



Australian Government

Australian Aged Care Quality Agency

St Basil's Nursing Home

RACS ID 2761

130 Croydon Street

LAKEMBA NSW 2195

Approved provider: St Basil's Homes

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 15 March 2017.

We made our decision on 28 January 2014.

The audit was conducted on 17 December 2013 to 19 December 2013. 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



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

St Basil's Nursing Home 2761

Approved provider: St Basil's Homes

Introduction

This is the report of a re-accreditation audit from 17 December 2013 to 19 December 2013 submitted to the Accreditation Agency.

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

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

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

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct 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 Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 17 December 2013 to 19 December 2013.

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

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

Assessment team

Team leader:	Allison Watson
Team member/s:	Shirley Beaumont Owles

Approved provider details

Approved provider:	St Basil's Homes
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Details of home

Name of home:	St Basil's Nursing Home
RACS ID:	2761

Total number of allocated places:	111
Number of residents during audit:	106
Number of high care residents during audit:	106
Special needs catered for:	19

Street/PO Box:	130 Croydon Street	State:	NSW
City/Town:	LAKEMBA	Postcode:	2195
Phone number:	02 9784 3200	Facsimile:	02 9740 6636
E-mail address:	admin@stbasils.org.au		

Audit trail

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

Interviews

	Number		Number
Chief executive officer	1	Residents	12
Director of nursing	1	Representatives	3
General manager information systems	1	Medical officer	1
General manager finance/human resources	1	Lifestyle coordinator	1
Service improvement manager	1	General manager property and maintenance	1
Education consultant	1	Maintenance staff	2
Deputy director of nursing	1	Catering staff	5
Rostering officer	1	Laundry and cleaning contractor area manager	1
Administration assistant	1	Cleaning staff	2
Registered nurses	6	Laundry staff	3
Resident liaison officer	1	Dietician	1
Clinical nurse consultant (external)	1	Care staff	3
Clinical nurse specialist	1	Aged care funding instrument (ACFI) manager	1

Sampled documents

	Number		Number
Residents' files (including assessments, care plans evaluations, referrals and reports)	13	Resident agreements	4
Mandatory assessments	10	Personnel files	8
Medication charts (hardcopy and electronic)	10	Restraint authorisations and release forms	6

Other documents reviewed

The team also reviewed:

- Accident and incident reports, register, statistics and analysis
- Activities program including newsletters, weekly calendars, activities records and evaluations, attendance forms, program evaluation survey
- Approved suppliers and contractors list
- Building certification instrument

- Cleaning and laundry folder including – schedules, cleaning program, audits, training information, cleaning and laundry procedures
- Clinical and care assessment documentation including assessments for initial and ongoing resident care needs and preferences such as resident dietary and observation charts including weights, continence, behaviours, sleep, skin integrity, pain, mobility, fall risk, toileting, wound assessments and case conference forms
- Comments and complaints folders including - register, comments and complaints forms, actions plans, actions taken, statistics
- Communication systems including – diaries, books, folders, notices, memorandums, newsletters, handover sheets, posters
- Contractors service agreements
- Education documentation including – education calendar, orientation program, mandatory skills program, mandatory competency assessments, mandatory skills attendance register, power point training presentations, education attendance records and evaluations
- Fire fighting and safety equipment test records including - fire panel, fire doors, extinguishers, blankets, hose reels, emergency and exit lights, annual fire safety statement and emergency procedure manual
- Food safety documents including – food safety plan, temperature checklists, sanitising records, purchase and delivery checklists, cleaning schedules, equipment checks, pest control records, NSW Food Authority licence, menus, dietary preference forms
- Human resource documentation including – letters of employment, position descriptions, rosters, confidentiality agreements, criminal history checks, visa checks, statutory declarations, staff registrations/authority to practice, staff appraisals, staff handbook
- Infection control equipment - waste management (including clinical waste), outbreak management kit, spill kits, sharps containers; wall mounted hand sanitisers, colour coded cleaning equipment and personal protective equipment in use
- Maintenance documents including – corrective maintenance records, preventative maintenance schedule and records including, thermostatic mixing valves monthly test results, Legionella test report, electrical testing and tagging records
- Mandatory reporting register and discretionary log
- Medication management documents including medication management information and medication policy and procedure
- Meeting minutes including – quality, resident/relative, strategic, clinical governance, manager's forum, policy, care staff, night shift and lifestyle
- Notice boards containing resident activity programs and notices, menus, memos, staff and resident information including the Charter of residents' rights and responsibilities, comments and complaints information
- Organisational chart
- Personal protective clothing and equipment in all areas, first aid kits, spills kit, hand washing facilities – signs, sinks and hand sanitiser dispensers, infection control resource information, waste disposal systems (including sharps containers, contaminated waste bins and general waste bins/skips)
- Policies and procedures

- Quality management documents including - continuous improvement plan, audit schedule, audits, audit results, action plans, clinical indicators, infection statistics, resident/relative and staff surveys
- Self assessment report
- Workplace health and safety – policy and procedures, audits, environmental checklists

Observations

The team observed the following:

- Accreditation notices on display
- Activities in progress
- Archive cupboards containing management and resident files
- Brochures, posters and forms for comments and complaints system (internal and external in Greek and English) and advocacy services
- Care staff handover
- Catering documents including resident details cards, menus in Greek and English
- Charter of residents' rights and responsibilities, mission and philosophy (in Greek and English) displayed appropriately around the home
- Chemical storage
- Closed circuit electronic television security system
- Dining rooms at meal times (the serving and transport of meals, staff assisting residents with meals and beverages)
- Fire safety fighting equipment including – fire panel, fire extinguishers, hose reels and blankets, evacuation plans, assembly points, exits and emergency lighting and emergency information flipcharts
- Interactions between staff and residents and representatives
- Living environment (internal and external)
- Lunch service and residents being assisted with meals
- Medication rounds and safely stored medications
- Mobility and lifting aids and residents being assisted with mobility
- Nurse call bells
- Oxygen cylinders stored and oxygen in use
- Palliative care room
- Re-accreditation audit notice displayed (in Greek and English)
- Residents and visitor sign in/out books
- Secure storage of care files and other documents
- Security systems (including phones, resident call bells, external lighting, numeric key coded door locks, visitors sign in and sign out book and identification badges)
- Staff handovers
- Staff practices and courteous interactions with residents, visitors and other allied health professionals

- Staff work areas (including nurses stations, treatment/utility rooms, staff room, reception and offices)
- Staff work practices and work areas, staff room
- Storage of equipment, resources and clinical supplies
- Suggestion boxes
- The home's mission and philosophy statements are displayed around the home in both English and Greek
- Workplace health and safety equipment and information including – posters displayed, safety data sheets, lifting belts and machines

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 residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

St Basil's Nursing Home has a framework for continuous improvement which is systemically applied across all Accreditation Standards. A planned quality improvement program is in place. The program uses a series of internal and external audits and surveys to monitor quality of care and services being provided. Quality activities and improvements are discussed at management and clinical governance meetings as well as at various other meetings and forums of staff and residents. Opportunities for improvements are identified through audits, surveys, meetings, comments and complaints and analysis of incidents and accidents. Feedback is provided through meetings, notices, newsletters, education and memoranda. Staff and residents/representatives state that management are responsive to their comments and suggestions for improvement, this was evidenced in documentation.

Some examples of continuous improvement activities undertaken in relation to Accreditation Standard 1 – Management Systems, Staffing and Organisational Development are:

- Following an audit of communication in relation to care staff handovers a review of handover sheets was undertaken. The handover sheet has been revised to allow more space to write information about a resident over all three shifts. The revised handover sheet also includes abbreviated relevant information for special needs of each resident. For example whether they are diabetic, have an advanced care directive in place or require restraint. A legend has been included at the bottom of the handover sheet to explain the abbreviations used. Registered nurses reported the revised handover sheets are a more useful tool.
- Management have enhanced the staff room. Staff commented that the staff room although air conditioned was often too hot due to the sun coming in through the north facing windows. Windows have been tinted with good effect. Management have also provided two massage chairs for staff to relax in during their breaks. Staff were observed to be using the chairs and commented on how comfortable they were. They also advised that the temperature of the room was more pleasant since the windows had been tinted.
- The home has provided all registered nurses with mobile phones following complaints from relatives who found it difficult to contact the home after hours. All incoming calls after hours and at weekends are now automatically diverted to the mobile phone of the registered nurse on duty. In addition if relatives wish to contact the registered nurse direct the mobile phone numbers have been listed and displayed on noticeboards. All registered nurses have also been provided with an email address to improve communication. There have been no further complaints since these changes have been made.

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 a system for identifying relevant legislation, regulatory requirements, professional standards and guidelines and has mechanisms for monitoring compliance. The organisation receives notification of directives and changes in policy from NSW Health and the Department of Health and Ageing and other related government and non-government agencies. The home subscribes to an Australian legislation data base providing changes in legislation and regulations. The clinical governance and policy committees oversee the updating of legislation, policies and procedures. Relevant information is communicated to staff through meetings, education, memoranda and staff notice boards. Policies and procedures, relevant legislation, regulations and standards are available and easily accessible for staff. Documentation, management and staff confirmed this.

Examples of responsiveness to regulatory compliance relating to Accreditation Standard 1 Management systems, staffing and organisational development include:

- There is a system to ensure all staff, volunteers and contractors, as necessary, have national criminal history checks and these are monitored for renewal.
- Residents/representatives were advised of the re-accreditation visit as per the requirements under the Aged Care Act.
- The home maintains records to ensure compliance with the compulsory reporting requirements of the Aged Care Act.

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 has a system to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. An orientation program is in place for all new staff to ensure duty of care obligations is met. Key information relating to corporate policy, structure and communication channels are covered. Staff are expected to attend annual mandatory education sessions covering topics such as fire safety, workplace health and safety, infection control, elder abuse and manual handling. There is a system to follow up non-attendance at these sessions. Staff training needs are reviewed annually and on an as needs basis. Staff informed us they are encouraged and supported to attend the education and training courses and attendance records are maintained. Examples of education sessions and activities relating to Standard 1 include: continuous improvement, comments and complaints and bullying and harassment.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

There is a system to provide residents/representatives, volunteers and interested parties with access to internal and external complaints mechanisms. Residents/representatives are encouraged to communicate compliments, suggestions, concerns and complaints both verbally and in written form. Feedback forms and information on the Aged Care Complaints Scheme (in both Greek and English) and suggestion boxes are readily available in the home. Documentation showed that complaints are managed appropriately and where necessary confidentially. Feedback is provided to the complainant in a timely manner. Feedback forms received are reported and discussed at the appropriate committee or forum. Residents/representatives are satisfied with the way in which concerns have been handled and are confident any other issues raised would be addressed appropriately.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation has documented their mission and philosophy. The mission and philosophy statements are displayed around the home in both English and Greek. The statements are included in the resident and staff handbooks, and in resident admission information packs. The organisation is managed by a Board of Directors who have undertaken education regarding their governance responsibilities. The Directors also are provided with annual refresher training on governance. Comprehensive management reports in relation to all aspects of care and service delivery, staffing, comments and complaints, audits and survey results are prepared and presented at the monthly Board meeting.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has systems to ensure there are appropriately qualified and skilled staff sufficient to provide services in accordance with the Accreditation Standards and the home's mission and philosophy. Staff are provided with position descriptions and guidelines to duties that clearly define positions, roles and responsibilities. Staffing requirements are arranged in accordance with resident needs and staff input and are amended as needs change. Attempts are made to ensure there are Greek speaking staff on duty on each shift. Staffing at all levels and from all service areas are monitored through meeting outcomes, comments and complaints and quality activities. Staff confirmed the above and advised there is enough staff rostered to enable them to carry out their roles. Residents/representatives confirm they feel there are sufficient numbers of skilled staff for their needs.

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 a system to ensure there are stocks of appropriate goods and equipment available for the delivery of quality services. The system includes effective purchasing and assets management procedures; a maintenance program to ensure equipment is safe for use; and a system to ensure appropriate storage and timely use of perishable items to avoid spoilage and/or contamination. New equipment is trialled, reviewed and evaluated prior to purchasing. Staff confirmed there are satisfactory stocks of goods and equipment available at all times to enable quality service delivery. Residents/representatives confirmed this.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

There are information management systems in place to provide management and staff with information to perform their roles effectively and keep residents/representatives well informed. Integrated computerised systems have been established and there are comprehensive processes to back up data at least daily and to keep information secure. Assessments and clinical care notes, which are regularly reviewed, provide the necessary information for appropriate care. Policies and procedures and position descriptions clearly outline correct work practices and responsibilities for staff. Information is distributed to management and staff through handbooks; newsletters; memorandums; noticeboards; clinical records; communication books; handover sheets; meetings and associated minutes; and education and training. Residents/representatives receive information when they move into the home and through meetings, handbooks, notice boards, case conferencing and newsletters. Resident, staff and archived files are securely stored and in accordance with privacy legislation. Staff and residents/representatives report they are kept well informed and consulted about matters that impact on 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 findings

The home meets this expected outcome

Externally sourced services are provided in a way that meets the home's needs and service quality goals. Contractors are selected according to the needs of the home and in keeping with the organisation's philosophies. Service agreements are entered into with contractors for the provision of services. External service providers are required to have current licences, insurances, professional registrations, and comply with relevant legislation and regulatory requirements. There are mechanisms in place to monitor and ensure compliance with the service agreement. Any non-compliance identified is acted upon. Residents/representatives and staff have opportunities to provide feedback and indicated satisfaction with the quality of external services provided to the home.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home. Examples of recent improvements in relation to Standard 2 - Health and personal care include:

- The home has employed a registered nurse dedicated to assist with the management of residents' pain. The registered nurse is employed for two days each week. Pain management is administered by the registered nurse by providing massage to painful areas and applying heat packs when needed. Feedback from residents is positive, advising that the treatments make them feel more comfortable and settled.
- The home has entered into an agreement with a pathology company to attend to the collection of blood and other samples on site. St Basil's are providing a room for the pathology company to work from which will store samples until collected. A contract has been signed and this service will commence in early 2014.
- To increase resident enjoyment of the garden in the dementia specific unit the garden has been upgraded and developed into a sensory garden. Ornaments, a wishing well and wind chimes have been purchased and installed in the garden. Citrus trees, rosemary, lavender and strawberries have been planted and many flowers with perfume. Staff reported that residents are observed to enjoy the garden and a number of residents report daily on the growth and ripening of the strawberries.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home's systems. Examples of regulatory compliance with Accreditation Standard 2 Health and personal care include:

- The home has a system to monitor and record registered nurses, enrolled nurses and allied health professionals have current authorities to practice.
- A registered nurse is responsible for the care planning and assessment processes and specialised nursing services implemented for high care residents.
- The home ensures residents are provided with services, supplies and equipment as required under the *Quality of Care Principles (1997)*.

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

For details of the home’s system for ensuring that management and staff have the appropriate knowledge and skills to perform their roles effectively, please refer to expected outcome 1.3 Education and staff development. Examples of education sessions and activities relating to Standard 2 include medication management, oral care, enteral feeding, speech pathology, palliative care, sleep and depression.

2.4 Clinical care

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

Team’s recommendation

The home meets this expected outcome

The home has systems and processes to assess, implement, evaluate and communicate residents’ clinical care needs and preferences. Residents’ comprehensive assessments detail their individual needs and preferences. Information gained from the assessment process is used to develop individualised care plans. The home has effective written and verbal communication systems through which nursing staff, medical practitioners and management are informed of the care provided for residents and any issues in need of review. Care is supervised by registered nurses (RNs) who are on duty at all times. Medical practitioners frequently visit residents and provide referrals to other health specialists as required. All clinical incidents such as falls, skin tears, medication incidents and adverse behaviour are reported and appropriately managed. Residents/representatives said they are happy with the care services at the home and expressed satisfaction with the medical treatment provided.

2.5 Specialised nursing care needs

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

Team’s recommendation

The home meets this expected outcome

The assessment and care planning processes identify the specialised nursing care needs of residents. Residents are provided with individualised care based on comprehensive assessment of needs by appropriately qualified staff. Specialised care currently provided to residents includes complex wound care, urinary catheter care, oxygen therapy, enteral feeding and blood glucose level monitoring. A clinical nurse consultant (CNC) visits the home one day a week to assist and provide advice on specialised nursing care such as pain management, palliative care and behaviour management as required. The CNC also provides case based education for registered nurses and care staff. Residents/representatives said they are satisfied with the way staff provide specialised nursing care to residents.

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

The home meets this expected outcome

The home has an effective system to refer residents to appropriate health specialists including choice of medical practitioner and other related services in accordance with the residents’ needs and preferences. Residents’ referrals are planned, communicated, and follow up action is carried out and documented. Residents have access to a range of contracted allied health professionals including physiotherapist, podiatrist, dietician, dentist and optometrist. RNs and a team leader provide assistance in making appointments for speech pathology, mental health, palliative care, surgical, psychiatric, geriatric, radiology and pathology services. Residents/representatives said they are supported when accessing health specialists and are satisfied with the home’s referral process to other health professionals.

2.7 Medication management

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

Team’s recommendation

The home meets this expected outcome

There are systems to ensure resident medication orders are current, medications are reviewed and the medication management system is monitored to ensure medications are administered safely and correctly. Medications are administered by RNs and certificate IV staff who have been trained and deemed to be competent. RNs administer schedule eight (S8) medications which are checked daily against the register. Medications are stored in locked cupboards and administered from medication trolleys which are secured when not in use. Medication profiles were observed to have been completed appropriately. Medication administration practices are regularly monitored and actions taken to remedy any identified poor practice. An external pharmacist reviews all residents’ medications annually or when required and also provides staff with education. Residents/representatives said they are satisfied with the way the home manages residents’ medications.

2.8 Pain management

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

Team’s recommendation

The home meets this expected outcome

Residents are assessed for verbal and non-verbal indicators of pain on entry to the home and strategies for pain relief are documented in individualised care plans. When required nurses consult with other health services and use a range of treatments and strategies which include gentle exercise, massage, heat packs and pressure relieving mattresses, repositioning and oral or topical analgesia to manage a residents’ pain. Treatment is evaluated for effectiveness each time it is administered. Staff demonstrated a sound understanding of individual resident’s pain management requirements. Care staff stated any changes in the resident’s condition, such as the development of pain, are reported to the RN. Residents said they are satisfied with the home’s approach to pain management and staff are responsive when they have pain.

2.9 Palliative care

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

Team’s recommendation

The home meets this expected outcome

The comfort and dignity of terminally ill residents is maintained through the identification of residents’ advanced care directives on entry to the home or at an appropriate stage. Assessments and care planning and advice from the palliative care team, if required, assist this process. Religious and spiritual representatives visit the home regularly and are available for terminally ill residents and their representatives. Care staff stated they receive education in pain management and end of life care and are aware of strategies to provide for the comfort and dignity of terminally ill residents. A room has been specifically developed so family are able to spend time with their loved one. Residents/representatives said they are satisfied with the care the home provides when residents are unwell and require additional support.

2.10 Nutrition and hydration

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

Team’s recommendation

The home meets this expected outcome

There are systems to ensure residents receive adequate levels of nourishment and hydration. This includes initial and ongoing assessment of each resident’s likes and dislikes, allergies, cultural, religious and nutritional and hydration needs. Information from these assessments is documented in residents’ care plans. There is a process for monitoring each resident’s nutritional status through regular measurement of weights. All residents are reviewed by a dietician every four months or more often if required. Further, meals are fortified or supplements provided to reverse weight loss and the consistency of meals is varied including thickened fluids. Residents’ swallowing ability is assessed by a speech pathologist when required. Staff supervise and assist residents with their meals as necessary and adapted crockery and cutlery is also available. The displayed menu includes the two choices available and is written in Greek and English. Residents said they satisfied with the food choices available and they appreciate there is Greek food provided to them by the home.

2.11 Skin care

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

Team’s recommendation

The home meets this expected outcome

The home has a system to ensure residents’ skin integrity is consistent with their general health status. This includes assessments on entry to the home and as necessary. Tools used include risk assessments, regular care plan reviews, documentation of care and providing for residents’ specific skin, hygiene, continence, hair and nail care needs. Wound care is provided by RNs and wound treatments are documented. Pressure relieving mattresses are in use and residents are given special dietary supplements to promote healing when necessary. There are adequate stocks of skin care and dressing materials available to assist in improving or maintaining residents’ skin integrity. Residents said their skin integrity issues

are appropriately identified and treated, and there are referrals to appropriate specialists and allied health professionals.

2.12 Contenance management

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

Team’s recommendation

The home meets this expected outcome

The system to ensure residents’ continence needs are effectively managed includes comprehensive assessments which consider issues such as physical, social and psychological and medication related issues. This information together with input from the resident is used in the development of individualised care plans. Residents’ continence interventions are regularly monitored and evaluated for effectiveness and changes are documented in progress notes and care plans. Staff support residents to remain as mobile as possible to assist in regular normal bowel function, digestion and appetite. Staff said they understand residents’ continence needs and preferences, and have access to internal resource staff and external continence specialist services. Residents are satisfied with the way their continence issues are managed.

2.13 Behavioural management

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

Team’s recommendation

The home meets this expected outcome

The system to ensure residents’ challenging behaviours are effectively managed is regularly evaluated to ensure its approach is effective in meeting the needs of residents. Residents’ behavioural needs are assessed on entry and at regular intervals in consultation with residents and representatives. Identified triggers and intervention strategies are documented in individualised behaviour care plans. The home consults with a psychogeriatrician and an external mental health team and dementia service. Comprehensive medication reviews are also conducted by a consultant pharmacist. Staff said they attend relevant education and have the knowledge and skills to effectively implement behaviour management strategies to meet individual resident’s needs and preferences. Residents/representatives said they are satisfied that behaviours of concern are addressed appropriately and residents’ distress is minimised by the approach adopted by staff.

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

The home meets this expected outcome

Residents said they are satisfied with the way staff assist them to maintain and enhance their mobility and dexterity. Residents said they enjoy attending the group exercise sessions and if they are able they attend the walking program. A physiotherapist assesses residents’ individualised mobility and dexterity needs and develops individualised care plans. Falls risk assessments are conducted as required. Staff encourage residents to mobilise during their daily activities. Recreational activities officers (RAO) conduct special activities which help maintain or improve mobility. There are adequate mobility and independent living aids

available to meet the residents' needs and preferences. The effectiveness of the program is assessed through audits, monitoring of staff practices, regular review of residents' care plans, physiotherapy plans and the reporting, analysis and trending of falls.

2.15 Oral and dental care

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

Team's recommendation

The home meets this expected outcome

Residents' oral and dental care is maintained through initial assessments, care planning and evaluation processes. Residents' ongoing oral and dental care needs are monitored through staff observations and resident/representative feedback. Residents can access the dentist of their choice outside the home and a dental bus also comes to the home to provide treatment and ongoing advice for residents. Care staff said they assist residents when necessary with oral care such as teeth cleaning, mouth swabs and denture care. Residents/representatives said they are satisfied with residents' oral and dental care.

2.16 Sensory loss

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

Team's recommendation

The home meets this expected outcome

The home has a system to assess, monitor and evaluate residents' senses to ensure they are managed effectively. Residents' hearing, vision, touch, taste, and smell are assessed on entry to the home. Information from assessments is documented in residents' individualised care plans. Adequate lighting and large screen televisions assist residents with sensory impairment to maintain enjoyment, independence and safety. Large print books in the home's library and 'talking' books are available as necessary. Staff said they have the knowledge and skills to manage the needs of residents in relation to sensory losses. Therapies and activities are monitored and evaluated to ensure they continue to meet the individual resident's needs and preferences. Residents said they are satisfied with the way staff manage their requirements in regards to sensory loss.

2.17 Sleep

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

Team's recommendation

The home meets this expected outcome

There is a system to assess sleep patterns on entry to the home in consultation with the resident and their representative, and a care plan is developed and regularly reviewed. Residents' rising and retiring times are documented and staff interviewed report residents are assisted to settle for the night. A range of strategies are available to support residents to sleep. These include warm drinks and snacks, comfortable positioning, toileting and continence care, pain management, night sedation as per medical practitioners' orders and an environment conducive to sleep. Residents have access to call bells for their use at night if required. The use of night sedation is minimised but residents who require medications to assist them to sleep have it provided for them. Residents reported the living environment is generally quiet at night and they mostly sleep well.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home. Examples of recent improvements in relation to Standard 3 – Resident lifestyle include:

- The home applied for and received a community grant. The money awarded to the home has been used to purchase a number of items for the benefit of residents. Items already purchased include shade sails for the dementia specific garden; two stereo units; three DVD players; a television; decorative Greek artwork to be displayed on the walls and a barbeque. Art supplies will also be purchased with the grant to provide paint and equipment for art therapy to be provided by a new volunteer who is an art teacher.
- The home has introduced pet therapy into the activity program. A dog, husky breed, named Sheeba, visits the home on alternate Thursdays. Sheeba is taken by her owner to visit residents in the home either in the lounges or the residents’ own room. Residents have reported that they really enjoy and look forward to the visits by Sheeba. Staff advised that they have observed some residents who do not normally interact with staff interacting with Sheeba.
- Requests had been made from residents for more bus outings which were only being provided once a month. The bus has now been made available 2-3 times each month. This has resulted in residents having more choice and frequency of bus outings. Some residents who reside in the dementia specific unit are also included in the bus outings. Approximately once each month the bus visits another home in the group where they have a coffee shop. Residents state that they enjoy the bus outings and are pleased more outings are now offered.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s systems. Examples of regulatory compliance with Accreditation Standard 3 Resident lifestyle include:

- All residents are offered a resident agreement which complies with legislative requirements.
- Information is provided to residents/representatives in the resident handbook and other material regarding their rights and responsibilities including security of tenure and the care and services to be provided to them.

- The Charter of residents' rights and responsibilities is displayed in the home in both Greek and English and documented in the resident agreement and handbook.

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

For details of the home's system for ensuring that management and staff have the appropriate knowledge and skills to perform their roles effectively, please refer to expected outcome 1.3 Education and staff development. Examples of education sessions and activities relating to Standard 3 include privacy and dignity, elder abuse and compulsory reporting.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home has a system to ensure residents receive support in adjusting to life in the home and on an ongoing basis. The bilingual (Greek/English) resident liaison officer meets with residents and representatives prior to entry and provides them with information about the home. Staff said they provide residents with emotional support particularly after arrival. These include introducing them to other residents and checking on a daily basis to ensure they are aware of and invited to attend activities on the day. Family conferences are conducted for all new residents to receive feedback and adjust care as required. Staff interactions with residents showed respect, empathy and understanding. Residents/representatives are satisfied with the way staff support them and make them feel welcome to the home.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Residents are actively encouraged to participate in community activities within and outside the home. Staff and residents cited several examples of residents attending local events and other facilities with family members or carers. Community and school groups attend the home as part of the activity program. The home provides an environment in which representatives, volunteers, and school groups are welcome to visit. Regular bus outings are held and lifestyle staff reported entertainment is also provided on weekends. Care staff advised they encourage residents to do as much as they can to maintain their independence. Residents use mobility aids and the regular exercise sessions assist residents to maintain their mobility levels and independence. Residents/representatives said residents are supported to maintain their independence and friendships and participate in the life of the community within and outside the home.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Residents' personal preferences and needs for privacy are assessed and documented on care plans. Staff respect the privacy and dignity of residents by knocking on residents doors, pulling privacy curtains and referring to residents by their preferred name. Staff sign the home's confidentiality agreement on commencement of employment. Consent is sought from residents/representatives for the collection of personal information which is stored securely and accessed by authorised staff only. Residents/representatives stated residents' privacy and dignity is respected at all times and staff are considerate when attending to personal care.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home encourages and supports residents to participate in a wide range of interests and activities that are of interest to them. Initial assessment of residents begins on entry to the home and includes each resident's life history, leisure interests and social life. During the settling in period residents are offered the opportunity to access different activities in order to assist them to select those that are of interest. Second monthly resident meetings are held to obtain ideas and feedback in regard to activities and are conducted by the lifestyle coordinator (bilingual). The team observed activities in progress in various areas of the home including concerts with Greek singing and dancing. Greek singing and dancing also occurs each week during happy hour. Residents said they are satisfied with the range of activities on offer, are asked for their ideas and can choose whether or not to participate.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home has systems that reflect the Greek culture and religious experience and values of the residents who live at the home. Through assessments lifestyle staff identify the interests, customs, cultures, and backgrounds of residents when they first come in to the home. A number of residents said how much they appreciate being able to light a candle outside the chapel and attend church services each week. Residents are able to choose to participate in special religious and cultural anniversaries if they wish such as Christmas, Easter and Saint Nicholas Day. Significant events such as birthdays are recognised. Religious services are held in the home each week and visiting church representatives support Roman Catholic residents to take Holy Communion. Residents/representatives are satisfied with the spiritual and cultural support provided.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home encourages residents to exercise choice and control over their lifestyle through participation in decisions about the services each resident receives. Consultation in the assessment and care planning development processes provide opportunity for identification of resident choice. Resident/relative meetings provide a forum for residents and their representatives to discuss the running of the home including laundry, catering, outings, activities and arising issues. Residents have choices in their health care needs and their health care professionals. Residents are happy with the choices available to them and said their decisions are respected.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has processes to ensure residents have secure tenure within the home and understand their rights and responsibilities. Relevant information about security of tenure, fees, care, services and residents' rights is discussed with residents and/or their representative prior to, when possible, and on entering the home. All residents are offered a resident agreement and handbook which outline care and services, residents' rights and complaints resolution processes. The Charter of residents' rights and responsibilities is on display in the home. Ongoing communication with residents/representatives is encouraged through scheduled meetings, individual meetings and notices. Residents/representatives indicated satisfaction with residents' security of tenure at the home and their awareness of residents' rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home. Examples of recent improvements in relation to Standard 4 – Physical environment and safe systems include:

- To improve infection control the cleaning contractor has introduced a red ‘*once only use*’ microfibre cloth for cleaning bathrooms. Cleaning staff use a freshly laundered cloth for each bathroom they clean. Once used the cloth is put directly into a laundry bag which is located on the cleaning trolley. At the end of the shift the laundry bag containing the used microfibre cloths is taken to the laundry to be washed. Cleaning staff reported that the new system enhances infection control. The contractor advised that they are considering introducing the same system for the blue general cleaning cloths.
- An unannounced evacuation drill was undertaken by an external fire training provider with poor results. Management developed an action plan which included provision of additional face to face training for staff. The deputy director of nursing and one other staff member have since undertaken fire officer level 1 training. An eLearning package on fire and evacuation has been developed and is now available to staff on the home’s intranet. Another unannounced fire evacuation drill was held by the external training provider with improved results.
- Management have implemented new lighting and water saving systems. Energy saving lights and water saving shower heads have been installed which improve the environmental integrity of the home. Management have noted that the home appears to be brighter since the energy saving lights have been installed.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s systems. Examples of regulatory compliance with Accreditation Standard 4 include:

- A review of records and observations showed fire safety equipment is being inspected, tested and maintained in accordance with fire safety regulations and the annual fire safety statement is displayed.
- A review of staff training records and interviews with staff indicates that staff have fulfilled the mandatory fire awareness and evacuation training.

- The current NSW Food Authority licence is displayed at the entrance to the home and a food safety program has been implemented as required by the NSW Food Safety Authority.

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

For details of the home's system for ensuring that management and staff have the appropriate knowledge and skills to perform their roles effectively, please refer to expected outcome 1.3 Education and staff development. Examples of education sessions and activities relating to Standard 4 include fire safety and evacuation, manual handling, safe food handling and infection control.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe and comfortable environment consistent with the residents' care needs. Residents are accommodated in a mixture of one, two and four bed rooms and residents have personalised their own rooms. The lounges and dining rooms face onto courtyards. The living environment is clean, well furnished, well lit and free of clutter. Air conditioning and ceiling fans maintain a comfortable temperature. The home is fitted with key pad entry and exit for key areas and there is a secure dementia specific wing and garden. The buildings and grounds are well maintained with a program of preventative and routine maintenance. The safety and comfort of the living environment is monitored through environmental inspections, resident/representative feedback, incident/accident reports, audits and observation by staff. Residents/representatives expressed satisfaction with their living 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 is actively working to provide a safe working environment that meets regulatory requirements. Documentation, management and staff and observations show that the system includes processes to identify, assess and rectify hazards. Mandatory education is provided to staff during orientation and annually in workplace health and safety including manual handling. Education on new equipment is also provided. Accidents and incidents are recorded, investigated and analysed and regular workplace inspections are conducted. Staff demonstrated knowledge of workplace health and safety requirements and confirmed they received training and information regarding workplace health and safety issues. There is a

workers compensation program in place, which includes injury management and staff return to work program.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The fire and safety systems are maintained and monitored to provide an environment and systems to minimise fire, security and emergency risks. The system includes regular testing of fire and other emergency equipment and mandatory training at orientation and annually for staff on fire safety procedures, use of equipment and evacuation drills. Emergency information flip charts are easily accessible for staff located around the home and include fire and other emergencies such as bomb threats, medical emergency, internal and external emergencies. Emergency exits are clearly marked, well lit and kept free from obstruction. Evacuation plans are appropriately positioned. There are nurse call activators in each resident's room and in communal areas, which are regularly checked. Staff follow a lock up procedure each evening. Staff demonstrated knowledge of location of emergency equipment and emergency procedures.

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 an effective and efficient infection control program in place. The program includes surveillance and reporting processes, hazard risk management, waste management and a food safety program. Preventative measures include orientation and ongoing training, audits and competencies of staff. Cleaning, food safety and vaccination/immunisation programs are in place. Infection control indicators are collected and reported monthly, results are monitored for trends, and systems and practices reviewed as necessary. Documentation, observations and staff confirm the home as an effective infection control program.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Residents/representatives are satisfied with the catering, cleaning and laundry services offered by the home. Residents are provided with a four-week rotating menu of meals cooked in the home. The menu is developed in conjunction with a dietician and incorporates traditional Greek meals. Residents' dietary information and likes and dislikes are recorded on moving into the home, held in the kitchen serveries and updated regularly and as necessary. Feedback on catering, cleaning and laundry is provided through the comments and complaints system, resident meetings and surveys. The kitchen has a food safety program in place. There is a planned program for cleaning and a maintenance program for equipment. Staff are trained in use and storage of equipment and chemicals. All laundry is undertaken in the home's laundry with clear definition of clean and dirty separation. Labelling of residents

clothing is undertaken by the home. Documentation, observation, staff and residents/representatives confirmed that hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment.