 Living environment

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

Team's recommendation

Does comply

The home has three areas including a nursing home section, a hostel area with ageing in place and a secure dementia specific area. Residents are accommodated in either single rooms or two bed rooms with ensuite bathrooms or shared bathrooms. Residents are supported to personalise their own rooms with their own belongings. The home is bright and welcoming and offers communal areas such as lounges and dining areas and a foyer where residents can meet with family, friends and other residents or sit quietly and observe the happenings of the home. Neat external areas with olive trees and a lemon tree are accessible to residents and representatives and there is a secure outdoor area for residents living with dementia. Residents indicated the home which is very comfortable and that they feel safe.

4.5 Occupational health and safety

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

Team's recommendation

Does comply

The home has an occupational health and safety system in place to provide a safe working and living environment that meets regulatory requirements. Chemicals are securely safely and accompanied with material safety data sheets and personal protective equipment is available. Incidents, risks and hazards are generally reported, documented, analysed for trends and practices changed as appropriate. Environment and internal audits and equipment risk assessments are conducted periodically and equipment is maintained through the unscheduled and scheduled maintenance program. Staff confirmed they attend mandatory manual handling training, are confident in the use of the equipment and reporting procedures and aware of the occupational health and safety representatives.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

The home has systems in place for preventing, detecting and acting upon fire, security and other emergencies. The home is equipped with maintained fire fighting equipment including alarms, automatic sprinklers, smoke doors, fire blankets and extinguishers. The home has specialised contractors to conduct scheduled monitoring and servicing of all components of the fire and emergency system. Emergency exit signs are located throughout the building, exits are clear of clutter, the home maintains an evacuation kit and fire and safety training is provided for staff. Doors have keypad security and alarms and emergency lighting is maintained. Staff demonstrated awareness of the procedures for emergency evacuation. Residents and representatives are satisfied with the home's approach in relation to fire, security and other emergencies.

4.7 Infection control

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

Team's recommendation

Does comply

The home has policies and procedures to guide all staff in managing an outbreak of gastroenteritis, influenza or other infectious diseases. The home maintains infectious diseases outbreak kits and appropriate infectious waste disposal and sharps containers were observed. Infection rates and pathology reports of residents are reported and recorded on the infection register; trends are reviewed and actioned as appropriate. Infection prevention strategies are in place including appropriate hand washing, pest control, immunisation and food safety program. Staff demonstrated correct hand washing practices and wearing of gloves; hospitality and cleaning staff demonstrated infection control principles in their work areas. Staff confirmed they have attended education in infection control and have adequate personal protective equipment.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

The home has systems in place for the provision of catering, catering and cleaning services. There is a registered food safety plan in place and a rotating menu, assessed by a dietitian as meeting the residents' dietary requirements, offers variety and choice of meals to residents. Cleaning schedules that ensure the home is maintained in a clean manner are in place and the home was observed to be clean during the visit. Residents' personal clothing is laundered on site and an external contractor attends to other laundry. Staff are satisfied hospitality services enhance their working environment. Residents and representatives are satisfied residents' personal laundry is well cared for with minimal lost clothing and are satisfied with the quality, variety and availability of Greek cuisine and with the home's cleaning standards.