



The **Aged Care**
Standards and Accreditation Agency Ltd

Decision to Accredit San Carlo Homes for the Aged (formerly San Carlo Nursing Home merged with RACS ID 3040)

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit San Carlo Homes for the Aged (formerly San Carlo Nursing Home merged with RACS ID 3040) in accordance with the *Accreditation Grant Principles 1999*.

The Agency has also decided that the period of accreditation of San Carlo Homes for the Aged (formerly San Carlo Nursing Home merged with RACS ID 3040) is 3 years, until 11 December 2010.

The Agency has found that 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 that the home will undertake continuous improvement measured against the Accreditation Standards.

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

Lorraine Baker
Assessment Manager
Victoria and Tasmania

Information considered in making an accreditation decision

The Agency has taken into account the following matters, as required, by the *Accreditation Grant Principles 1999*:

- The desk audit report and site audit report received from the assessment team created for the purpose of conducting the audits; and
- Information (if any) received from the Secretary (of Department of Health and Ageing) about matters that must be considered, under Division 38 of the *Aged Care Act 1997*, for certification of the service; and
- Other information (if any) received from the Secretary; and
- Information (if any) received from the applicant in response to the statement of major findings that was presented to the applicant at the conclusion of the site audit. This may include information that indicates the service rectified deficiencies identified by the assessment team at the time of the audit; and
- Whether it is satisfied that the residential care service will undertake continuous improvement, measured against the Accreditation Standards, if it is accredited.

Service and Approved Provider Details

Service Details

Service Name: San Carlo Homes for the Aged (formerly San Carlo Nursing Home merged with RACS ID 3040)

RACS ID: 4351

Number of beds: 104 Number of High Care Residents: 73

Special Needs Group catered for: People of Non-English speaking background (Italian).

Street: 970 Plenty Road

City: South Morang State: Victoria Postcode: 3752

Phone: 03 9404 1490 Facsimile: 03 9404 4390

Email address: sancarlo@sancarlo.com.au

Approved Provider

Approved Provider: Pious Society of St Charles

Assessment Team

Team Leader: Barbara Hutson

Team Members: Katherine Berman

Sandra Bowen

Dates of audit: 03/09/2007 to 04/09/2007

Executive summary of Assessment Team's Report

Accreditation Decision

Standard 3: Resident Lifestyle

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

Agency Findings
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant

Standard 4: Physical Environment and Safe Systems

Expected Outcome	Assessment Team Recommendations
4.1 Continuous improvement	Compliant
4.2 Regulatory compliance	Compliant
4.3 Education and staff development	Compliant
4.4 Living environment	Compliant
4.5 Occupational health and safety	Compliant
4.6 Fire, security and other emergencies	Compliant
4.7 Infection control	Compliant
4.8 Catering, cleaning and laundry services	Compliant

Agency Findings
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant

Assessment team's reasons for recommendations to the Agency

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



The **Aged Care**
Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of Home	San Carlo Homes for the Aged (formerly San Carlo Nursing Home merged with RACS ID 3040)
RACS ID	4351

Executive summary

This is the report of a site audit of San Carlo Homes for the Aged (formerly San Carlo Nursing Home merged with RACS ID 3040) RACS ID 4351, 970 Plenty Road, SOUTH MORANG VIC 3752 from 3 September 2007 to 4 September 2007 submitted to The Aged Care Standards and Accreditation Agency Ltd on 18 September 2007.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends that the Aged Care Standards and Accreditation Agency Ltd accredit San Carlo Homes for the Aged.

The assessment team recommends that the period of accreditation be 3 years.

Assessment team's recommendation regarding support contacts

The assessment team recommends that there should be 4 support contacts during the period of accreditation and the first should be within 9 months.

Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and believes the home complies with 44 of the 44 expected outcomes of the Accreditation Standards.

Site Audit Report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 3 September 2007 to 4 September 2007.

The audit was conducted in accordance with the *Accreditation Grant Principles 1999* and the *Accountability Principles 1998*. The assessment team consisted of three 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:	Barbara Hutson
Team Members:	Katherine Berman
	Sandra Bowen

Approved provider details

Approved provider:	Pious Society of St Charles
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Details of home

Name of home:	San Carlo Homes for the Aged
RACS ID:	4351

Total number of allocated places:	104
Number of residents during site audit:	104
Number of high care residents during site audit:	73
Special needs catered for:	People of Non-English speaking background (Italian)

Street/PO Box:	970 Plenty Road	State:	Vic
City/Town:	South Morang	Postcode:	3752

Phone number:	9404 1490	Facsimile:	9404 4390
E-mail address:	sancarlo@sancarlo.com.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends that the Aged Care Standards and Accreditation Agency Ltd accredit San Carlo Homes for the Aged.

The assessment team recommends that the period of accreditation be 3 years.

Assessment team's recommendation regarding support contacts

The assessment team recommends that there should be 4 support contacts during the period of accreditation and the first should be within 9 months.

Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and believes the home complies with 44 of the 44 expected outcomes of the Accreditation Standards.

Audit trail

The assessment team spent 2 days on-site and gathered information from the following:

Interviews

	Number		Number
Director of nursing/ CEO	1	Residents	7
Care coordinator	1	Relatives	7
Registered nurses division one	1	Doctors	1
Registered nurses division two	2	Laundry staff	1
Care staff	4	Cleaning staff	2
Diversional therapist	1	Maintenance staff	1
Catering staff	2	Physiotherapist	1
Infection control officer	1	Pastoral care	1
Occupational health & safety	1		

Sampled documents

	Number		Number
Residents' files	11	Medication charts	11
Summary/quick reference care plans	14	Personnel files	8
Residents agreements	6	Deceased residents' files	2

Other documents reviewed

The team also reviewed:

- Job descriptions
- Residents' information package and surveys
- Recruitment policies and procedures
- Staff Handbook
- Residents' information handbook
- Policy and procedure manuals
- Infection control policies
- Surveillance reports
- Activity program
- Activity records
- Education records and schedule
- Position descriptions
- Performance appraisals
- Menu
- Communication book
- Physiotherapy folder
- Meeting minutes
- Hazard reports
- Continuous improvement activities
- Service agreements

Observations

The team observed the following:

- Living environment
- Activities in progress
- Storage of medications
- Interactions between staff and residents
- Equipment and supply storage areas
- Serving and delivery of meals

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 actively pursues continuous improvement, which is overseen by a team consisting of management and senior staff members. Residents, relatives and staff provide feedback through the complaints system, service improvement forms and meetings. Self-assessments include a gap analysis, resident and staff satisfaction surveys and audits. Management analyses the results and oversees the implementation of action to take place. The continuous improvement plan is reviewed and updated on a regular basis and is on display for staff. Stakeholders receive feedback through meetings, newsletters and quality care reports.

The following improvements have been achieved:

- An increase of clinical care coordinator hours by one day per fortnight resulting in more staff education.
- An upgrade of the telephone system so that calls are placed through to the intended unit after hours in a timely manner.
- The purchase of computers, printers and facsimile machines in each unit resulting in more timely retrieval of information.

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 subscribes to legislative update services and management attends network meetings. Policies and procedures are updated according to current legislation. Staff are notified of relevant changes through memoranda. Management monitors staff compliance with reading memoranda outlining legislative updates in addition to staff practices. Regulatory compliance is a standard agenda item at meetings and staff have an understanding of regulatory requirements relating to their area of work. Staff, volunteers and contractors, who have unsupervised access to residents, undergo police checks on a regular basis; management maintains a register. Staff have recently been informed of the new complaints investigation arrangements.

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

Staff are recruited according to qualifications, knowledge and skills and undergo appraisal on a regular basis. New staff undergo orientation to the home and all staff undergo a refresher induction on a regular basis. A staff education program is in place and developed according to identified needs and requests. Attendance records are maintained and staff evaluate internal education sessions. External training opportunities are available and management is currently supporting staff to undertake certificate training. Senior staff have attended education and seminars relating to accreditation and better practice. Staff are satisfied with the education provided including that relating to continuous improvement.

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

Internal complaint forms and external complaint brochures are accessible throughout the home; internal complaint forms are available in English and Italian. The internal complaints process is documented in the resident handbook and residents and relatives are reminded of the process at meetings. Secure suggestion boxes are accessible to residents and relatives throughout the home enabling anonymous complaints to be made. Staff document in progress notes any verbal complaints made by residents and notify management in writing of the complaint. Management follows up complaints and provides feedback to complainants either verbally or in writing, depending on the nature of the complaint.

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 home's vision, mission and values statement is on display throughout the home and is also outlined in the resident and staff handbooks and various forms and reports. The home's vision, mission and values statement is a standard agenda item at staff meetings and management refers to it when discussing staff practices. The home's organisational structural chart is on display throughout the home and also in a range of documents. The home's strategic plan is reviewed at bi-annual strategic meetings and is on display in the home.

1.6 Human resource management

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

Team's recommendation

Does comply

Sufficient numbers of appropriately qualified and trained staff are rostered for both the high and low care homes. New staff are orientated to their new positions as well as attend a service wide orientation program. Job descriptions have been developed for all positions and staff are appraised annually. Access to awards and other industrial information is posted on notice boards and available to the staff. Staff and records confirmed that staffing levels are adequate and that all undergo an annual performance appraisal.

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

Designated staff monitor stock levels of goods and reorder on a regular basis. A supply of goods is kept in storage and distributed as required; stock is rotated and used by dates are monitored. Designated staff conduct regular audits on equipment and notify maintenance of faults or poor quality; management is responsive to maintenance requests and purchases new equipment as required. Prior to the purchase of new equipment, management reviews product evaluation forms completed by staff during the trial period. Staff are supplied with appropriate levels of goods for quality service delivery. Staff and residents are satisfied with the quality and quantity of equipment used 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 use computers that are daily, have access to up-to-date policies and procedures and attend regular meetings. Information pertaining to staff and residents is stored securely in locked areas and computers are password protected and have restricted access. Archived documents are stored securely and then shredded on site after the required storage time. Care staff have access to information relating to residents' needs through assessments and care plans. Residents' care needs are reviewed on a regular basis. Residents and relatives receive information through meetings and newsletters. Information is produced and delivered in both English and Italian where possible. Staff and residents are satisfied with the home's communication channels.

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

Contracts and service agreements are in place with externally sourced services. Maintenance staff supervise the work of non-clinical contractors and monitor their attendance as per a schedule. Management conducts regular performance appraisals on external services according to set key-performance indicators and takes action when services are sub-standard. Contact details for external clinical services are on display for staff and these services are readily accessible. Staff and residents are satisfied with the level of service from externally sourced 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 actively pursues continuous improvement, overseen by a team that includes a registered nurse division one. Residents, relatives and staff provide feedback through the complaints system, service improvement forms and meetings. Self-assessments include a gap analysis, resident satisfaction surveys and audits. Management analyses the results and oversees the implementation of action to take place. The continuous improvement plan is reviewed and updated on a regular basis and is on display for staff. Stakeholders receive feedback through meetings, newsletters and quality care reports.

The following improvements have been achieved:

- Being able to care for residents at the home who are receiving palliative care through training of registered nurses division one and purchasing syringe drivers.
- The implementation of a revised nutrition risk assessment tool resulting in staff taking more responsibility for resident weight loss and improving staff knowledge and response time to weight loss.
- The implementation of a new physiotherapy assessment tool regarding balance that is being conducted on all residents and enables outcomes to be measured more readily.

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

The home subscribes to a service that provides copies of Acts, regulations and updates as changes occur. Clinical care policies and procedures contain references to relevant legislative requirements. Staff files contain copies of certificates of attainment, police checks and as relevant, current practicing certificates. Staff said that they can access further legislative information through the available hard copies and the internet.

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

Management said that staff educational needs are identified through performance appraisals, audits, meeting and staff requests. Attendances at training sessions were seen in staff files and the education folder contained the staff evaluations of the sessions that they have attended. For this year clinical education has been provided in nutrition and hydration, palliative and continence management, wound care and preventing wounds and skin breakdowns. The home also provides placement for trainee registered nurses division two and personal care attendants.

2.4 Clinical care

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

Team’s recommendation

Does comply

The home accommodates residents mainly of an Italian background receiving high, low and dementia specific care. A registered nurse division one attends residents’ assessments, care plans and regular reviews. The development of care plans occurs through consultation with the resident, their representatives and health professionals. Changes in residents’ condition are captured in the care plans, progress notes and “resident of the day” observations and review. Care staff are able to describe the specific individualised needs of the residents. Residents and their representatives confirm that they are regularly consulted and kept informed regarding changes in health status or care requirements. All regular doctors attending at the home speak Italian as well as English to facilitate accurate communication with the residents.

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

There is a registered nurse division one on duty at all times in the home who monitors and oversees all specialised care needs including management of residents with diabetes, enteral feeding tubes, syringe drivers and complex wounds. Policies and procedures have been established for the management of complex care needs to guide staff practice. Staff said the education program meets their needs in providing specialised nursing care to the residents. Progress notes show that residents’ specialised care needs are met and reviewed according to protocol and referral to specialist health professionals occurs in a timely manner. Observations revealed there is sufficient equipment and supplies to provide specialised nursing care.

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

Residents’ needs are assessed on entry to the home and reviewed at regular intervals. Physiotherapy, diversional therapy, pastoral care, podiatry, massage and hairdressing are provided. Referrals to appropriate specialists are arranged as required and access to a specialised residential care intervention program through the local public hospital is available. Residents’ files confirm referrals to other services including speech pathology, dietitian, psychiatric services, neurologist and gerontologists. Residents’ representatives said they were satisfied with referrals to specialist services for their relative.

2.7 Medication management

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

Team’s recommendation

Does comply

The home has a comprehensive system to ensure residents’ medication is managed safely and correctly including all residents having a medication assessment on entry to the home. In the high care units, a registered nurse division one or a registered nurse division two medication endorsed, administer medications. In the low care unit care staff administer medications from a multi-dose administration aid. Medication blood levels are monitored where indicated. The team observed that medications are stored in accordance with current legislation and that medications are appropriately administered. Medication review occurs regularly by the medical officer and pharmacist. The use of “as necessary” stickers in the progress notes helps inform staff of residents’ changing needs and alert staff to review the appropriateness of medication regimes.

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 has an effective system to assess and manage residents’ pain to keep them as free from pain as possible. Both verbal and non-verbal pain assessments are utilised to capture information with non-verbal or cognitively impaired residents. Pain relieving strategies such as analgesics, re-positioning, heat packs and massage are used at the home. The use of “as necessary” analgesia is monitored and reviewed. Residents and representatives reported they are assisted with management of pain through a variety of strategies and staff are responsive if they report 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 has a system in place to provide and maintain the comfort and dignity of terminally ill residents. This includes consultation with residents or their representatives in relation to terminal wishes either on entry to the home or at the appropriate time when care needs change. Several staff has undergone extensive training in palliative care and support from external palliative services is available when required. The home utilises the unique opportunities for pastoral support for residents, families and staff from the on-site nuns, priests and chapels. The team noted the home has received positive feedback from a family who had a relative receiving palliative care in the home.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Residents are assessed for their nutritional status and food preferences on entry to the home and the appropriate information is then passed onto the kitchen. There is a four-weekly, seasonal rotating menu that has been approved by a dietitian. The dining room for low care residents is adjacent to the kitchen facilitating serving of foods at the optimum temperature. Nutritional supplements are supplied by the home for those residents who require them and the home caters for residents requiring enteral feeding. Residents are weighed regularly and a variation in weight activates a medical and dietitian review where appropriate. Residents in the high care section were observed having assistance with their meals in a dignified manner. Residents and relatives are generally happy with the Italian influenced menu and foods supplied by the home, which were observed to be presented and plentiful.

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 a skin assessment is completed including potential for skin breakdown and existing skin conditions. Individualised care plans list the care required to prevent skin integrity breakdown for all residents. Care staff undertake a regular check of the residents’ skin and report and record any discrepancies and initiate wound care plans where necessary. The home provides pressure-relieving devices such as air mattresses and sheepskin underlays to help maintain skin integrity. Advice is sought for complex or slow-to-heal wounds from external wound specialists. Staff have attended specialist wound management training and the care coordinator is available to give advice and support across the facility as necessary.

2.12 Contenance management

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

Team’s recommendation

Does comply

All residents have a comprehensive continence assessment on entry to the home and as their needs change. An external continence adviser supports staff and staff education is conducted on a regular basis. Care plans identify continence needs, communication strategies and individual toileting times. The home provides a range of continence aids and equipment to suit individual residents’ needs. Discreet hangers are utilised in residents’ wardrobes for the supply and storage of individualised continence aids. All bedrooms in low care and the majority in high care have en-suite facilities ensuring accessibility and privacy for toileting.

2.13 Behavioural management

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

Team’s recommendation

Does comply

Residents with challenging behaviours have comprehensive assessments including input from relatives/representatives and external experts such as psychologists and gerontologists. Care plans are developed that clearly identify challenging behaviours and individual strategies, which are consistently used and evaluated by staff. The lifestyle program, which extends into the early evenings assists in keeping residents diverted and happily occupied with tasks for purpose and pleasure. The installation of closed circuit monitoring for all the corridors in the units, facilitates distant supervision by staff and facilitates observation of resident-to-resident interactions. Staff demonstrated a comprehensive understanding of individual residents and appropriate strategies to utilise when required.

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

On entry to the home the physiotherapist completes a full mobility and dexterity assessment and the formulation of physiotherapy care plans. Staff utilised to facilitate the care plan included the care staff, physiotherapist, masseurs, podiatrist and lifestyle staff through individual and/or group activities and exercises. A large range of mobility aids including protective equipment such as hip protectors and head helmets is provided or facilitated by the home. Rostering of the physiotherapist and massage therapists ensures optimum levels of mobility and dexterity for the residents. Residents were observed using a range of mobility aids and participating in activities that enhances and maintains their hand dexterity.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

Residents have an oral and dental assessment following entry to the home and on an ongoing basis. There is a range of products provided by the home to meet the oral hygiene needs of the residents. Residents are prompted or assisted with oral hygiene when required and relatives and documentation confirmed this. Residents’ families are encouraged to facilitate visits to the dentist for their family member and annual formal letters are sent where necessary. The speech pathologist, dietitian and visiting dental unit assist with residents’ oral and dental requirements.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Residents’ sensory losses are identified on entry to the home and their assistive devices are documented in their care plans. Information from the assessments is used to develop individualised care plans to manage and minimise the impact of sensory changes regarding hearing, vision, speech and comprehension. Culturally specific familiar foods assist in maintaining taste and bi-lingual staff and Italian music provide culturally appropriate and sensitive auditory stimulation. Residents and representatives interviewed stated they were delighted with the sensory enhancing lifestyle program and the pleasant gardens and views for the residents to enjoy. Culturally specific word pages for staff usage with the residents’ and the translation of many documents into Italian assists with communication.

2.17 Sleep

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

Team’s recommendation

Does comply

The home ensures residents are able to achieve natural sleep patterns through initial and ongoing assessments including accommodating prior sleep habits and reporting of sleep patterns. A variety of strategies are utilised for residents having difficulty with sleeping and include re-positioning, drinks and company when appropriate. Residents confirmed that the beds and the environment are comfortable and the environment quiet at night conducive to sleep. Staff in the low care facility’s work roster accommodates early risers. All the units are monitored with closed circuit units that assist in alerting staff to any residents requiring attention and assistance throughout the night.

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 continuous improvement, overseen by a team consisting of management and senior staff members. Residents, relatives and staff provide feedback through the complaints system, service improvement forms and meetings. Self-assessments include a gap analysis, resident satisfaction surveys and audits. Management analyses the results and oversees the implementation of action to take place. The continuous improvement plan is reviewed and updated on a regular basis and is on display for staff. Stakeholders receive feedback through meetings, newsletters and quality care reports.

The following improvements have been achieved:

- A change to the roster in terms of lifestyle hours so that afternoon and evening shifts are covered in the dementia unit resulting in a reduction in falls and challenging behaviours.
- Implementation of toy pets in the dementia unit, which have assisted with settling residents.
- Implementation of monthly birthday celebrations that includes supper, music and family attendance.

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

The home subscribes to legislative update services and management attends network meetings. Policies and procedures are updated according to current legislation. Staff are notified of relevant changes through memoranda. Management monitors staff compliance with reading memoranda outlining legislative updates in addition to staff practices. Regulatory compliance is a standard agenda item at meetings and staff have an understanding of regulatory requirements relating to their area of work. Policies and procedures relating to residents' lifestyle contain reference to confidentiality and the residents' rights to privacy and security of tenure. Any change to legislation, relevant to residents' lifestyle is communicated to the staff through meetings and memos.

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

New staff are orientated to the home and all staff undergo a refresher induction on a regular basis. A staff education program is in place and developed according to identified needs and requests. Attendance records are maintained and staff evaluate internal education sessions. Residents' confidentiality, privacy and dignity are included into the orientation program for new staff. The education records show that a session on bullying and harassment was conducted in March this year.

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

Upon entry to the home all residents and their relatives are orientated to their new surroundings and introduced to other residents. The activity staff said that they consulted with the residents and relatives to document a social, cultural and spiritual profile and through discussion, record their emotional needs. From information received an emotion support plan is then developed and reviewed on a regular basis or as the residents' needs change. Pastoral care is available to all residents and rosary is conducted each day. Residents and relatives said that the staff are kind, caring and very supportive.

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

From the information gained through lifestyle assessments, residents' levels of independence are identified and as far as possible encouraged. Residents are assisted to maintain or keep in touch with the various Italian clubs and outside interests. Bus trips to these clubs are a popular outing for many of the residents. Residents who are able, are assisted to go out with friends and family for the day. Residents are also able to purchase small items from the on site kiosk.

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

Residents in the hostel are accommodated in single rooms with en-suites and the residents in the nursing home are either in double or single rooms with shared en-suites between two rooms. Staff said that residents are encouraged to decorate their rooms with small items and mementos. Over-bed screens provide visual privacy in the double rooms and staff were observed to draw these screens before attending to the residents. All residents' files are security stored and can only be accessed by authorised personnel. Residents said that the staff were careful to ensure their privacy when providing 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 recommendation

Does comply

A qualified diversional therapist supported by lifestyle officers and a pastoral care Sister provide activities that are of interests to the residents in all three areas of San Carlo. Staff said that they orientate new residents and their relatives to the home and then consult with them to record the residents' social and lifestyle profile. The activity staff meets monthly to develop separate activities programs that are designed to the resident's levels of cognitive function and be of interest to the residents in the hostel, nursing home and dementia unit. Attendance and participation records are maintained in each resident's file and this information assists the staff when planning the monthly activities. Many of the residents were seen enjoying and participating in the various activities in all three areas of the home. Residents said that they especially like the outings and playing tombola. The activity program is displayed in large print in each area of the home and included in the monthly newsletter.

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

Soon after admission to the home residents are consulted to record their social, lifestyle and spiritual information. Residents are predominantly Roman Catholic and Priests and Sisters from the order provide spiritual and cultural support by conducting twice weekly Mass and daily rosary for the residents. A Sister from the order provides pastoral care and the clergy will visit individual residents as requested. Staff said that visiting clergy from other denominations can be accessed if requested. The home has its own chapel and a grotto was seen under the nursing home. Residents are able to watch Italian television, read Italian newspapers and celebrate feast days and cultural events.

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

At time of entry residents are asked about any preferences that they have in regard to frequency of bathing, food likes and dislikes, retiring and approximate rising times. This information is then documented and some of this data was seen in the residents' individual care plans. Residents and relatives meetings are regularly held although management said that attendance of relatives at these meeting is poor. They added that they are continually trying to find ways to improve relative attendance at these meetings. Residents and relatives said that they are kept informed of events and occurrences through the staff, notices and the newsletters.

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

The charter of residents' rights and responsibilities is on display throughout the home and documented in the resident agreement; the resident handbook makes reference to the charter in the agreement. Security of tenure is outlined in the resident agreement and staff are aware that residents and representatives are to be consulted prior to any bedroom changes. The home has separate agreements for low and high care residents however, the low care agreements does not include care and services to be provided if the resident becomes high care and a new agreement is not drawn up. Representatives are notified verbally of changes to care and services upon reclassification.

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 actively pursues continuous improvement, overseen by a team consisting of management and senior staff members. Residents, relatives and staff provide feedback through the complaints system, service improvement forms and meetings. Self-assessments include a gap analysis, resident and staff satisfaction surveys and audits; audits include those with a focus on occupational health and safety. Management analyses the results and oversees the implementation of action to take place. The continuous improvement plan is reviewed and updated on a regular basis and is on display for staff. Stakeholders receive feedback through meetings, newsletters and quality care reports.

The following improvements have been achieved:

- Modification of the working environment and the purchase of new equipment for staff resulting in less lifting. The laundry now has a chute, raised bench tops and smaller laundry bags, the kitchen now has a hydraulic trolley and raised stock pots, care staff now have use of a motorised medication trolley and wheelchair.
- New driers and washing facilities in the laundry resulting in an improvement with the quality of personals and linen and a new labelling system resulting in fewer lost items.
- Introduction of security cameras in the corridors.

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

The home subscribes to legislative update services and management attends network meetings. Regulatory compliance is a standard agenda item at meetings and staff have an understanding of regulatory requirements relating to their area of work. Lifestyle policy and procedures contain reference environmental legislation. The home has an active occupational health and safety team, regular fire and emergency equipment inspections and an approved food safety plan. Information on infection control was seen in the manuals and staff spoken with were aware of the relevant regulations pertaining to the environment. The home complies with certification requirements.

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

Regular fire and emergency training is compulsory for all staff. Infection control training is an annual calendar event and together with occupational health and safety, is included in the staff orientation program. In April this year there was a training session held on containment of a pandemic. Two of the staff have attended refresher courses in occupational health and safety and another two staff are booked to do the five day course later this year.

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

Both homes overlook wide expanses of groomed undulating grounds. Residents in the hostel are accommodated in single rooms with ensuites. The hostel has a separate dining room, and two large communal areas plus smaller sitting rooms for residents' comfort. The hostel has courtyards where residents can hold social events, have garden beds and olive trees were seen in gardens. Residents in the nursing home are accommodated in single and double rooms with shared ensuites between the rooms. Again residents share large communal rooms for activities and meals. The decors of the homes are distinctly Italian with posters, pictures and religious icons throughout. The homes have an on-site chapel and a grotto was accessible to the high and low care residents.

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

A team of trained representatives, who meet as part of a committee with staff from all service areas, oversee occupational health and safety at the home. Environmental audits take place on a regular basis and identified issues are addressed. Staff are trained in the use of new equipment and undergo manual handling training on a regular basis. Staff complete hazard forms and risk assessments following the identification of a hazard or potential hazard and maintenance staff take action in a timely manner; general maintenance requests are also actioned in a timely manner. Electrical items undergo testing and tagging by a qualified contractor. Staff are made aware of safe practices and have input into the home's occupational health and safety system.

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

Emergency procedure manuals and evacuation packs are located in work-stations and throughout the home; evacuation packs include an updated list of residents. Staff attend fire safety training on a regular basis and are able to discuss the home's evacuation procedures. Practice fire drills are evaluated and required actions are implemented. Designated smoking areas are in place for staff and residents. The home's certification inspection report states an acceptable fire safety score and all fire equipment is tested by contractors on a regular basis

4.7 Infection control

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

Team's recommendation

Does comply

The home has developed infection control policies and procedures. Staff record all residents' infections and each month the results are analysed to identify if there are any trends. The home has developed a procedure in case of a pandemic occurring. To manage this situation 'outbreak boxes' have been set up to assist in containing the infection. Protective apparel was seen throughout the homes together with appropriate waste disposal units. Regular infection control audits are included on the audit schedule. Infection control is a part of the new staffs' orientation program and in the education schedule. Staff spoken with were aware of standard infection control operating procedures.

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

Residents have input into the four-week rotating menu that is modified in accordance with the season and reviewed by a dietitian. The menu offers one hot option at each mealtime however residents' preferences are recorded in the kitchen and alternatives are provided; the menu is also on display and residents are able to request alternative meals. Linen and personals are laundered at the home; residents' personals are collected most days and returned the same day in a satisfactory condition. Residents bedrooms and bathrooms are cleaned on a daily basis and more often if required and a detailed clean takes place in each bedroom on a weekly basis. Residents and relatives are generally satisfied with the hospitality services at the home.