



Australian Government

Australian Aged Care Quality Agency

Kalyra Belair Aged Care

RACS ID 6054
2 Kalyra Road
BELAIR SA 5051

Approved provider: James Brown Memorial Trust

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for five years until 10 June 2020.

We made our decision on 15 April 2015.

The audit was conducted on 03 March 2015 to 05 March 2015. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

Expected outcome	Quality Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2: Health and personal care

Principle:

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

Expected outcome	Quality Agency decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

Standard 3: Resident lifestyle**Principle:**

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

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

Standard 4: Physical environment and safe systems**Principle:**

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

Expected outcome		Quality Agency decision
4.1 Continuous improvement		Met
4.2 Regulatory compliance		Met
4.3 Education and staff development		Met
4.4 Living environment		Met
4.5 Occupational health and safety		Met
4.6 Fire, security and other emergencies		Met
4.7 Infection control		Met
4.8 Catering, cleaning and laundry services		Met



Australian Government

Australian Aged Care Quality Agency

Audit Report

Kalyra Belair Aged Care 6054

Approved provider: James Brown Memorial Trust

Introduction

This is the report of a re-accreditation audit from 03 March 2015 to 05 March 2015 submitted to the Quality Agency.

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

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

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

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Quality Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes.

Audit report

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 03 March 2015 to 05 March 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of two registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 2014.

Assessment team

Team leader:	Jeane Hall
Team member:	Janine Aujard

Approved provider details

Approved provider:	James Brown Memorial Trust
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Details of home

Name of home:	Kalyra Belair Aged Care
RACS ID:	6054

Total number of allocated places:	92
Number of care recipients during audit:	92
Number of care recipients receiving high care during audit:	88
Special needs catered for:	People with dementia or related disorders

Street:	2 Kalyra Road	State:	SA
City:	BELAIR	Postcode:	5051
Phone number:	08 8278 5444	Facsimile:	08 8278 3944
E-mail address:	trust@jamesbrown.org.au		

Audit trail

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

Interviews

	Number		Number
Chief executive officer	1	Care recipients/representatives	11
Director of care	1	Volunteer and lifestyle staff	5
Quality manager	1	Hospitality services manager	1
Director finance and administration	1	Hospitality staff	5
ACFI manager/iCare project officer	1	Infrastructure and property manager	1
Human resource manager	1	Maintenance and administration staff	2
Nursing and care staff	10	Work health safety and injury management coordinator	1
Physiotherapist	1		

Sampled documents

	Number		Number
Care recipients' files/care and lifestyle plans, progress notes	10	Staff performance and development reviews	9
Summary/quick reference care plans	10	External contracts	6
Electronic medication charts	10		

Other documents reviewed

The team also reviewed:

- Activities program
- Audit schedule and various audit results
- Calibration records
- Chemical register
- Clinical documentation, including clinical indicators
- Code of conduct for self-insurers
- Continuous improvement action plan
- Contractor induction records
- Contracts register and contracts assessment questionnaires
- Corporate goals and Corporate plan 2010-2015 and 2014-2019
- Delegations of authority
- Dietary needs and preferences form

- Education and training plan 2015
- Equipment trial and evaluation forms
- I-care handbook
- Legislative and Regulatory Updates register
- Lifestyle documentation
- Mission, vision and values statements
- Monthly indicators and reports, including incident summaries and trend analyses
- Organisation structure
- Orientation pack
- Plant and equipment register
- Position descriptions
- Preventative and corrective maintenance records and trend analyses
- Professional registrations
- Quality improvement activity records and Quality improvement plan 2014 and 2015
- Recruitment policies and procedures
- Resident agreement
- Resident, staff and volunteer handbooks
- Risk assessment tool and various risk assessments
- Safe Work SA audit report
- Staff and volunteer statutory declarations and police certificate database
- Staff culture survey and action plan
- Swabbing records
- Tender documents
- Various meeting minutes
- Various policies and procedures
- Work health safety and injury management strategic plan 2014-2016
- Work health safety risk register and job safety assessments
- Wound care documentation

Observations

The team observed the following:

- Activities calendar
- Activities in progress
- Archiving
- Care recipients using specialised equipment
- Charter of residents' rights and responsibilities on display
- Cleaning in progress
- Contractor/visitor sign in/sign out register

- Equipment and supply storage areas, including chemical storage
- Fire suppression equipment
- Gift and coffee shop
- Infection control resources, including hand sanitiser stations
- Information on internal and external complaints on display
- Interactions between staff, care recipients and representatives
- Internal and external living environment
- Medication round and medication storage
- Morning and afternoon tea and luncheon services
- Notice boards
- Outbreak/infection control resources
- Short group observation in Magnolia memory support unit
- Spills kit and sharps containers
- Staff using personal protective equipment
- Staff work areas

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Kalyra Aged Care Belair is one of three facilities operated by James Brown Memorial Trust. The corporate plan 2014-2019 is underpinned by the organisation's values and provides strategic direction for the home. Heads of department from each area of the organisation set the annual quality plan and corporate office provides ongoing support to the home. Opportunities for improvement are identified by a variety of processes, including planned audits, surveys, feedback forms and discussions at meetings. Quality improvement activity forms are used to record and monitor improvement initiatives. Progress is monitored at a corporate level by the Heads of Department committee and at a site level by the Quality Improvement committee. Continuous improvement is a standing agenda item at all meetings. Staff are actively encouraged to use the continuous improvement system and four awards are given for outstanding improvement suggestions each year. The annual audit schedule monitors compliance with the Accreditation standards. Results across the four Accreditation standards show the home has a planned approach to continuous improvement and is proactive in identifying, monitoring and evaluating improvement initiatives. Care recipients, representatives and staff interviewed said they are actively involved in the home's continuous improvement process and are satisfied the home acts promptly on their suggestions for improvement and feedback.

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

- The need for standardised training across the organisation was identified by corporate management. While all homes have a training plan, inconsistencies were noted between the homes. Heads of department worked as a team to develop agreed core training requirements. A schedule has been developed that details required training by role. The home now has a standardised core training schedule to guide staff in scheduling annual training sessions. Feedback from site management is that the schedule is clear to follow and provides clear direction on the minimum requirement for training. Feedback from staff is that the schedule has removed any ambiguity as to what they are required to undertake annually.
- Communication has been improved following management address of staff requests. Staff commented on the need to be informed of the passing of care recipients prior to arriving at work, particularly care recipients who have been in the home for some time. Management consulted with staff and trialled an SMS information system to inform interested staff of care recipients who pass away. Participation is on an 'opt in' basis with staff electing to be informed if they wish to be made aware of the passing of care recipients. Staff who participate state they are more prepared to start work when they have the information prior to arriving at the home. Management state the initiative is popular with the number of staff 'opting in' increasing.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The organisation has systems and processes to manage and monitor regulatory compliance at a corporate and site level. Corporate services receive legislative updates and notifications through a variety of different sources, including Commonwealth and State legislative updates, industry networking and membership of professional bodies and committees. The Legislative and Regulatory Updates register captures changes and notifications as they occur. Working parties are formed if required to examine changes and assess the need to develop or update policies and procedures. Information about changes to regulatory compliance is communicated to the director of care who informs staff via electronic and printed formats, meetings and other communication mechanisms. Compliance is monitored through the audit system, review of controlled information, review of incidents and monitoring of staff knowledge and skills. Results show the home uses organisation systems to identify and monitor compliance with relevant legislation, regulations and guidelines. Staff interviewed said they understand and use the system. They confirm they complete a statutory declaration and are required to have a current satisfactory police clearance certificate prior to commencing work. Care recipients and representatives interviewed state they are kept informed of relevant changes. The home provided examples of changes recently implemented and ongoing legislative requirements including:

- Changes made as a result of the *Living Better Living Longer* reforms
- Changes made as a result to the *Privacy Act*.

1.3 Education and staff development:

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

Team’s findings

The home meets this expected outcome

The home has a comprehensive education and staff development program that provides staff with appropriate skills and knowledge to perform their roles effectively. The corporate human resources manager has overall responsibility for undertaking staff skills audits and the home’s director of care has responsibility for developing the site annual training calendar. The training calendar is a living document and sessions are added throughout the year. Corporate office provides ongoing support to the home and arranges specialised education as required. A program of orientation ensures new staff are provided with relevant education prior to commencing on the floor. Scholarships are available for staff to continue training relevant to their role and there is currently one personal care staff undertaking enrolled nurse training under this scheme. Aged Care Channel sessions are held regularly and staff have ready access to discs for viewing in their own time. Staff knowledge and skills are monitored regularly using planned audits, surveys and peer review. All training sessions are evaluated for effectiveness. Results show staff receive appropriate induction and training prior to commencing at the home and have access to the Aged Care Channel for ongoing education. Staff interviewed state they are supported to attend training and education relevant to their role. Care recipients and representatives interviewed are satisfied staff have the required training for their roles. Education and staff development relevant to management systems, staffing and organisational development has been provided to staff over the last 12 months.

Topics include:

- Aged Care Reforms
- Assessing the Standards
- Human resource management
- 'Icare'
- LGBTI awareness

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has a system to ensure stakeholders have ready access to internal and external complaints mechanisms. Care recipients and their representatives are provided with information about internal and external complaint and advocacy mechanisms via the Resident information pack, displayed information, newsletters and meetings. Advocacy services are accessed as required. An information night is held annually and provides an opportunity for interactions between corporate and site management teams, staff members, care recipients, representatives and other interested stakeholders. A locked letter box is located in the foyer. This is available for care recipients wishing to either post a letter or lodge a complaint thus ensuring confidentiality and privacy for care recipients when lodging complaints. Compliments, suggestions and complaints are reviewed at a site level by the director of care and a corporate level by the corporate Quality committee. Satisfaction with the comments and complaints process is through the annual Resident's survey. Results show the home monitors care recipient and representative feedback and responds to issues in a timely manner. Staff interviewed said they assist care recipients to use the system when required. Care recipients and representatives said they are aware of the home's complaint mechanisms and are satisfied with the home's response to issues raised.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

James Brown Memorial Trust is governed by a Board of Trustees. Day to day management is invested in the chief executive officer who is assisted by an executive team. The Board set five year corporate plans that incorporate major corporate goals. Board members take an active interest in care recipient and staff welfare. Resident meeting minutes go directly to each Board meeting and comments and complaints are tabled and discussed. Workforce review and work health and safety reports are tabled and discussed to ensure the Board are kept abreast of human resource issues.

The organisation's mission, vision and values statements have been documented and are included in a range of documents. These include:

- Resident information pack and handbook

- Staff orientation pack and handbook
- Volunteer handbook
- Corporate plan
- Annual report

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The organisation has systems and processes to ensure there are sufficient numbers of appropriately skilled and qualified staff to deliver care and services in line with organisation values. The corporate human resource manager has overall responsibility for performance management, training and development and workplace culture. The home's director of care is responsible for staffing levels and skills mix. Corporate and site recruitment processes identify prospective staff who are care recipient focused and have the necessary skills and approach to provide appropriate care and services. A staff recruitment bonus encourages existing staff to identify and recommend prospective staff who have the skills and knowledge to provide care and services in line with the organisation's values. Staff are expected to embody the values of the organisation and values are discussed as part of the interview process for prospective staff. Traineeships and student placements are ongoing. New staff have buddy shifts prior to commencing on the roster and are allocated to senior staff for mentoring. Staff undertake competency assessments and performance reviews annually. The home has recently undertaken a recruitment drive and developed a casual staff pool to reduce the use of agency staff. Planned audits and reporting activities across the four Accreditation Standards monitor that there are sufficient skilled staff available to deliver the care and services required. Results show the home is responsive to care recipient needs and rosters staff who have the necessary skills and knowledge to deliver care required. Staff interviewed are satisfied with the assistance they receive to maintain their competencies and state they have sufficient time for their duties. Care recipients and representatives state they are satisfied with staff responses to care recipients' care needs and that staff have the required skills and knowledge to perform their duties.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has systems and processes to monitor and maintain adequate supplies of goods and equipment required for care and service delivery. Ordering responsibilities are defined and goods are delivered on a regular or as needs basis. A system of stock rotation is in place to manage stock control. Staff and care recipients have input into purchasing goods and equipment where appropriate and have the opportunity to comment on new supplies and equipment. Corporate maintenance systems are used to maintain equipment. Staff have access to after-hours maintenance services in the event of an emergency. A centralised data base shows responsibility for defined tasks between internal and external suppliers. Staff enter corrective maintenance requests direct into the centralised system and are able to monitor the status of outstanding corrective maintenance requests. The corporate

infrastructure and property manager combines planned audits with staff and care recipient feedback to monitor the quality and timeliness of maintenance services and ensure an adequate supply of goods and equipment. Corrective maintenance requests are analysed for trends to enable timely alert of failing equipment. Results of these processes show inventory and equipment is effectively monitored. Care recipients, representatives and staff state they are satisfied with the level of stock and equipment available in the home.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has an effective information management system to ensure staff, care recipients and their representatives have access to accurate and appropriate information. Electronic systems are used to assist in communicating with stakeholders and to assist with care recipients' assessments and care delivery. Electronic information is password protected with restricted access and back-up procedures. There are policies and procedures for archiving and destruction of confidential information. Key information, such as audits, surveys and incident data are collected according to a corporate schedule and reported via various committees. The home reviews document management through a scheduled secure electronic document control system to ensure guidelines and information for stakeholders is accurate. Information systems are monitored through internal and external audits, feedback mechanisms and the ongoing document review process. Results show the home has systems that support care recipients, representatives and staff to access and use appropriate information. Staff interviewed said they have access to appropriate information to perform their roles. Care recipients and representatives state they are satisfied with the opportunities provided to them to communicate with management and staff.

1.9 External services

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

Team's findings

The home meets this expected outcome

There are systems and processes to ensure external services are provided in a way that meets the needs of the home and care recipients. A preferred supplier list is combined with the Combined Charities system to maximise purchasing opportunities. External contracts are managed centrally by the corporate infrastructure and property manager and monitored for quality and effectiveness at a corporate and site level. Job safety assessments are required to be completed by contractors working on site. Contractors are required to sign in on arrival and report to appropriate personnel at the home for induction prior to commencing any work. Police clearance certificates are required on arrival for contractors who are not regular suppliers to the home. Quarterly assessment questionnaires are used to monitor the quality of major contracts. Staff and care recipients provide feedback on all external suppliers through the use of feedback forms and surveys. Results show external contractors and services are monitored and contractual changes made as required. Staff, care recipients and representatives interviewed state they are satisfied with current external services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for additional information relating to the home's continuous improvement systems and processes.

Planned audits, care recipient incident data and care recipient, representative and staff feedback are used to identify opportunities for improvement in health and personal care. Staff, care recipients and representatives interviewed are aware of the home's feedback system and how they can contribute to improvements in this Standard. Examples of improvement initiatives relating to Standard 2 include:

- Management identified the need to improve efficiency in the electronic care planning system. The old system has a large number of 'yes' 'no' impersonal options and contains repeat questions that are transferred to the care plan. This results in a large amount of time editing and personalising the final care plan. A team of staff reviewed the system and developed a new format for each assessment. Repeat information has been removed and the 'yes' 'no' options have been replaced with text boxes enabling more personalised information to be recorded. Care plans are automatically updated after each re-assessment eliminating the potential for inconsistencies that occur with multiple assessments. Care staff report that the information is more informative and easy to read. Clinical staff report that the time taken to develop the care plan has reduced from 2 hours to 45 minutes.
- Monitoring of insulin dependent care recipients has been improved following staff suggestion. Staff suggested a tool be introduced to record insulin dependent care recipients' food and drink intake prior to them retiring for the night. A supper sign sheet has been developed and introduced that records food and drink that is consumed at supper and later in the evening. The sheet prompts care staff to ensure insulin dependent care recipients have a snack prior to bed time. Care staff feedback is that they are more aware of the importance of snacks for insulin dependent care recipients. Clinical staff report that the sheet is an effective monitoring tool and assists in reducing the risk of hypoglycaemic attacks during late night/early morning.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for additional information relating to the home's systems and processes for monitoring regulatory compliance. Processes are in place to monitor regulatory compliance relating to care recipients' health and personal care. Results show that these processes are effective in monitoring regulatory compliance in this

Standard. Staff at the home state they understand and use the system. The home provided examples of compliance with ongoing legislative requirements including:

- Registration of nurses
- Supervision of care staff
- Effective medication management

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for additional information relating to systems and processes for education and staff development. Education and staff development in health and personal care has been provided to nursing and personal care staff over the last 12 months in a range of topics. These include:

- Continence
- Medication management
- Palliative care
- Wound management.

Staff state they have ready access to a range of training and are satisfied this assists them in their role.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

There are systems and processes to ensure care recipients receive clinical care that is appropriate to their individual needs and preferences. The home undertakes a person centred approach to identify and provide care recipients’ clinical care needs. An electronic system assists staff to assess, plan and manage clinical care. Care plans are developed and implemented from this information which is reviewed on a six monthly basis. Changes to care recipients’ needs are documented in progress notes and care plans are updated to reflect these changes. Changes are communicated to staff through the handover process with care recipients, representatives, medical officers and other stakeholders being informed of relevant changes in care recipients’ health status. The home monitors care recipients’ clinical care through clinical observations, care evaluations, audits and other mechanisms. Corporate services monitor stakeholders’ satisfaction with their clinical care needs through feedback, adverse events and the annual resident survey. Results from the annual survey confirm stakeholders are satisfied care recipients are provided care according to their individual needs. Clinical and care staff interviewed provided information that was consistent with care recipients’ care plans. Care recipients and representatives confirm they are satisfied with the health and personal care provided.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Registered nurses are guided by an initial assessment checklist followed by a comprehensive multidisciplinary assessment which informs the care plan. Allied health professionals, medical officers and external specialists are consulted and make recommendations for treatment and care interventions and these are incorporated into the care plans. Specialised nursing care is monitored through care plan reviews, observations, analysis of audit data and results from surveys. Feedback mechanisms show specialist nursing care to be effective. Documentation review and staff interviews show staff have access to education, guidelines and clinical practice resources. Feedback from interviews confirm that care recipients and representatives are satisfied with specialised nursing care provided.

2.6 Other health and related services

This expected outcome requires that “care recipients are referred to appropriate health specialists in accordance with the care recipient’s needs and preferences”.

Team’s findings

The home meets this expected outcome

Care recipients are referred to appropriate health specialists according to their assessed needs and preferences. Allied health staff work in partnership with clinical staff to plan and manage care recipients’ care. External health care providers visit the home on a scheduled basis or as required. Extended care paramedics are used to enable care recipients receive treatments within the home. Changes to care recipients’ needs are documented in progress notes and care plans are updated to reflect these changes. Monitoring processes include care reviews, analysis of audit data, results from surveys and consultation with care recipients and representatives. Feedback mechanisms show care recipients’ needs are documented and reviewed. Staff interviewed said they are informed of changes to care recipients’ needs through the handover process. Care recipients and representatives interviewed said they are satisfied care recipients have access to health specialists according to their individual needs and preferences.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The organisation has systems and processes to ensure care recipients medication is managed safely and correctly. The home uses an electronic system to assist qualified staff administer and manage care recipients’ medication. Changes in care recipients’ care plans are automatically updated onto electronic medication charts. At night, credentialed care staff assist and prompt some care recipients with selected medications under the direct supervision of registered nurses. Medical officers and pharmacy staff review care recipients’ medication on a regular basis. Relevant staff undertake mandatory training in medication management. Medication incidents and adverse events are monitored at a corporate and site

level and data gathered is trended, analysed and reported through various committees to identify improvement opportunities. Results from this data shows care recipients' medication is managed safely and correctly. Staff can demonstrate they understand their responsibilities in providing care recipients with safe and correct medication management. Care recipients and representatives are satisfied with the home's medication management.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

Care recipients are as free as possible from pain. Care recipients' pain is identified through initial and ongoing assessments. Validated assessment tools are used to develop pain management plans in consultation with medical officers. Physiotherapists assist in providing pain management strategies and treatments. Alternative approaches for pain management include massage, repositioning, heat packs and other interventions. Monitoring processes include care plan reviews, observations, consultation with care recipients and analysis of audit data. Feedback mechanisms show care recipients' pain is identified, assessed and evaluated with changes made to care plans and medication charts as appropriate. Staff interviewed said they are aware of the non-verbal signs of pain. Care recipients and representatives interviewed said they are satisfied pain is managed according to care recipients' individual needs and preferences.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

Care recipients receive appropriate palliative care that maintains their comfort and dignity during the terminal stages of life. The home uses a specific palliative care pathway to guide staff. Care recipients have access to pastoral care if required. Alternative therapies are available and the home liaises with external palliation services for advice and resources. Care recipients' changing needs are closely observed and needs and preferences are communicated to staff. The home manages the palliative care process in a sensitive manner, communicating where appropriate with care recipients' representatives to ensure care recipients' comfort and dignity is maintained. Staff interviewed could give specific examples of how the comfort and dignity of terminally ill care recipients is maintained. Compliments received from care recipients' representatives confirm that they are satisfied with the palliative care provided.

2.10 Nutrition and hydration

This expected outcome requires that "care recipients receive adequate nourishment and hydration".

Team's findings

The home meets this expected outcome

Care recipients receive adequate nourishment and hydration. Care recipients' nutritional and hydration needs are identified through initial and ongoing assessments and review processes. Staff are alerted to changes in care recipients' weight and dietary status through

clinical care and catering processes. Changes in care recipients' nutritional status are communicated to catering staff, speech pathologists and medical officers. Monitoring processes include care reviews, monthly weighs, observations, care recipient meetings, results from care recipients' surveys and analysis of audit data. Feedback mechanisms show that care recipients' needs are documented and reviewed. Staff interviewed confirm knowledge of care recipients' needs and preferences. Care recipients and representatives interviewed said they are satisfied care recipients' nutrition and hydration needs and individual preferences are met.

2.11 Skin care

This expected outcome requires that "care recipients' skin integrity is consistent with their general health".

Team's findings

The home meets this expected outcome

Care recipients' skin integrity is consistent with their general health. Initial and ongoing assessment and review processes identify and manage care recipients' skin care needs. Holistic preventative strategies and assistive devices are used to maintain care recipients' skin integrity with all care recipients provided with a pressure relieving mattress. Registered nurses are responsible for the management and evaluation of complex wounds. Monitoring processes include care plan and wound evaluations, observations, incident reporting and audit trending data. Feedback mechanisms show care recipients' skin integrity is well maintained. Information provided by staff was consistent with documented assessments and staff said they have input into choosing preventative devices and appropriate wound care products. Care recipients and representatives interviewed said they are satisfied with the care provided in relation to skin integrity.

2.12 Continence management

This expected outcome requires that "care recipients' continence is managed effectively".

Team's findings

The home meets this expected outcome

Care recipients' continence is managed effectively. Initial and ongoing assessment and review processes identify and manage care recipients' continence needs. The home uses interventions such as environmental modifications to promote the optimal continence of care recipients. Continence liaison staff are responsible for advising on contemporary continence management. Monitoring processes include review of care plans and specific audit data. Feedback mechanisms show staff provide continence management consistent with planned care. Staff said they have adequate stock to ensure care recipients' continence is managed effectively and could give examples of care recipient's individual continence needs. Care recipients and representatives are satisfied that continence needs are managed effectively.

2.13 Behavioural management

This expected outcome requires that "the needs of care recipients with challenging behaviours are managed effectively".

Team's findings

The home meets this expected outcome

Care recipients with challenging and responsive behaviours are managed effectively according to their individual needs and preferences. Initial and ongoing assessment and

review processes identify and manage care recipients' responsive behaviours. Person centred management plans are developed from this information and strategies to assist staff are identified. Clinical staff make referrals to mental health or other advisory services as required. The home has a minimal restraint approach. Dementia specific interventions and activities are undertaken in a sensitive and inclusive manner. The effectiveness of behaviour management strategies is monitored through observations, incident reporting, care plan reviews and audits. Feedback mechanisms show that behavioural strategies are effective. Staff provided detailed examples of how to manage care recipients with responsive behaviours effectively. Care recipients and representatives interviewed said they are satisfied with the home's approach to managing challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

Care recipients receive care that optimises their mobility and dexterity. Initial and ongoing assessment and review processes identify and manage care recipients' mobility and dexterity needs. Care recipients are encouraged to remain independent and are actively rehabilitated to achieve optimum mobility. Physiotherapists develop and deliver programs for care recipients and a treatment room is available for specific healthcare directives. Assistive devices are utilised to promote care recipients' independence where possible and each care recipient is provided with a high–low bed. Falls data analysis includes near misses to track care recipients' at risk of falls. Monitoring processes include specific incident reporting, care plan reviews, clinical audits, observations and physiotherapy reviews. Feedback mechanisms show that care recipients' mobility and dexterity requirements are documented and reviewed. Documentation review and staff interviews confirm staff attend annual manual handling education. Care recipients and representatives interviewed said they are satisfied the care provided assists care recipients with their mobility and dexterity.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

Care recipients' oral and dental health is maintained according to their individual needs and preferences. The home has initial and ongoing assessment and review processes to identify and manage care recipients' oral and dental needs. This information is used to develop care plans. Care recipients are facilitated to visit their own dentist or may access the visiting domiciliary dental service. Monitoring processes include care evaluations, observations and audits. Feedback mechanisms show that care recipients' dental needs are documented and reviewed. Staff interviews confirm they are aware of care recipients' oral and dental hygiene needs. Care recipients and representatives interviewed said they are satisfied the care provided maintains care recipients' oral and dental health.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Care recipients’ sensory losses are identified and managed effectively according to their individual needs and preferences. The home has initial and ongoing assessment and review processes to identify and manage care recipients’ sensory needs. The home consults with the Royal Society for the Blind for advice on appropriate strategies to communicate with care recipients with visual sensory deficits in a sensitive manner. Monitoring processes include care plan evaluations, observations and audits. Feedback mechanisms show care recipients’ sensory needs are documented and reviewed. Staff interviewed gave detailed examples of how the home manages care recipients with sensory loss. Care recipients and representatives interviewed said they are satisfied care recipients’ sensory losses are identified and managed effectively.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Care recipients are able to achieve natural sleep patterns. Initial and ongoing assessment and review processes identify and manage care recipients’ sleep patterns. Care recipients’ needs and preferences are also supported through the use of physical activity programs, lighting, positioning and other strategies to promote natural sleep. Monitoring processes include care evaluations, observations and audits. Feedback mechanisms show care recipients’ sleep patterns are documented and reviewed. Staff confirm they refer to care recipients’ care plans for individual sleep preferences. Care recipients and representatives interviewed said they are satisfied the care provided assists care recipients to achieve natural sleep patterns.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for additional information relating to the home’s continuous improvement systems and processes.

Formal and informal feedback processes assist care recipients and staff to contribute to continuous improvement in care recipient lifestyle. Examples of recent improvements relating to care recipients’ lifestyle include:

- Emotional support and independence has been enhanced following staff initiative. Staff identified that older people lose a number of significant roles when they enter residential care, including the loss of the role of grandparent. Lifestyle staff introduced a Grandparents’ Day to address this loss. An afternoon tea, that includes games and prizes has been developed and trialled. This was held during the school holidays to attract as many participants as possible. Evaluation of the initiative shows the day was successful with care recipients and families requesting the day be held every year. Care recipients were noted to be hosting their grandchildren and interacting throughout the afternoon. Grandparents’ Day has been added to the annual activities calendar.
- The activities program has been expanded following the home’s participation in a community project. One of the local service clubs in the area provided digital picture frames for use by care recipients. Staff scanned photographs of interest to care recipients and unloaded the photographs to the digital picture frames. These are used in one-on-one and small group reminiscence activities. Care recipients’ feedback is that they are enjoying looking at these photographs and that they provide happy memories of their past. Staff report that care recipients often comment on activities they recall taking place in areas depicted in the photographs and that it facilitates lively conversation between care recipients.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for additional information relating to systems and processes for monitoring regulatory compliance. There are systems and processes to monitor and maintain regulatory compliance relating to care recipient lifestyle. Staff interviewed state they understand and use the system. The home provided examples of ongoing compliance with legislative requirements including:

- Maintaining confidentiality of care recipient information
- Providing residential care service agreements to assist care recipients understand their rights and responsibilities

- Protecting care recipients' privacy.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for additional information relating to systems and processes for education and staff development. Education and staff development has been provided to all staff groups in the last 12 months in the following:

- Customer service
- Environmental design for dementia care
- Mandatory reporting.

Additional education and development has been provided to lifestyle staff in:

- Caring for forgotten Australians
- Power of storytelling
- Sexuality
- Volunteer management.

Five of the home's seven lifestyle staff have Certificate IV in Leisure and Lifestyle with the remaining two staff currently studying for this Certificate. Staff interviewed confirm they have access to a range of training and development opportunities and state they are satisfied the training and education provided assists them in their roles.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Each care recipient receives support to adjust to life in the home and on an ongoing basis. Initial assessment, ongoing review processes, observation and conversations identify care recipients' emotional support needs and preferences. This information is used to develop social history and lifestyle plans. Person centred care is demonstrated in the way the home provides pastoral and emotional support to care recipients and representatives. The home evaluates the effectiveness of emotional support provided through lifestyle and care reviews, surveys, audits and meetings. Feedback mechanisms show the home's assessment processes are effective in capturing care recipients' emotional support needs. Staff interviewed gave examples of how they assist care recipients to adjust to, and participate in, life in the home. Care recipients and representatives interviewed are complimentary of the emotional care provided by staff.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Care recipients are assisted to maintain independence, friendships and connections with the home and broader community. Through the home's initial and ongoing assessment and review processes, care recipients' capabilities and preferences are identified. Independence is encouraged and care recipients maintain memberships and attend local groups. Care recipients are facilitated to maintain fiscal independence if desired and are able to vote on-site. A gift and coffee shop on-site enables the local community to engage with the home and enables care recipients to meet family and friends in a natural setting. Monitoring processes include care and lifestyle reviews, surveys and audits. Feedback from evaluation data shows the home's processes are effective in identifying care recipients' preferences. Staff interviewed are aware of strategies to assist care recipients' independence. Care recipients and representatives interviewed are satisfied care recipients are assisted to maintain friendships, participate in the local community and to maintain physical independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Care recipients' right to privacy, dignity and confidentiality is recognised and respected. The home's assessment processes identify individual needs and care preferences with regard to privacy and dignity and these are documented throughout the care and lifestyle plan. Signs are displayed on care recipients' doors to inform staff when care recipients are being provided with care. Care recipients' privacy and dignity is monitored through observation of staff practice, feedback mechanisms and care evaluation. Feedback from these processes show the home's policies and procedures are effective in recognising and respecting care recipients' right to privacy, dignity and confidentiality. Staff interviewed gave examples of how they respect individual needs and preferences with regard to privacy and dignity. Care recipients and representatives interviewed said staff are respectful, polite and considerate of individual privacy and dignity needs. A short group observation was conducted in the Memory support unit at mealtime and staff and volunteers were observed interacting with care recipients and representatives in a warm, respectful and engaging manner.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to participate in individual and group activities of interest to them. A social and lifestyle assessment is used to identify care recipients' interests and preferred activities. This information is used to implement strategies to assist care recipients maintain or develop personal interests and activities. The home strives to

cater for all demographics in its activity program and a large number of volunteers assist staff, providing a diverse choice of lifestyle options. Each care recipient is informed about the wide range of activities offered and assisted to attend if they wish. A person centred approach is taken when planning activities to ensure care recipients are provided with activities of importance to them. The effectiveness and enjoyment of care recipients' leisure interests and activities is monitored through lifestyle evaluations, observations, surveys, meetings and audits and suggestions are welcomed. Feedback shows care recipients' leisure interests are identified and activities provided to support these interests. Staff interviewed are aware of care recipients' interests. Care recipients and representatives interviewed are satisfied with the support provided to assist care recipients participate in group and individual interests and activities.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Care recipients' individual interests, customs, beliefs and cultural backgrounds are valued and fostered. Through the home's initial assessment and ongoing review processes, care recipients' cultural and spiritual needs are identified and care and lifestyle plans are developed from this information. The home acknowledges and celebrates significant spiritual and cultural days. Monitoring processes include care and lifestyle reviews, observations, audits, sample surveys and meetings. Documentation review shows care recipients' cultural and spiritual preferences are documented in care and lifestyle plans. Staff interviewed are aware of care recipients' cultural and spiritual needs. Care recipients and representatives interviewed are satisfied staff value care recipients' individual cultural and spiritual needs and preferences.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Each care recipient is encouraged and supported to participate in decisions and exercise choice and control over the care and services they receive. Through the home's initial assessment and ongoing review processes, care recipients' preferences are identified. This information is used in developing lifestyle and care plans. Care recipients direct the approach taken in decision making and participate in making decisions in several domains. The home works in a collaborative manner to seek input into care recipients' preferences. Care recipients' representatives are identified to assist in making decisions if a care recipient is unable to do so. Monitoring processes include care and lifestyle reviews, meetings and audits and sample surveys. Feedback mechanisms show care recipients' choices are respected and encouraged. Staff interviewed gave examples of how care recipients' choices are respected. Care recipients and representatives interviewed are satisfied care recipients are able to exercise choice and control over their care and lifestyle.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

There are site and corporate systems to provide care recipients and their representatives with information about their rights and responsibilities and security of tenure. Entry packages, handbooks and the residential agreement contain information regarding security of tenure and rights and responsibilities. The director of care monitors legislative responsibility and stakeholder satisfaction through internal and external audits and surveys. Results from these mechanisms show care recipients have security of tenure and understand their rights and responsibilities. Interviews with staff confirm they are aware of care recipients' security of tenure rights. Care recipients and representatives state they are satisfied with the information provided and processes used to assist them understand their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for additional information relating to the home’s continuous improvement systems and processes.

The home’s quality system, including audits, environmental inspections and incident and hazard reporting is used to identify and action opportunities for improvement in physical environment and safe systems. Outcomes are recorded, evaluated and reported. Staff, care recipients and representatives interviewed are aware of the feedback system and how they can contribute to improvements in this Standard.

- Care recipients’ living environment has been enhanced following a change in the call bell system. Care recipients’ call bells have not previously worked during power outages. The home is in the Adelaide hills and management identified the possibility of there being an extended power outage to the home, particularly in the event of bushfires in the region. Following extensive investigation, the home has arranged for the care recipients’ call bell system to be linked into the home’s generator. The generator is activated automatically whenever there is a power outage. This ensures care recipients’ call bells remain active during power outages and enhances care recipient safety.
- Management identified the benefit of becoming a self-insured organisation under the WorkCover SA self-insurance program. The organisation aims to improve work health and safety systems and reduce the risk of disruption to care recipients and staff caused by workplace injuries. An external consultant was engaged to undertake a gap analysis and assist in preparing the application. Internal resources were allocated to work with the consultant and address identified gaps. An actuary determined the financial impact of the organisation becoming self-insured. WorkCover SA conducted an initial assessment that proved encouraging. A project officer was then employed to steer the process that has taken two years. WorkCover SA has conducted a final assessment and indications are that the organisation will be recommended for self-insured status. As part of the preparation process staff injuries were analysed and trended and a program of staff education and awareness undertaken to raise staff awareness of work place injury. Results show the initiative has improved work health and safety systems and reduced workplace injuries over the two year preparation period. Staff incidents have reduced by 88% during this time and the average cost per claim has reduced by 94%.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for additional information relating to systems and processes in monitoring regulatory compliance. Staff interviewed state they

understand and use the system. The home has processes to monitor and maintain regulatory compliance relating to physical environment and safe systems. This includes:

- Implementing work health and safety regulations
- Monitoring and maintaining fire safety systems.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for additional information relating to systems and processes for education and staff development.

Mandatory training provides staff with education and staff development relevant to their roles. Training attendance is monitored and staff are required to attend mandatory training each year. Staff interviewed confirm they are paid to attend mandatory training and state the training and education provided assists them in their roles. Education and staff development in physical environment and safe systems has been provided to all work groups over the last 12 months in a range of areas. These include:

- Fire and emergency procedures
- Hand-washing
- Infection control
- Manual handling
- Workers compensation management.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Care is provided in a two story building set in well maintained grounds. The home is located in the Adelaide Hills and there are panoramic views to the coast from rooms situated on the western side of the building. Care recipients have their own room with ensuite and are encouraged to personalise their rooms with decorations as appropriate. The home is proactive in monitoring the suitability of care recipient environment and has recently undertaken an audit of the home's two memory support units following recent education in environmental design for dementia care. Preventative and corrective maintenance is combined with environmental audits, surveys and ongoing reporting processes to monitor and maintain the safety and comfort of the living environment. Hazards are identified and corrective measures actioned. A continuous odour control system monitors and controls odour in the home. There are currently no care recipients in the home who smoke, however, risk assessment tools are available for staff to assess the safety of care recipients who wish to smoke and there is a designated smoking area. The home has a policy of minimal restraint. Assessment, consultation, monitoring and review processes support the safe application of restraint when required for care recipient safety. Results show the home is

using its monitoring processes to identify issues in the living environment and to implement corrective action. Care recipients and representatives interviewed state they are satisfied with the safety, comfort and amenities available in the home, including care recipients' rooms and communal areas.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The corporate Work Health Safety and Injury Management committee monitors the home's compliance with the organisation's work health and safety policies and procedures. Work health and safety representatives from the home sit on the corporate committee providing for direct communication between corporate management and staff at the home. The corporate Work Health Safety and Injury Management Strategic plan 2014-2016 provides guidance for staff in work health safety. Processes, including a preventative maintenance program and hazard and incident reporting are used to monitor and maintain the safety of equipment and staff work environment. There are designated work health and safety officers and staff receive regular training in manual handling, work health and safety and hazardous substances where required to perform their roles safely. Information systems and feedback processes assist staff to identify hazards and report accidents and incidents. Standard operating procedures are combined with comprehensive safety systems to guide staff in safe and correct equipment use. Risk assessments are undertaken on new equipment and the Work Health Safety Risk register monitors risk in the workplace. Incidents and hazards are standing agenda items at Work Health Safety and Injury Management committee meetings. Processes, including the use of action plans, monitor the effectiveness of interventions. Initial and ongoing training programs provide staff with the necessary skills to perform their roles safely. Results show that workplace health and safety is monitored through the home's incident and hazard reporting and audit processes. Staff said they are satisfied they have access to information that promotes a safe working environment and are aware of their responsibilities for occupational health and safety.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems and procedures to minimise the risk of fire, security and other emergencies. The home is fitted with external sprinklers throughout the roof and eaves line and a generator is in place to provide power to the external sprinkler system in the event of a bushfire. A comprehensive bushfire management plan has been developed and is reviewed annually. Evacuation plans and emergency procedures are strategically placed in all areas of the home. An accredited external contractor monitors and maintains the safety and function of fire alarm and fire suppression equipment. Electrical testing and tagging monitors the safety of electrical equipment. Automatic after-hours lock down procedures are in place and an external contractor monitors the home and grounds throughout the night. Staff receive regular training in fire and emergency procedures and have appropriate equipment for use in the event of an emergency. Results show management and staff are working to provide a safe environment that minimises fire, security and other emergencies. Staff, care recipients and representatives interviewed state they are aware of their responsibilities in an

emergency, including bushfire. Staff interviewed confirm they are required to attend mandatory fire drills several times a year.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program. The director of care is the central point of responsibility and coordinates the infection control program according to corporate guidelines. Influenza vaccinations are offered to care recipients and staff members. Staff receive infection control training appropriate to their roles and requirements upon induction and on an ongoing basis. There are processes for the disposal of contaminated waste. An audited food safety plan guides catering staff practice. Health alerts and other surveillance data is monitored corporately with relevant information communicated to each home as required. Management monitors infection control through scheduled audits and infection data analysis. This information is reported to the Infection Control committee where any trends are analysed and appropriate actions planned. Staff are able to provide examples of infection prevention practices and said they undertake regular infection control training. Care recipients and representatives interviewed said staff members are regularly observed maintaining infection control practices.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Care recipients' needs and preferences are identified on entry to the home and reviewed on a regular basis. Catering services are provided in line with the organisation's food safety plan. The menu is varied to reflect the seasons and reviewed annually by a dietitian. Snacks and drinks are available at all times, including evenings. Personal laundry is laundered on site and linen is outsourced to an external provider. There are processes for addressing any lost laundry. Cleaning is provided by the home's staff and cleaning schedules guide staff in their daily cleaning routine. Care recipient satisfaction with catering, cleaning and laundry services is monitored by feedback mechanisms that include surveys, comments and complaints, Resident meetings and direct consultation. Results show issues are addressed as they arise. Staff interviewed confirm they have access to work schedules to guide them in their role. They state they are satisfied with their work environment and the equipment provided to assist them in their tasks. Care recipients and representatives said they are satisfied with catering, cleaning and laundry services provided.