



Aged Care
Standards and Accreditation Agency Ltd

Decision to Accredite Kalyra Vale Aged Care Villas

The Aged Care Standards and Accreditation Agency Ltd has decided to Accredite Kalyra Vale Aged Care Villas in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Kalyra Vale Aged Care Villas is 3 years until 29 June 2012.

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

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

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

Information considered in making an accreditation decision

The Agency has taken into account the following:

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

Home and Approved provider details

Details of the home

Home's name:	Kalyra Vale Aged Care Villas				
RACS ID:	6186				
Number of beds:	39	Number of high care residents:	27		
Special needs group catered for:	<ul style="list-style-type: none">• People with dementia or related disorders				
Street:	19 Aldersey Street				
City:	McLAREN VALE	State:	SA	Postcode:	5171
Phone:	08 8323 7400		Facsimile:	08 8323 7417	
Email address:	adele@jamesbrown.org.au				

Approved provider

Approved provider:	James Brown Memorial Trust
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Assessment team

Team leader:	David Stevens
Team member:	Margaret Onley
Dates of audit:	14 April 2009 to 15 April 2009

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

Accreditation decision

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

Accreditation decision

Agency findings
Does comply
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Agency findings
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Assessment team's reasons for recommendations to the Agency

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Kalyra Vale Aged Care Villas
RACS ID	6186

Executive summary

This is the report of a site audit of Kalyra Vale Aged Care Villas 6186 19 Aldersey Street McLAREN VALE SA from 14 April 2009 to 15 April 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Kalyra Vale Aged Care Villas.

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

Assessment team's recommendations regarding support contacts

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

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 14 April 2009 to 15 April 2009

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

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

Assessment team

Team leader:	David Stevens
Team member:	Margaret Onley

Approved provider details

Approved provider:	James Brown Memorial Trust
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Details of home

Name of home:	Kalyra Vale Aged Care Villas
RACS ID:	6186

Total number of allocated places:	39
Number of residents during site audit:	37
Number of high care residents during site audit:	27
Special needs catered for:	People with dementia or related disorders

Street:	19 Aldersey Street	State:	SA
City/Town:	McLAREN VALE	Postcode:	5171
Phone number:	08 8323 7400	Facsimile:	08 8323 7417
E-mail address:	adele@jamesbrown.org.au		

Assessment team's recommendation regarding accreditation

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Assessment team's recommendations regarding support contacts

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Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

	Number		Number
Director of care	1	Residents	5
Clinical nurses	1	Representatives	2
Registered nurses	1	Volunteers	1
Enrolled nurses	1	Hospitality services manager	1
Care staff	3	Laundry staff	1
Administration assistant	1	Cleaning staff	2
Catering staff	1	Maintenance staff	1
Quality coordinator	1	Finance and administration manager	1
Lifestyle staff	2		

Sampled documents

	Number		Number
Residents' files	8	Medication charts	6
Summary/quick reference care plans	8	Personnel files	8

Other documents reviewed

The team also reviewed:

- Continuous improvement register, information and records
- Audit schedules and audits, policy and procedure manuals
- Resident feedback form, resident survey May 2008
- Resident newsletter, meeting minutes, resident agreements
- Residents' information package, orientation checklist
- Temperature monitoring records
- Food safety program

- Staff and contracted services licence records, orientation and induction packages records, job and person specifications, duty statements, police certificate registrations
- Staff training registration records, training plans and analysis, training questionnaires
- Staff roster, performance management appraisals, staff handbook
- Comments and complaints log and records
- Activity plans, attendance records, evaluations, volunteer handbook
- External suppliers contracts and records, contractors sign in book
- Minutes of various meetings
- Legislative update folder
- Memorandums, staff communication book, diary
- Care review schedule, allied health folder, sleep list
- Medication policy and procedure
- Medication administration check record
- Schedule 8 medication records
- Care and pharmacy manuals
- Audiologist review document 2007
- Monthly costing continence products 2008
- Modified berg balance scale scores and report
- Allegation of abuse of residents resource folder
- Resident and staff incident reports, collated data and evaluations
- Hazard reports, collated data and evaluations
- Appliance testing manuals, maintenance manuals
- Preventative maintenance program, maintenance books
- Environmental audits, worksite inspections reports
- Material safety data sheets
- Occupational health, safety and welfare plan
- Occupational health, safety and welfare manual
- Occupational health, safety and welfare checklist for maintaining work environment
- Employee safety and training survey 2008
- Resident evacuation list, emergency procedure manual
- Fire safety declaration 2008, triennial fire safety certificate
- Infection control handbook and resource manual
- Infection surveillance data and evaluations
- Housekeeping manual, HACCP food handlers manual
- Menu

Observations

The team observed the following:

- Living environment, external grounds, resident rooms
- Activities in progress, activity calendar
- Interactions between staff and residents
- Group and one-to-one activities, meals being served
- Fire suppression equipment and signage
- Equipment and supply storage areas
- Information on staff and resident notice boards
- Storage of medications, medication administration
- Food delivery area, laundry, staff room
- Various information displayed including external complaints and advocacy services, pamphlets, forms and posters

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

Kalyra Vale Aged Care Villas are managed under the auspices of the James Brown Memorial Trust. There are organisational and site mechanisms for monitoring compliance with the Accreditation Standards and identifying opportunities for improvement. Continuous improvement initiatives are generated through analysis of information from audits, resident and staff meetings, incident data, hazards, comments and complaints, and environmental inspections. New improvement activities are added to the home’s plan for continuous improvement. The plan is regularly updated to include timeframes for commencing and completing improvement activities. The progress of continuous improvement activities and results for residents are monitored at the site and organisational level. Residents, their representatives and staff are aware of the continuous improvement program and their suggestions are acted upon by the home.

Improvement activities and achievements demonstrated by the home since the last support contact include:

- The organisation identified the need to provide nursing and care staff with a more efficient process for recording resident assessments, care needs and information. A computerised assessment and care planning system was introduced into the home in January 2008 following a trial at another of the organisation facilities. The home has provided staff with ongoing education and support as required. Resident progress notes are now entered onto the system. The home has completed 75% of resident care plans. Staff feedback from meeting minutes and consultation shows they are finding the computerised system to be more consistent and efficient in recording residents’ needs and information.
- In a review of the resident mix, the director of care identified residents progressively entering the home had a higher degree of clinical needs. In particular, some residents were presenting with more complex care needs. In response, the home created the position of a clinical nurse for four days per week, with additional hours as required. Feedback from residents and staff at meetings and by direct consultation shows improved continuity of clinical care needs and access to clinical expertise.
- The director of care identified more residents were requiring lifting machines and slings due to increases in levels of acuity. A review of lifting equipment was undertaken to ensure staff had easy access at all times, including Agency staff. Nursing staff took photos of equipment and slings and produced posters to guide staff. Special hooks have been placed in the storage areas for slings and staff advised of the location of lifting equipment and slings for specific resident requirements. Staff feedback indicates they are able to more easily locate the lifting equipment and appropriate slings and respond more promptly to residents needs.

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 organisation’s finance and administration manager monitors information on changes to legislation received through government departments and industry and business memberships. Information is reviewed by the Quality Coordinator who distributes relevant information to managers and committees. Managers have access to legislative information and updates through the internet. Meetings, memorandums, newsletters or direct correspondence are used to inform staff and residents of changes. Policies and procedures are updated to reflect changes to legislation. Regulatory requirements, such as workplace relations, financial reporting and police clearances are monitored through audit processes. Staff are aware of the legislative requirements that affect their role and responsibilities.

1.3 Education and staff development:

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

Team’s recommendation

Does comply

The organisation and home have processes for identifying, planning, and reviewing staff education and development. Training needs are identified through audits, analysis of training evaluations, staff appraisals, resident and staff feedback, and incident data at an organisational and site level. A structured annual training plan is developed from this information. Changes are made and training sessions added to the home’s plan in response to residents’ needs and staff input. There are processes for orientation of new and temporary staff, and maintaining staff training records. The home has processes for monitoring staff skills and knowledge, and following up attendance at mandatory training. The home supports staff to undertake professional development, and provides access to educational resources on-site. In the last 12 months management and staff have participated in training relating to management systems including continuous improvement, managing risk, the aged care funding instrument, and documentation. Management and staff are satisfied with the ongoing support provided to them to develop their knowledge and skills.

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

Residents and their representatives are satisfied with their access to complaints processes and staff and management responsiveness to their comments or concerns. The home has a system for logging, tracking progress, and reporting

outcomes for all compliments, comments and complaints received. Residents and their representatives are provided with information about internal and external complaints mechanisms on entry to the home and on a regular basis. There are processes for maintaining the confidentiality of residents and their representatives throughout the complaints process. The home encourages residents and their representatives to discuss any issues directly with staff and management as they occur, or to bring issues up at the residents meetings. Residents participate in regular surveys on their satisfaction with the care and services provided. The home regularly reviews the effectiveness of their complaint mechanisms to ensure residents and their representatives have sufficient access.

1.5 Planning and leadership

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

Team's recommendation

Does comply

The organisation has documented its philosophy, objectives and commitment to quality which are included in the resident handbook. The organisation's strategic planning documents outline the objectives, principles, planning framework and strategies for quality and operational requirements. The organisation and home have developed a values statement to reflect the philosophy of care and services provided to residents.

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

Residents and their representatives are satisfied with the responsiveness of staff and the level of care provided to them. The organisation and home has processes for identifying and assessing the required staffing levels and skill mix to meet residents' needs on an ongoing basis. There are processes for recruiting staff with the identified skills and inducting new and temporary staff. Management conduct regular performance appraisals for all staff positions and seek feedback from staff to enable them to meet the requirements of their role. The home has processes for reviewing staffing levels and skill mix, and the staffing roster is adjusted in accordance with changes in resident care requirements. Additional resources are accessed as required to meet residents care and lifestyle needs. In response to increases in resident acuity and dependence the home has made a number of changes to the roster to increase clinical care support. There are processes for checking staff licenses and, police certificates for staff and volunteers. Staff are satisfied they are able to complete their required tasks and work together as a team.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The organisation and home has processes for assessing the goods and equipment residents, staff and management need for the delivery of quality services. Residents and staff are consulted in equipment selection or replacement. The home has processes for monitoring and maintaining adequate stock levels of supplies and equipment. There is a system for preventative maintenance and repairs to provide plant and equipment that is fit and appropriate for use. The home has sufficient storage space for equipment and stock, and processes for ordering and stock rotation linked to organisational policies and procedures. Residents, their representatives, and staff are satisfied with the level of goods and equipment provided by the home to meet their needs.

1.8 Information systems

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

Team's recommendation

Does comply

The organisation and home has processes to provide management and staff with sufficient and appropriate information to enable them to perform their roles. Regular audits of resident information, documentation practices, policies and procedures are undertaken. The home and organisation has procedures for the secure storage and archiving of resident and staff information. There are systems to collate, analyse and use data from resident and staff incidents, infections, and hazards on a monthly basis. The home provides residents and their representatives with access to information to assist them to make decisions about their care and lifestyle on entry to the home, and on an ongoing basis. There are processes for informing staff of changes to resident care plans, needs, legislation, policies and procedures, and the operations of the home. Staff, residents and their representatives are satisfied with their access to information to assist them to make decisions.

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

Organisational procedures guide staff with the identification and selection of external suppliers based on residents' and operational requirements. Service agreements with external providers specify the services and quality of service to be delivered to meet resident's needs. The organisation and home has processes for checking external supplier's compliance with regulatory requirements and monitoring their performance. Staff and residents are consulted on the performance of external suppliers and changes made to service contracts to address any issues that arise. Residents and their representatives are satisfied with the quality and delivery of the contracted services provided.

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

Opportunities for improvement relating to health and personal care are identified from audits, residents and staff meetings, surveys, incidents, hazard reports, complaints, and care plan evaluations. There are processes for planning continuous improvement, setting timeframes, and tracking progress of improvement initiatives. New improvement activities are added to the home's continuous improvement register. The results and benefits to residents of improvement initiatives are monitored at the site and organisational level. Residents and staff are aware of the continuous improvement program and their suggestions are acted upon by the home.

Examples of improvement activities and achievements relating to health and personal care in the last 12 months include:

- An internal review of the processes for meeting residents' health and personal care requirements identified the need to review processes for weighing residents. The home reviewed practices for weighing all residents and implemented changes to the scheduling and equipment used. A new weigh chair was purchased to provide better access for all residents with mobility difficulties. An evaluation of the weighing processes and equipment by staff indicates the ease of manoeuvrability and assisting residents with limited mobility to be weighed regularly.
- The director of care identified the need to increase staff awareness of best practice in palliative care. A survey of staff knowledge and practice was undertaken and an audit against best practice requirements. A plan of action was developed including increasing staff education, identifying palliative care services and resources, new assessment and care plan. Feedback from staff indicates they have an increased awareness of best practice in palliative care and resources available to them.
- Senior nursing staff identified the need to provide alternative pain management techniques for residents as part of best practice. The home trialled a transcutaneous electrical nerve stimulator (T.E.N.S) machine for a sample of six residents. A cordless mini-T.E.N.S machine was also purchased and trialled on the sample of residents selected for the trial. Residents reported reduced pain from using the T.E.N.S machines. Staff feedback from equipment trial feedback forms indicates the machines are easy to use in conjunction with the physiotherapist, and provide another option for pain management.

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 organisation and home has processes to receive regular legislative, regulatory and professional updates. Changes are communicated to staff and practice or policy changes are implemented. Regulatory requirements, such as monitoring the registration of nurses and allied health professionals who attend the home are monitored through audit processes. Processes are in place to assist the home to provide residents with the specified care and services as outlined in the *Quality of Care Principles 1997*. Staff are aware of the legislative requirements that affect their role and responsibilities.

2.3 Education and staff development

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

Team's recommendation

Does comply

The organisation and home has processes for identifying, planning and reviewing staff education and development relating to health and personal care. Training needs are identified through audits, analysis of training evaluations, staff appraisals, resident and staff feedback, and incident data at an organisational and site level. A structured annual training plan is developed from this information. Nursing and care staff practice is monitored through regular audits, appraisal and observation to ensure they have the appropriate level of knowledge and skills to meet residents' needs. Changes are made to the training program based on staff feedback and changes in resident needs and acuity, including arranging training in specialist techniques related to individual resident care. In the last 12 months nursing and care staff have participated in training relating to health and personal care including training on palliative care, medication and pain management, dementia care and continence. Nursing and care staff are satisfied with the ongoing support provided to them to develop their knowledge and skills.

2.4 Clinical care

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

Team's recommendation

Does comply

Residents and their representatives are satisfied with the level of care provided at the home. The home has processes for identifying, assessing, monitoring and reviewing residents' individual health and personal care needs and preferences at the time of entry and an ongoing basis. The home is in the process of implementing an electronic assessment, care planning and review system. An interim care plan is completed by registered nurses using information collected from various sources at the time of entry. Following a settling in period, an assessment process, including all care domains is implemented and a care plan is completed. The home has recently introduced a summary care plan to guide care staff providing resident care. While summary care plans do not consistently include all relevant information to provide resident care, nursing and care staff access care plans as required. Residents' care needs are regularly reviewed. Residents and/or

representatives are provided with the opportunity to meet with nursing staff to discuss resident care. Nursing and care staff are advised of changes to resident care through verbal and written handover processes and progress notes. A range of healthcare professionals are involved in the assessment, care planning and review process. Residents are referred to medical and external health specialists as required. Incident data, audits and supervision are used to monitor staff practice and compliance with policies and procedures. Staff are knowledgeable about resident care needs and preferences.

2.5 Specialised nursing care needs

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

Team’s recommendation

Does comply

Residents and their representatives are satisfied that specialised nursing care needs are appropriately met. Entry, assessment and ongoing monitoring and evaluation processes are used to identify and manage residents specialised nursing care needs. A registered or enrolled nurse is available on each shift. The director of care is on call at all times. If a resident requires complex care, such as palliative care, the clinical or a registered nurse is rostered. Registered nurses complete initial assessments for specialised care, oversee all assessments, complete all care plans and generally monitor specialised nursing care. The home also sources external health professionals to meet residents individual specialised nursing care needs. Enrolled nurses, under the direction of registered nurses, attend aspects of specialised nursing care such as wound management, medication administration and clinical observations. Incident data, audits and supervision are used to monitor staff practice.

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 and their representatives are satisfied with resident referral to health professionals and the care provided. The home has processes for referring residents to health specialists as required. A podiatrist and physiotherapist attend the home on a regular basis and provide assessment, treatment and evaluation for residents. Other health professionals and services, such as speech pathologists, dieticians and audiologists visit as required. Recommendations and instructions for care and interventions are included on care documents and information is provided to relevant staff.

2.7 Medication management

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

Team’s recommendation

Does comply

Residents and their representatives are satisfied with medication management at the home. The home has processes to safely and correctly manage

residents' medications when supplying, administering, recording and storing medications. Policies and procedures are available to guide staff with safe administration of medications. Registered nurses assess residents' medication needs and preferences and the level of assistance they require. Medical practitioners and the pharmacist conduct regular medication reviews. Registered, enrolled nurses and credentialed care staff administer resident medications from dose administration aids. The effectiveness of 'as required' medications is evaluated and their use is monitored. The home has a process to assess, evaluate and monitor residents who want to self-administer medication. Ordering processes are in place and facilitate urgent and out of hour's requirements. Medication incident data is collected, collated and evaluated. The home recently revised their medication administration policy and introduced a new procedure in response to the results of data evaluation. Incident data, audits and supervision are used to monitor staff practice and compliance with policies and procedures.

2.8 Pain management

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

Team's recommendation

Does comply

Residents and their representatives are satisfied that residents' pain management is effectively managed. The home has entry, assessment, planning and review processes to identify and manage the effectiveness of strategies used to manage residents' pain. The assessment process includes the use of a pain assessment tools that consider the needs of all residents, including those with cognitive and communication deficits. Care documents generally reflect assessment information. Pain management strategies are regularly reviewed and include medication alternatives such as massage, heat packs and repositioning. The effectiveness of 'as required' pain relieving medication is monitored and medication is reviewed as required. Health professionals, including the physiotherapist and general practitioners are used to review residents' pain management when current strategies are not effective. Staff are knowledgeable about non-verbal pain indicators and interventions for managing residents' pain. Staff training in pain management is provided and their practice is monitored through resident feedback, audits and supervision.

2.9 Palliative care

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

Team's recommendation

Does comply

Representatives are complimentary about the support provided to residents receiving palliative care and their families. The home has processes to identify and manage the comfort and dignity needs of residents who require palliative care. Requests are documented, and consultation occurs with the resident and/or family about palliative care needs at the time of entry and as circumstances change. The home has developed a palliative care team to oversee resident care and support their preferences and family at this time. Residents are referred to external palliative care services as required. Specialist equipment is available at the home or sourced as required to promote resident comfort. Families are supported to remain with residents

receiving palliative care and ongoing support is provided through memorial services. Staff are aware of providing for the comfort, privacy and dignity needs of residents receiving palliative care.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Residents and their representatives are satisfied residents receive adequate nourishment and hydration. Entry and assessment processes identify each resident’s nutritional and dietary needs and personal preferences at the time of entry to the home. Information is recorded in care documents and communicated to relevant staff. Residents are assisted as necessary with meals and hydration and provided with dietary aids as required. Nutrition and hydration status is monitored through monthly weighs, skin integrity and audits. More frequent weighing, nutritional supplements and referral processes are initiated in response to changes identified through monitoring processes. Resident surveys and verbal feedback are used to monitor residents’ satisfaction with the meals and fluids provided.

2.11 Skin care

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

Team’s recommendation

Does comply

Residents and their representatives are satisfied with the way residents’ skin care is managed. The home has assessment, planning and review processes in place to identify risk factors, manage residents’ skin integrity and wound care. General care processes incorporate preventative measures, and preferences for nail and hair care. Strategies to maintain skin integrity include the use of pressure relieving devices, individual position change, emollients and skin protectors. A podiatrist visits the home to provide specialised foot care. Registered nurses oversee wound care management which is implemented by enrolled nurses. Wound care documents include management strategies and generally reflect ongoing registered nurse evaluation of effectiveness. Clinical products and equipment for wound management are readily available. Audits, incident data and observation monitor staff practice. Skin incident data is collected, collated and evaluated to identify opportunities for improvement.

2.12 Continence management

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

Team’s recommendation

Does comply

Residents and their representatives are satisfied with continence management at the home. The home has processes to assess residents’ continence needs, access expert advice and determine appropriate strategies to optimise

continence management. Information from assessments is used to develop a continence care plan. A care staff member, in consultation with the clinical nurse, has responsibility for continence issues. Continence management strategies include regularly assisting residents to the toilet, provision of appropriate continence aids, identifying dietary requirements and improving staff awareness of continence programs. The effectiveness of the continence program is evaluated through the home's care review process, infection data and continence product usage, which the home has reduced over the last twelve months.

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 and their representatives are satisfied with residents' behaviour management. The home assesses and plans behaviour management strategies to meet the individual needs of residents with challenging behaviours. Behaviour and mental assessment tools are used to determine residents' cognitive and mental state. Behaviour management strategies are linked to residents' personal interests and meaningful activities of daily living. The home has introduced a specific afternoon activity program for residents' who benefit from support at this time of day. Referral to behaviour specialists is implemented as required. The home uses minimal restraint with no physical restraint currently used. The home opened the previously secure section of the home to join other areas of the home in mid 2007. Management and staff consider this has reduced resident challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team's recommendation

Does comply

Residents and their representatives are satisfied with the support residents receive with mobility and dexterity. Assessment processes identify residents' mobility and falls risk at the time of entry to the home. Nursing staff and the physiotherapist conduct mobility assessments for all residents. The physiotherapist conducts a balance and mobility program and develops individual exercise programs for residents as required. Mobility and physiotherapy documents include specific mobility and transfer needs, equipment requirements, individual exercise programs and treatments. The home provides equipment to promote resident mobility and dexterity and reduce the risk of falls, including walking aids, modified cutlery and a range of sensors. Audits are conducted on a regular basis to monitor the safety of the environment. The home collects, collates and evaluates resident falls data to identify improvement opportunities.

2.15 Oral and dental care

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

Team's recommendation

Does comply

Residents and their representatives are satisfied with the oral and dental care provided to residents at the home. The home has processes for the assessment, planning, review and evaluation of residents' oral and dental needs. Care documents include residents' oral and dental health needs, preferences and the level of assistance required to maintain oral hygiene. Referrals to dental health professionals are initiated as required. Staff practice is monitored through resident feedback processes, audits and observation.

2.16 Sensory loss

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

Team's recommendation

Does comply

Residents and their representatives are satisfied with how the home assists residents to manage their sensory loss. The home has assessment, planning and review processes to identify and manage residents' sensory loss for the five senses. Care documents include information about sensory deficits, strategies to enhance communication and generally the level of assistance required with sensory aids. The effectiveness of strategies implemented is monitored through regular review and handover processes. The need for referral to appropriate health professionals is identified. There are processes for identifying and controlling environmental hazards that may impact on residents with sensory loss.

2.17 Sleep

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

Team's recommendation

Does comply

Residents are satisfied with the assistance offered by staff to assist them to sleep. The home's entry, assessment, planning and review processes identify residents' individual needs and preferences to assist them to achieve natural sleep. Residents' preferences to promote sleep, such as warm drinks, night-lights and not being disturbed at certain times are recorded in care plans. Observation, resident feedback and audits assist the home to monitor and review the effectiveness of strategies to support residents' sleep. The home considers environmental factors that may impact on residents sleep.

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

Opportunities for improvement relating to resident lifestyle are identified from surveys, residents and staff meetings, audits, incidents, hazard reports, complaints, and lifestyle care plan evaluations. There are processes for planning continuous improvement, setting timeframes, and tracking progress of improvement initiatives. New improvement activities are added to the home’s plan for continuous improvement. The results and benefits to residents of improvement initiatives are monitored at the site and organisational level. Residents and staff are aware of the continuous improvement program and their suggestions are acted upon by the home.

Examples of improvement activities and achievements relating to resident lifestyle in the last 12 months include:

- The lifestyle coordinator attended a conference on Parkinson’s disease. They identified the benefit of conducting relaxation classes for residents with this condition. A trial was undertaken with some residents which was found to be successful in helping them with breathing exercises and relaxation. The home now runs a regular relaxation and breathing class once a week. Resident feedback shows they find the relaxation classes very helpful to their wellbeing.
- A review of resident lifestyle preferences and feedback from volunteers identified some residents were interested in playing mock casino games, in particular card games. A card group was trialled by the lifestyle coordinator, with assistance from volunteers. Residents requested to also play with plastic chips and have competitive tournaments. The evaluation survey of the activity shows residents are enjoying their participation, skill development in games, and social interaction.
- The lifestyle coordinator identified the need to increase the variety of activities for all residents to get out into the wider community. A bus with specific wheelchair capacity was purchased in addition to the existing bus. Residents with significant mobility difficulties were encouraged to go on bus trips with other residents. The feedback from residents’ surveys indicates their satisfaction with being able to go outside of the home more frequently and interact in the wider community.

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 organisation and home has processes to receive regular legislative, regulatory and professional updates. Changes are communicated to staff and practice or policy changes are implemented. Processes are in place to inform and guide staff on the mandatory reporting of resident abuse. Each resident is provided with a residential care agreement on entry to the home that explains fees and charges and security of tenure. Compliance with regulatory requirements is monitored through audit processes. Staff are aware of the legislative requirements that affect their role and responsibilities.

3.3 Education and staff development

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

Team's recommendation

Does comply

The organisation and home have processes for identifying, reviewing and planning lifestyle and care staff education and training. Training needs are identified through audits, analysis of training evaluations, staff appraisals, resident and staff feedback, and incident data at an organisational and site level. A structured annual training plan is developed from this information. Lifestyle and care staff performance is appraised annually and their practice monitored through regular audits, surveys and observation to ensure staff have the appropriate level of knowledge and skills to meet residents' needs. Changes are made to the training program based on staff feedback and changes in resident needs and acuity. In the last 12 months lifestyle and care staff have participated in training relating to resident lifestyle including training on leisure and lifestyle, depression, yoga for Parkinson's Disease, Reiki, dementia care and lifestyle. Lifestyle and care staff are satisfied with the ongoing support provided to them to develop their knowledge and skills.

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

Residents and their representatives are satisfied with the support they receive from the home in meeting their emotional needs. The home has processes for identifying residents' emotional needs when they first enter the home, and monitoring their ongoing needs for emotional support. Information from the assessment and planning processes on individual residents emotional needs is communicated to staff and updated as residents' needs change. The home's strategies include an orientation process for welcoming new residents and their families, one-to-one support, reminiscence, and pastoral support. There are processes for regularly reviewing the effectiveness of the home's strategies for addressing residents' emotional support needs.

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

Residents and their representatives are satisfied with the homes support for their independence and participation in the community. The home identifies residents' needs for independence and strategies to maximise their interaction with the wider community and family on their entry to the home. Assessments and care plans are completed in consultation with resident and their representatives, and other appropriate health professionals. All residents are supported to interact socially in the home and participate in community activities including local events. The home has processes to support residents to rehabilitate and maximise their independence, which includes therapy plans. There are processes for regularly reviewing residents' independence and the effectiveness of the home's strategies.

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 and their representatives are satisfied staff and management respect their individual preferences for privacy, dignity and confidentiality. The home assesses residents' needs for privacy, dignity, and confidentiality and has processes for regularly monitoring staff practice and the effectiveness of strategies to meet their needs. Residents have access to private spaces for interacting with family and friends, and secure storage areas. The home provides equipment and training to staff to ensure residents privacy and dignity is maintained. Staff practice is consistent with the organisation and home's policy and identified strategies for maintaining resident privacy, dignity and confidentiality. The resident and staff handbooks, and information displayed in the home, reflect and demonstrate that resident's right to privacy, dignity and confidentiality is recognised and respected by the management and staff.

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

Residents and their representatives are satisfied with the activity programs they are engaged in which are of interest to them and consistent with their individual preferences. The home has processes for identifying residents' lifestyle and leisure needs to enable them to participate in a wide range of activities within and outside of the home. All residents have a comprehensive assessment conducted on their entry to the home which identifies activities of particular interest to them. The home plans and regularly evaluates individual and group activity programs to ensure residents' needs are met. There are processes for communicating resident's leisure interests and activities to staff and updating care and lifestyle plans. The home has processes for recording and evaluating the wide range of individual and group activities residents are involved in. Adjustments are made to the format, timing, venue, location and frequency of

lifestyle programs as changes occur in residents' individual preferences, needs and levels of acuity.

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

Residents and their representatives are satisfied with the way staff support their cultural and spiritual needs and preferences. The home has processes for identifying the spiritual and cultural needs of each resident, communicating these to relevant staff, and implementing strategies to meet their needs. The home plans and delivers care and lifestyle services in accordance with residents spiritual and cultural requirements, including attending internal and external church services, wishes for religious rites, meal preferences and leisure activities. The needs of residents are regularly reviewed to ensure care and services are delivered in a way that fosters and values residents' beliefs, customs and cultural background.

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

Residents and their representatives are satisfied with how the home supports them to exercise choice and control over their daily lives and care needs. Residents and their representatives are provided with information about residents' rights and responsibilities to enable them to make informed choices and decisions about their care and the running of the home. The home has processes, including resident meetings, surveys, and by direct consultation for residents and their representatives to formally raise issues. There are also processes for informal consultation to ensure all residents have the opportunity to exercise their choice and make decisions. The home encourages all residents and their representatives to participate in decisions about their care, the services provided to them, and to make choices based on their individual preferences.

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

Residents and their representatives are satisfied with how the organisation and home keeps them informed of the arrangements for their security of tenure, and their rights and responsibilities. The home provides residents and their representatives with information on their security of tenure and explains the rights and responsibilities of residents at the time of their entry. Residents and their representatives receive an agreement and information about the

conditions of their tenure, and information on independent sources of advice. There are processes for consulting with residents and their representatives when changes occur to their level of dependency. Resident agreements are regularly updated according to changes in legislation.

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

Opportunities for improvement relating to the physical environment and safe systems are identified from audits, residents and staff meetings, surveys, incidents, hazard reports, complaints, and workplace inspections to identify improvement opportunities. There are processes for planning continuous improvement, setting timeframes, and tracking progress of improvement initiatives. New improvement activities are added to the home’s continuous improvement register. The results and benefits to residents of improvement initiatives are monitored at the site and organisational level. Residents and staff are aware of the continuous improvement program and their suggestions are acted upon by the home.

Examples of improvement activities and achievements relating to the physical environment and safe systems in the last 12 months include:

- A staff member identified the computer stations were not conducive to staff comfort and completed a hazard form. The home engaged a physiotherapist to review all computer work stations. As a result of this review, the typing key pads were put on top of the desk in a higher position, any obstructions removed, and chairs positioned. Staff feedback indicates they find the work stations more comfortable and ergonomic when completing their records
- A review of the kitchen and servery facilities identified the need to refurbish the Vines kitchen to improve the workflow and efficiency for staff. The home replaced and repositioned cupboards, purchased a new dishwasher and added more storage as part of the refurbishment. Feedback from staff in meeting minutes indicates they find it easier to complete tasks and clean the kitchen area, and enjoy a better workflow.
- The maintenance officer identified the need to improve the garden areas and ensure they were as drought tolerant as possible. In consultation with residents and staff, new drought tolerant plants have been planted. Feedback from residents and visitors from improvement records shows they are very satisfied with the ambience created in the garden area and front approach to the facility. Staff feedback indicates the refurbished garden areas provide residents and their representatives with enjoyment and stimulation across the different seasons.
- The organisation identified changes and improvements were required to their food management system, in response to changes in the food safety legislation. The organisation has developed a new food safety system including new and revised procedures, forms, and monitoring processes. The home has participated in the development of the new food management system. Staff have received information and training on the new food safety system and have participated in ongoing discussion on best practice. The home is in the process of implementing and evaluating

the new food safety system through internal and external auditing processes.

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 organisation and home has processes to receive regular legislative, regulatory and professional updates. Changes are communicated to staff and practice or policy changes are implemented. A program of internal environmental and occupational health, safety and welfare audits monitor the safety of the environment for residents and staff. External audit processes include food safety assessments and triennial fire inspections. These audit processes and external monitoring of safety systems by approved authorities, maintain regulatory compliance. Staff are aware of the legislative requirements that affect their role and responsibilities.

4.3 Education and staff development

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

Team's recommendation

Does comply

The organisation and home have processes for identifying, reviewing and planning staff education and training relating to the physical environment and safe systems. Training needs are identified through audits, analysis of training evaluations, staff appraisals, resident and staff feedback, and incident data at an organisational and site level. A structured annual training plan is developed from this information. Staff performance is appraised annually and their practice monitored through regular audits to ensure an appropriate level of knowledge and skills to meet residents' needs. The home has processes for monitoring staff skills and knowledge, and following up attendance at mandatory training. In the last 12 months staff have participated in training relating to the physical environment and safe systems including manual handling, fire and emergency procedures, infection control, and food safety. Staff are satisfied with the ongoing support provided to them to develop their knowledge and skills.

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

Residents and their representatives are satisfied with the safety and comfort of the home's internal and external environment. The safety of the home is monitored by environmental audits, worksite inspections, and analysing hazard reports and incident data. A preventative and corrective maintenance program

is in place to maintain the safety and comfort of the living environment. The home is a single storey building consisting of three wings. Residents are accommodated in single rooms with en-suites and are encouraged to personalise their rooms. The home has two communal dining rooms, sitting areas throughout the home and a private dining room for resident and representative use. Residents have access to well-maintained gardens, including a secure courtyard. Signage throughout the home provides direction to each wing. The home opened the previously secure section of the home to join other areas of the home in mid 2007. A range of sensors are used to alert staff if residents wander or are at risk of falls and the external environment is secure. Resident assessment's, care planning and review processes are used to maintain individual residents' safety. Resident satisfaction with the living environment is monitored through audits, surveys and feedback mechanisms.

4.5 Occupational health and safety

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

Team's recommendation

Does comply

The organisation and home has systems to identify, address and monitor occupational health, safety and welfare issues to provide an effective and safe working environment. Policies and procedures, duty statements, safe operating procedures and work schedules guide and direct staff. The organisation's finance and administration manager is responsible for coordinating occupational health, safety and welfare with the chief executive officer having overall responsibility. There are two site based occupational health and safety representatives. The home participates with a sister site in a joint Occupational Health Safety and Welfare Committee. The committee meets on a regular basis and reviews the occupational health, safety and welfare plan and outcomes of safety monitoring strategies, including resident and staff incidents, hazard and infection data, environmental audits and worksite inspection. Staff injury prevention is promoted through training and education and provision and maintenance of appropriate equipment. Staff receive education and training, including manual handling, infection control and fire safety. The organisation has a specific training program for committee members. Staff are aware of their obligations in regard to occupational health safety and welfare and they are satisfied the home provides a safe working environment.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

The home has systems to monitor, detect and respond to risks associated with fire, security and other emergencies. External contractors monitor fire detection systems and fire suppression equipment. Emergency evacuation instructions are located at various places throughout the home and a resident transfer list is available to guide staff in the event of evacuation. The home has a current triennial fire safety certificate and meets the safety requirements of the 1999 Certification Instrument. Residents are aware of their responsibilities in the

event of fire or emergency. Systems are in place to maintain security at the home, including lock up procedures, closed circuit monitors and duress alarms. Staff attend mandatory annual fire and emergency training and are aware of their responsibilities and the actions required in the event of a fire or other emergency.

4.7 Infection control

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

Team's recommendation

Does comply

The director of care has overall responsibility for the home's infection control program. There are established processes to ensure effective infection control in all areas of the home. Infection control specialists and guidelines are used to access information on current community outbreaks. There is a surveillance program and a range of auditing and monitoring processes to identify and respond to infections and causative factors. Resident infections are monitored and strategies implemented for individual residents. Staff and residents have access to vaccination programs. Hand-washing facilities and instructions are located throughout the home. Personal protective equipment, sharps containers, designated bins for medical waste and a pandemic kit for use in the event of an outbreak are available. A food safety program is in place and temperature monitoring processes reduce the risk of cross infection at the home. External contractors provide pest control and waste management programs. Staff are provided with information and have received education to assist them to minimise the possibility of cross infection.

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 and representatives are generally satisfied with the catering service and satisfied with the cleaning and laundry services at the home. Residents and representatives are provided with information about hospitality services when they enter the home. Information about residents' dietary needs and preferences is provided to relevant staff when residents' enter the home and when their needs or preferences change. The main meal each day and food supplies for other meals are supplied by a nearby hospital and delivered to the home daily. The home has a four week rotating menu and caters for special diets. Residents have involvement in menu planning through meetings, written feedback processes and individual discussion. A food safety program is in place. Cleaning services are provided each day. Documented cleaning schedules outline daily duties. Resident's clothing is laundered each night and returned the following day. Linen is supplied by an external contractor. Work procedures for hospitality staff provide guidelines to ensure services are provided consistent with planning and resident expectations. Processes are in place to ensure effective infection control practices are implemented in all areas of the hospitality service.