



Australian Government

Australian Aged Care Quality Agency

Kalyra McLaren Vale Aged Care

RACS ID 6186
19 Aldersey Street
McLAREN VALE SA 5171

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 29 June 2020.

We made our decision on 13 May 2015.

The audit was conducted on 07 April 2015 to 08 April 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



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Audit Report

Kalyra McLaren Vale Aged Care 6186

Approved provider: James Brown Memorial Trust

Introduction

This is the report of a re-accreditation audit from 07 April 2015 to 08 April 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

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 07 April 2015 to 08 April 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 McLaren Vale Aged Care
RACS ID:	6186

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

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

Audit trail

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

Interviews

Category	Number
Chief executive officer	1
Director of care	1
Quality manager	1
Director finance and administration	1
ACFI manager/iCare project officer	1
Human resource manager	1
Nursing and care staff	7
External contractors	2
Care recipients/representatives	7
Lifestyle, pastoral care and volunteer staff	5
Hospitality services manager	1
Hospitality staff	3
Infrastructure and property manager	1
Maintenance and administration staff	2
Corporate work health safety and injury management coordinator	1
Site work health safety and injury representative	1

Sampled documents

Category	Number
Care recipients' files/care and lifestyle plans, progress notes	5
Summary/quick reference care plans	5
Electronic medication charts	5
Staff files	2
External contracts	6

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
- Schedule 4 and 8 Licence
- Staff and volunteer statutory declarations and police certificate database
- 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 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
- 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 the Vines dining area prior to mealtime
- 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 McLaren Vale Aged Care is one of three facilities operated by James Brown Memorial Trust. The home is located in the southern wine growing region of rural South Australia and is adjacent to the local hospital. 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 recent improvement initiatives implemented by the home 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 enhanced following care recipient and representative feedback. All staff wear name badges to facilitate communication. Feedback was received from care recipients and representatives that the black and gold format used is hard to read, particularly when light reflects off the badge. The home liaised with an external provider to identify the most appropriate font and colours to use for the benefit of care recipients with sight loss. New badges have been developed that are black and white on a non-reflective surface. Care recipient and representative feedback is that the new format is easy to read and a great improvement on the old format. They state they appreciate the home's response to their feedback.

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 in Standard 1 Management systems, staffing and organisational development 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. 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 ready access to

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 Standard 1 Management systems, staffing and organisational development has been provided to relevant staff over the last 12 months.

Topics include:

- Aged Care Reforms
- Mentoring and leadership
- '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. The Aged Rights Advocacy Service visits the home each year to provide information for care recipients and representatives.

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 and 80% of the home's care staff come through the placement system. Care recipients and staff are consulted prior to appointing placement staff permanently. 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. 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. Registered nurses are not always rostered overnight, however, a process is in place for enrolled staff to receive support from the home's nearby sister site overnight if required and staff have ready access to registered nurses from the adjacent hospital in the event of an emergency. 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 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. The home supports developing countries and usable equipment that is no longer required is donated to facilities in Africa. 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 enable staff, care recipients and representatives have access to accurate and appropriate information.

Electronic systems are used to communicate 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 to support care recipients, representatives and staff access and use appropriate information. Staff interviewed said they have access to appropriate information to perform their roles. Care recipients and representatives interviewed said 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 Health and personal care 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.
- Medication management has been improved following staff feedback. Staff identified that specific instructions in relation to medication administration times was not included on care recipients' medication 'tuff' pad and unnecessary time was being spent checking the medication order for exact times. Management consulted with the electronic medication chart provider and the home's pharmacy. The 'tuff' pad has been modified to include specific information on times of all medications. Staff report the modification is working well and provides clear directions as to the time of all medications. They state they no longer spend unnecessary time double checking medication orders. Management state the risk of medication errors has been reduced as a result of the improvement.

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 in Standard 2 Health and personal care 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 Standard 2 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:

- Oral health
- Medication management
- Nutrition and hydration
- Palliative care.

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 that 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 satisfaction with clinical care needs through feedback, adverse events and the annual Resident survey. Clinical and care staff interviewed are able to provide information that is consistent with care recipients’ care plans. Care recipients and representatives interviewed 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. Qualified 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 where appropriate, and recommendations for care interventions are incorporated into care plans. Specialised nursing care is monitored through care plan reviews, observations, analysis of audit data and results from surveys. Outcomes 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, enabling care recipients to 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. Outcomes show care recipients' needs are documented and reviewed. Staff interviewed said they are informed of changes to care recipients' needs and health status. 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 home has systems and processes to ensure care recipients' medication is managed safely and correctly. The home uses an electronic system to assist qualified staff and credentialed care workers administer and manage care recipients' medication. Changes in care recipients' care plans are automatically updated onto electronic medication charts.

Medical officers and pharmacy staff review care recipients' medication on a regular basis.

The home can access out of hours medication from the adjacent hospital. 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 show 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 interviewed 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 and heat packs. Monitoring processes include care plan reviews, observations, consultation with care recipients and analysis of audit data. Outcomes show care recipients' pain is identified, assessed and evaluated with changes made to care plans and medication profiles as appropriate. Clinical staff interviewed and documentation reviews confirm effective pain management programs. Care staff interviewed are able to give examples of non-verbal signs of pain. Care recipients and representatives interviewed said they are satisfied care recipients' pain is managed according to their 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 provided 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 are able to give specific examples of how the comfort and dignity of terminally ill care recipients is maintained.

Interviews with, and compliments received from care recipients’ representatives, confirm 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 nutrition and hydration. Care recipients’ nutrition and hydration needs are identified through initial and ongoing assessment and review processes. Staff are alerted to changes in care recipients’ weight and dietary status through clinical care processes. Changes in care recipients’ nutritional status are communicated to speech pathologists, medical officers and dietitians if required. Monitoring processes include care reviews, monthly, or more frequent weighs, observations, results from surveys and analysis of audit data. Outcomes show care recipients’ needs are documented and reviewed. Staff interviewed can give examples 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. Registered nurses are responsible for the management and evaluation of complex

wounds. External specialists are consulted for advice on wound management if required. Monitoring processes include care plan and wound evaluations, observations, incident reporting and audit trending data. Results show care recipients' skin integrity is well maintained. Information provided by staff is consistent with documented assessments. Staff interviews and documentation review confirm staff provide appropriate skin care. 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 and infection surveillance tools to promote the optimal continence of care recipients. Monitoring processes include review of care plans, call bell response times and infection audit data. Outcomes show staff provide continence management consistent with planned care. Clinical staff interviewed and documentation review confirm care recipients have effective continence management plans. Staff said they have adequate stock to ensure care recipients' continence is managed effectively and can give examples of care recipient's individual continence needs. Care recipients and representatives interviewed 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

The home has systems and processes to manage care recipients with responsive behaviours. 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. There is currently no restraint used in the home and care recipients are facilitated to access all communal areas. The effectiveness of behaviour management strategies is monitored through observations, incident reporting, care plan reviews and audits. Outcomes show that behavioural strategies are effective. Staff interviewed are able to provide 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. Allied health staff develop and deliver programs for care recipients in consultation with medical officers and other stakeholders. Assistive devices are utilised to promote care recipients’ independence where possible and each care recipient is provided with a height adjustable bed. Falls data analysis includes near misses to track care recipients’ at risk of falls. Monitoring processes include incident reporting of falls, care plan reviews, clinical audits, observations and allied health reviews. Outcomes show care recipients’ mobility and dexterity requirements are documented, reviewed and modifications made as required. 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. 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 dental technician or domiciliary dental service. Monitoring processes include care evaluations, observations and audits. Feedback mechanisms show care recipients’ dental needs are documented and reviewed. Staff interviewed said they receive oral health education and have input into oral products used.

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. 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. The home has implemented these recommendations and feedback from care recipients and

representatives is positive. Monitoring processes include care plan evaluations, observations and audits. Results show care recipients' sensory needs are documented and reviewed.

Staff interviewed are able to give 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. Outcomes show care recipients' sleep patterns are documented and reviewed. Staff said they refer to care recipients' care plans for individual sleep preferences and are able to give examples of care recipients sleeping 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 Standard 3 Care recipient lifestyle include:

- Staff identified the benefit of providing ongoing stimulation for care recipients. Following consultation with care recipients a puzzle corner has been established. Staff enlisted the help of a care recipient who has recently acquired computer skills to research suitable puzzles, crosswords and jigsaws. Care recipients have been consulted and preferred items purchased. All items are set up permanently in a well-lit accessible area. Care recipient feedback is that the area has a friendly atmosphere and promotes interaction and discussion. They state items are readily accessible and they gain satisfaction when a puzzle has been completed. Staff report that the area is well used.
- Staff responded to the interest of one care recipient and expanded the activities program for the benefit of all care recipients. It was identified that one care recipient has an interest in butterfly breeding. Staff worked with the care recipient and the local community to introduce a Monarch butterfly breeding program. An experienced entomologist was consulted and invited to the home to provide information for staff and care recipients. Suitable plants that support breeding and food supply have been researched and purchased. Care recipients are involved in all aspects of the program and monitor the development of the butterflies. The breeding program is successful with over 60 butterflies sighted in recent months. Care recipients state they are enjoying participating in the program. They state the butterflies are very visible from the dining area of the home and provide an enjoyable outlook during meal times. Staff feedback is that interest in the program promotes meaningful 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 in Standard 3 Care recipient lifestyle 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 education and staff development systems and processes.

Education and staff development has been provided to all staff groups in the last 12 months in the following:

- Customer service
- Dementia awareness
- Mandatory reporting.

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

- Confidentiality
- LGBTI
- Sexuality and the older person.

A volunteer training day is held for the home's large contingent of volunteers twice a year. Topics include:

- Palliative care
- Sexuality and the older person
- Mandatory reporting

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 and observations identify care recipients' emotional support needs and preferences. This information is used to develop social history and lifestyle plans. The home provides pastoral and emotional assistance, with a pastoral care worker providing individual support to care recipients. The home evaluates the effectiveness of

emotional support provided through lifestyle and care reviews, surveys, audits and meetings. Outcomes show the home's assessment processes are effective in capturing care recipients' emotional support needs. Staff interviewed are able to give examples of how they assist care recipients 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 fostered. Care recipients maintain memberships and attend local groups. Care recipients are facilitated to maintain fiscal independence and are able to vote on-site. Monitoring processes include care and lifestyle reviews, surveys and audits. Outcomes 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 process identifies individual preferences with regard to privacy and dignity and these are documented throughout the care and lifestyle plan. Care recipients' privacy and dignity is monitored through observation of staff practice, feedback mechanisms and care evaluation. Results 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 are able to give examples of how they respect individual needs and preferences. Care recipients and representatives interviewed said staff are respectful, polite and considerate of individual privacy and dignity needs.

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 lifestyle assessment is used to identify care recipients' interests and preferred activities. This information is used to enable 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. The home consults with care recipients in planning the annual activity calendar.

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. An inclusive approach is taken with care recipients who have cognitive deficits, enabling diverse participation in the home's activities program. The effectiveness and enjoyment of care recipients' leisure interests and activities is monitored through lifestyle evaluations, observations, surveys, meetings and audits. Suggestions are welcomed and acted on. 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, surveys and meetings. Documentation review shows care recipients' cultural and spiritual preferences and other meaningful events 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 recipient's 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. 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.

Outcomes show care recipients' choices are respected and encouraged. Staff interviewed are able to give 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.

Examples of recent improvements relating to Standard 4 Physical environment and safe systems include:

- 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 during this time as has the average cost per claim.

- Delivery of meals has been improved following staff and care recipient feedback. The home outsources catering to the adjacent hospital. Staff reported that modified meals are not always delivered as ordered and care recipients are complaining about having to wait when their meal is not delivered on time. Management responded by liaising with the hospital and reviewing the goods delivery system. The goods delivery form has been expanded to include a list of all modified meals ordered each day. Staff check the list at time of delivery and any omissions are corrected immediately. This ensures all meals ordered are able to be served on time. Staff report the system works well and while there are still omissions, this can now be rectified immediately. There have been nil complaints from care recipients about late meals since the introduction of the system.

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.

The home provided examples of ongoing compliance with legislative requirements in Standard 4 Physical environment and safe systems including:

- 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 Standard 4 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

The home is set in well maintained grounds located in the southern wine growing region of rural South Australia. Care recipients have their own room with ensuite and are encouraged to personalise their rooms with decorations as appropriate. 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. There is currently no restraint used in the home. Assessment, consultation, monitoring and review processes are in place to support the safe application of restraint should this be required for care recipient safety. 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. There are currently no care recipients in the home who smoke. Results show the home is using its monitoring processes to identify issues in the living environment and 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. A comprehensive business continuity plan has been developed that includes emergency evacuation of the premises. 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 internal closed circuit television monitors the front door after-hours. 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.

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. There is a designated laundry for each side of the home. One of these is very small and processes have been developed to manage infection control when laundering residents' personal clothing. Staff said they undertake regular infection control training are able to provide examples of infection prevention practices, including in the laundry. 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 is outsourced to the adjacent hospital and key performance indicators are set and monitored closely at a corporate and site level. The organisation has a food safety plan and monitoring processes ensure outsourced catering is 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. Processes, including having a designated laundry for each side of the home minimise the incidence of 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, 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.