



**Australian Government**

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**Australian Aged Care Quality Agency**

**Kapara Nursing Home**

RACS ID 6805  
80 Moseley Street  
GLENELG SOUTH SA 5045

**Approved provider: Aged Care & Housing Group Inc**

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 March 2020.

We made our decision on 29 January 2015.

The audit was conducted on 17 December 2014 to 19 December 2014. 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.

<b>Expected outcome</b>	<b>Quality Agency decision</b>
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.

<b>Expected outcome</b>	<b>Quality Agency decision</b>
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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**Australian Aged Care Quality Agency**

## **Audit Report**

**Kapara Nursing Home 6805**

**Approved provider: Aged Care & Housing Group Inc**

### **Introduction**

This is the report of a re-accreditation audit from 17 December 2014 to 19 December 2014 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 17 December 2014 to 19 December 2014.

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

<b>Team leader:</b>	Cate Quist
<b>Team member</b>	Janine Aujard

## Approved provider details

<b>Approved provider:</b>	Aged Care & Housing Group Inc
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## Details of home

<b>Name of home:</b>	Kapara Nursing Home
<b>RACS ID:</b>	6805

<b>Total number of allocated places:</b>	137
<b>Number of care recipients during audit:</b>	135
<b>Number of care recipients receiving high care during audit:</b>	116
<b>Special needs catered for:</b>	People with dementia or related disorders

<b>Street:</b>	80 Moseley Street
<b>City:</b>	GLENELG SOUTH
<b>State:</b>	SA
<b>Postcode:</b>	5045
<b>Phone number:</b>	08 8295 9900
<b>Facsimile:</b>	08 8295 9997
<b>E-mail address:</b>	<a href="mailto:ibertram@ach.org.au">ibertram@ach.org.au</a>

## Audit trail

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

### Interviews

Category	Number
Management	3
Quality managers	2
Clinical staff	8
Care/catering staff	11
Administration staff	2
Complimentary therapist	1
Care recipients/representatives	15
Ancillary staff	4
Lifestyle staff	2
Social worker	1
Physiotherapist	1
Corporate services staff	10

### Sampled documents

Category	Number
Care recipients' files	12
Clinical care plans and progress notes	17
Medication charts	10
Lifestyle care plans	17

### Other documents reviewed

The team also reviewed:

- ACH Group Good Lives for Older People vision and mission statement
- ACH Group Organisational Quality Framework
- ACH Group site/region safety activity plan
- Activity plan
- Asset management system

- Behaviour management log
- Building and maintenance documentation
- Central Quality and Customer Safety Committee scope
- Chemical register
- Cleaning schedule
- Clinical incident data/analysis/reports
- Clinical resource documentation
- Comments and complaints
- Competency assessments
- Continuous quality improvement log and project information
- Corporate improvement log
- Cytotoxic medication folder
- Divisional regulatory compliance log and information
- Document management hub
- Drugs of dependence register
- Electrical testing and tagging
- Electronic Hub Information port
- Electronic incident and hazard management system
- Emergency planning documentation
- External contractor documentation
- External contractors fire log book
- Fire Services Operations and Maintenance Manual ACH group
- Food safety program
- Healthy Ageing information
- Human resources documentation
- Identification log for wandering residents
- Immunisation data
- Infection control documentation



- Kapara news flash
- Kapara Residential Guide
- Lifestyle activity information and evaluations
- Lifestyle resource information
- Maintenance documentation
- Mandatory reporting consolidated records
- Manual update for hard copy manuals
- Mentor programs
- Online risk register
- Pest control documentation
- Police certificate monitoring system
- Resident information package
- Residential quality improvement plan
- Rosters
- Schedule 4 and 8 licence
- Staff education information
- Staff handbook
- Training needs analysis/calendar/information
- Triennial fire certificate
- Various audits and surveys
- Various meeting minutes
- Various policies and procedures
- Various referral documentation
- Work Health and Safety information

## **Observations**

The team observed the following:

- Activities in progress
- Emergency planning information/supplies

- Equipment and supply storage areas
- First aid stations
- Infection control trolley
- Interactions between staff and care recipients
- Living environment
- Meal service in various areas
- Medication administration/storage
- Short group observations in Unit 3 and Unit 9
- Staff handover
- Sensory garden
- 'The Club' social area
- The retreat

## 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

ACH group has comprehensive systems to promote, guide and monitor the management of continuous improvement. The continuous improvement framework provides guidance in identifying, planning, implementing, evaluating and sharing continuous improvement activities. Opportunities for improvement are identified at corporate and site levels through a variety of mechanisms including, key performance reports, customer feedback, survey and audit results, comments and complaints and through discussion at meetings. Improvements are discussed at staff meetings and at resident forums. Each improvement is evaluated and reviewed for further improvement as required. There is a guide of month by month activities including clinical audits, divisional surveys and reports which may inform continuous improvement activities.

The organisation monitors continuous improvement through regular corporate and divisional quality meetings with each site represented at the divisional meetings. These committees monitor progress, improvement evaluation results, compliance with legislative requirements and staff practices. In addition, document management systems are reviewed on a regular basis. Results show the organisation actively pursues continuous improvement through a framework that is responsive to the needs of care recipients and other stakeholders.

Staff interviewed said they are encouraged to participate in the continuous improvement program.

In relation to Standard 1 Management systems and organisational development the home has implemented the following improvements:

- Discussion at residential quality meetings identified key areas where residents and relatives would benefit from more information. Information brochures have been developed with topics including Healthy Ageing and Supporting the Final Journey. The organisation is progressing with the development of brochures on other topics of interest to residents and relatives. Brochures are on display at the site.
- Senior clinical staff and management identified a need to provide increased opportunities for care staff education in relation to care recipient care needs. Management employed an employee workplace trainer to identify training needs, plan and implement training for care staff. The trainer has developed a care staff competency tool which includes

competencies across all aspects of the care staff role. Competencies assessed include direct care, lifestyle, care recipient safety, living environment and safe work practices. The trainer has commenced assessing care staff, highlighting areas of need and providing on the spot training at the point of assessment. Evaluation of the role is ongoing.

## 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

ACH Group has a framework for managing regulatory compliance. Corporate services receive legislative updates and notifications through industry alerts, Coroner’s recommendations, Federal and State legislative updates and better practice guidelines. The Regulatory Compliance Log captures changes and records actions to be taken and timelines. Information about changes to regulatory compliance is communicated to the home via the central log. Staff are informed locally, through a variety of communication systems, including meetings and memoranda. The ACH Group residential division has a regulatory compliance intranet site which includes active links to all applicable legislation and standards. Controlled information, including work instructions, policies and procedures are developed in accordance with current regulation and best practice guidelines. The organisation monitors compliance through the audit system, review of controlled information, review of non-compliance incidents and monitoring staff knowledge and skills. Results show the organisation has systems to identify and monitor compliance with relevant legislation, regulations and guidelines. Staff interviewed gave examples of their legislative responsibilities relevant to their role.

The organisation and the home provided examples of legislative changes and recently implemented and ongoing legislative requirements including:

- A system to monitor staff, volunteers and relevant external providers have a current police certificate.
- Informing care recipients and their representatives about accreditation audits.
- A system for complaints management.
- Review of the assessment for respite care.
- Systems to verify professional registrations.
- Compulsory reporting procedures and information for staff.
- Creating information sheets and updating procedures for Advance care directives.
- The system for maintaining the Australian Privacy Principles has been re-written.

### **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

Management and staff have appropriate knowledge and skills to perform their roles effectively. New staff undertake a central induction which includes information about the organisation's aims and objectives, work health and safety, working with older people and healthy ageing. In addition an on-site induction provides site specific information. Training needs are identified through on-site training needs analysis, results of appraisals and audits, staff feedback, mandatory requirements and in response to current care needs. Staff receive mandatory training annually and attendance is monitored at site level. Each training session is evaluated. The effectiveness of the training program is monitored at corporate and site level through the staff survey, staff meetings and training evaluations. Results show staff are satisfied with the level of training provided. Staff interviewed said they are encouraged to develop their skills and knowledge and are supported with ongoing training opportunities.

Care recipients and representatives interviewed said they are satisfied with management and staff skills, knowledge and practices.

Examples of education conducted over the past 12 months in relation to Management systems, staffing and organisational development include:

- Front line management
- Leadership
- Workplace matters/risk management
- Bullying and harassment
- Regulatory compliance

### **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

ACH Group has a system to ensure all stakeholders have access to internal and external complaints mechanisms. Care recipients and their authorised representatives are provided with information about making a complaint via the admission information pack, resident handbook and resident agreement. 'Please Let Us Know' forms and external complaint and advocacy information is displayed throughout the home. Individual complaints are investigated and managed through to resolution. Complaints and comments are logged electronically through the organisation's system and a confidential log is maintained.

Advocacy services are accessed to attend resident forums for information and discussion. Management monitor complaint data and report results on a scheduled basis to corporate

services. Care recipient satisfaction with complaint resolution is monitored through care evaluation, audits and surveys. Results show care recipients and representatives have access to and use complaint management systems and management is responsive to feedback. Care recipients and representatives interviewed said they understand how to make a complaint and their feedback is responded to in a timely manner.

## **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

ACH Group vision, mission and values are documented and included in care recipient information and staff information and training. The organisation focuses on innovation and services that respond to the changing needs of stakeholders. There is a quality framework that supports the quality management systems and the continuous improvement cycle. The goals of the framework are to reduce the burden of disease and disability, increase the healthy life of residents and staff and increase the quality of life of the residents.

## **1.6 Human resource management**

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

### **Team's findings**

The home meets this expected outcome

The ACH Group has a 'People, Health and Development' department to lead human resource management, including recruitment and performance management processes and consultation with sites on human resource matters. Senior clinical staff monitor and regulate the rostering system on a daily basis to maintain appropriate skill mix for current care needs. Longer term adjustments are implemented in consultation with corporate management. New staff orientation includes a corporate and on-site induction, and a buddy system to support the team approach. The corporate and on site management teams review comments and complaints, staff surveys and incident data on a regular basis to identify trends and monitor staff skill mix. Police checks for staff, volunteer and relevant visiting services are monitored through the corporate human resources services and on-site systems. Staff qualifications are monitored at site level. Results of corporate and on-site monitoring processes show the home identifies and maintains appropriate staffing levels and skill mix. Staff interviewed said they have access to information regarding their duties and they have sufficient time to provide care and services according to their role. Care recipients and representatives state staff are responsive to care recipient needs and respectful of individual preferences.

## 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 ACH Group have an overarching corporate inventory and equipment system to ensure each home has appropriate stocks of goods and equipment to deliver quality care and service. Corporate property services maintain an electronic central asset register for the home, including a plant and equipment register and hazard management system. This includes safe work methods, a risk matrix rating and safe operating procedures. This electronic system assists in maintaining all plant and equipment, such as scheduled and reactive maintenance, annual budget costs which factor in repair costs and the decommissioning of plant and equipment. Various service providers assist in maintaining plant and equipment, including medical, electrical and fire equipment. The home maintains minimum stock levels for all consumables. Designated staff are responsible for ordering and maintaining appropriate supplies through a centralised database. Corporate services provide an annual maintenance schedule of review to maintain plant and equipment on-site in a safe working order. The overall system for inventory and equipment is monitored through feedback, the maintenance system and incident/hazard reports. Corporate services monitor stakeholders' satisfaction with the inventory and equipment provided through feedback and the annual residential survey. Results from the annual survey show stakeholders are satisfied with the inventory and equipment provided. Observations showed adequate stock supplies and staff interviewed said they have input into resources.

## 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

Kapara is guided by the ACH Group information management system which provides staff, care recipients and their families access to accurate and appropriate information. Care recipients/stakeholders receive information about the provision of services, right to privacy and feedback mechanisms via the resident handbook and resident agreement. A variety of information is available on site, including a newsletter, consumer brochures, notice boards and various meetings. The intranet library provides staff access to information to guide clinical care, medication management, healthy ageing/lifestyle and the quality and admission processes. The seven day handover sheet, exception reporting notes and alert system facilitate the identification, documentation and communication of changes in care needs.

Key information, such as audits, surveys and incident data are collected according to a corporate schedule and analysed at site and corporate level. There are procedures for secure storage and managing confidential information including electronic information. Legislative reporting is undertaken and monitored at site and corporate level.

The organisation has introduced an electronic 'Document Management System' which controls policies, procedures, work instructions, guidelines and reference information for staff. Document change processes include evidence based research, consultation, risk rating, trial and testing and approval by a relevant committee or senior manager. The home monitors information systems through internal and external audits and feedback from consumers.

Results show the home has systems to support care recipients, representatives and staff to access and use appropriate information. Staff interviewed said they have access to accurate information to assist them to perform their role. Care recipients and representatives are satisfied they have access to information to make decisions about care recipients' care and lifestyle.

## **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

The ACH Group maintains external service contracts to ensure care and services are provided according to the organisation's philosophy and standard of care. Corporate managers are guided by policy to select the most appropriate service provider. The organisation maintains a preferred suppliers list to assist in the delivery of service. While contracts meet all regulatory and legislative requirements, the terms and conditions of each contract are specific to the service provided. Medical, allied health, hospitality and property maintenance services are contracted for set periods, renewals are based on service performance and feedback from all stakeholders. Contracts may be terminated due to unsustainable costs or unsatisfactory service delivery where identified and not actioned.

Corporate managers maintain the tendering process for external services across the organisation. These service providers are contracted to provide service and delivery to the home. The overall system for external services is monitored through feedback and the incident/hazard system. Corporate services monitor stakeholders' satisfaction with the external services provided through feedback and the annual residential survey. Results from the annual survey confirm stakeholders are satisfied with the inventory and equipment provided.



## 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 information about the home's continuous improvement systems and processes.

In relation to Standard 2 Health and personal care, incidents are recorded, monitored and analysed for trends and opportunities to improve. Care recipients, representatives and staff are satisfied the home actively supports and encourages improvements to processes related to resident's physical and mental health.

Examples of improvement initiatives related to health and personal care implemented by the home in the last 12 months include:

- In response to review and survey of current practices against the new SA Health guidelines for safe management of cytotoxic medication, the organisation developed a new framework for the management of cytotoxic medication. The new policies and procedures include a cytotoxic drug register, cytotoxic risk assessment, distribution register and processes for laundering, body waste and spills. A resource folder for staff has been developed. The ACH Group nurse practitioner has provided support on-site for the implementation of the processes. The outcome of the project was measured through a survey to site managers, quality coordinators and senior clinicians. Results show end users felt the resources have been effective in raising awareness are easily understood and facilitate safe management of cytotoxic medication. Clinical staff explained and demonstrated implementation of the new procedures at Kapara.
- In response to a suggestion from the physiotherapist to improve pain management, the home funded the purchase of a laser machine. The physiotherapist utilises the machine for regular pain management treatments. Currently the physiotherapist is using laser treatment for 11 care recipients and outcome results reported show the treatment has an immediate response in reducing pain and long term treatment aids repair and healing. The laser machine can also be used in wound management.

## 2.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for further information relating to the home’s regulatory compliance systems and processes.

The home provided examples of legislative changes and recently implemented and ongoing legislative requirements in relation to Standard 2 including:

- Drug licence to possess and administer S4 and S8 medications.
- Processes to check and record staff registration requirements.
- Industry alert regarding identifying care needs.
- Advance care directives alert.
- Processes and appropriately qualified staff to provide for specified care and services.

## 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 information about the home’s education and staff development systems and processes.

In relation to Standard 2 Health and personal care, staff appraisal processes, incident data and current care recipients’ needs are used to identify and plan staff education.

Examples of education conducted over the past 12 months in relation to Health and personal care include:

- Continence management
- Behaviour management
- Medication management
- Parkinson’s management
- Diabetes management
- Wound care

## 2.4 Clinical care

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

### **Team’s findings**

The home meets this expected outcome

Care recipients receive clinical care that is appropriate to their individual needs and preferences. The organisation undertakes a holistic approach to identify and provide care recipients’ clinical care needs. Medical and allied health documentation is used in conjunction with the organisation’s healthy ageing smooth transition program. Pre admission screening, an initial assessment and a comprehensive 28 day multidisciplinary assessment identifies the care and services each care recipient will require. Care plans are developed and implemented from this information which is reviewed on a six monthly basis. Changes are communicated to staff through the handover process with care recipients, representatives and medical officers being informed of relevant changes in care recipients’ health status. The home monitors care recipients’ clinical care through monthly weighs, observation, care reviews, case conferences, staff competencies and audits. Corporate services monitor stakeholders’ satisfaction with their clinical care needs through feedback, adverse events and the annual residential survey. Results from documentation review show that care recipients needs are recorded, reviewed and changes to care are implemented as required. Results from the annual survey confirm stakeholders are satisfied they are provided care according to their individual needs. Staff members interviewed provided information that was consistent with care recipients’ care plans. Care recipients 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 complete assessments, develop care plans and evaluate effectiveness of care interventions. Allied health professionals, medical officers and other stakeholders 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, case conferences, audits and staff competencies. Results from audit data show these monitoring processes to be effective. A documentation review and staff interviews showed staff have access to education, guidelines and clinical practice resources. Feedback from care recipients’ satisfaction surveys, the comments and complaints process and interviews confirm that care recipients 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 health specialists according to their assessed needs and preferences. Care recipients’ needs for specialist health referrals are identified through care reviews, consultation and observations. Changes to care recipients’ needs are documented in progress notes and care plans are updated to reflect these changes. The home has a multidisciplinary ‘Early Intervention Working Party’ which meets monthly to monitor care recipients who may need interventions and referrals. Other monitoring processes include care reviews, audits and six monthly case conferences. Results show that 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 interviewed said they are satisfied they 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

Care recipients’ medication is managed safely and correctly. The home has processes to facilitate the provision of safe and correct medication management, including care recipients who self-medicate. Assessments are completed to identify administration needs which are included on the medication chart. Qualified nurses administer and manage care recipients medication. In selected areas credentialed care staff administer medications from sachet packs. Medical officers review care recipients’ medications and a pharmacist is utilised as a resource person for education and to assist with the monitoring process. Other monitoring processes include adverse events and medication incidents reported through the Medication Advisory Committee and bi-monthly Quality Committee Meeting, where it is trended to identify improvement opportunities. Results show this monitoring process to be effective.

Staff can demonstrate that they understand their responsibilities in providing care recipients with safe and correct medication management. Care recipients 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’ pain is managed to ensure they are as free as possible from pain. Care recipients’ pain is identified through initial and ongoing assessment and review processes and this information is used to develop individualised care plans in consultation with medical

officers and other health professionals. Pain monitoring tools are used to assess all care recipients including those with cognitive deficits. The home has a pain clinic staffed by a physiotherapist who provides pain management treatments. A complementary therapist offers alternatives to medication including massage, meditation and other interventions.

Monitoring processes include care plan reviews, observations, satisfaction surveys and audits. Results show that 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 interviewed said they are satisfied their 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 has processes to facilitate the provision of care recipients' terminal care wishes and preferences. The home uses a palliative care plan to assist in providing care to palliative care recipients and has access to external specialist palliative services if required. Pastoral care is provided by a social worker and complementary therapist as required, to provide emotional and spiritual support to care recipients and representatives. The home has a dedicated retreat, where care recipients, representatives and staff can receive emotional support. Clinical care processes are consistently used to monitor staff practices and communicate care recipients changing needs and preferences. Documentation review showed results of monitoring to be effective.

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

The home has systems to ensure care recipients receive adequate nourishment and hydration. Entry assessments, care evaluation and monitoring processes are consistently used to identify, plan, action and monitor care recipients' nutritional and hydration requirements. A food focus group meets bi-monthly to provide an additional forum for care recipients input into menu choices. Monitoring processes include monthly weighs, audits, care plan reviews and observations. Results show that care recipients' needs are documented and reviewed. Clinical staff interviewed said they communicate changes in care recipients nutrition and hydration needs to kitchen staff. Catering staff interviewed confirmed knowledge of care recipients needs and preferences. Care recipients interviewed said they are satisfied their nutrition and hydration needs and their 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

The home has systems to ensure 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. Education to staff is provided by the ACH group nurse practitioner and external specialists. Preventive strategies are used to maintain care recipients’ skin integrity. Monitoring processes include care plan reviews, observations, audits, trending data and incident reporting. Results show that care recipients skin integrity is well maintained. Information provided by staff was consistent with documented care plans.

Care recipients interviewed state 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

The home has a continence management system that identifies individual care recipients’ needs and guides staff to plan appropriate care and evaluate the effectiveness of care interventions. A continence nurse advisor completes assessments, develops care plans and registered nurses evaluate the effectiveness of care. Care recipients changing needs and preferences are communicated to staff through clinical care and documentation processes. Monitoring processes include review of care plans and toilet schedules, audit data and call bell response times. Results show staff provide continence management consistent with planned care. Staff said they have adequate stock to ensure care recipients continence is managed effectively according to individual needs and preferences. Staff interviewed could give examples of care recipients’ individual continence needs and preferences. Care recipients are satisfied that their continence needs are managed effectively and staff are responsive to their individual needs.

## 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 behaviours are managed effectively according to their individual needs and preferences. Initial and ongoing assessment and review processes identify and manage care recipients’ behaviours of concern. Behaviour management plans are developed from this information and strategies to assist staff are identified with referrals made to mental health services as required. The effectiveness of behaviour management strategies is monitored through observations, incident reporting, care plan reviews, audits and the

complaints process. Results show that targeted behavioural strategies are effective. Staff interviewed confirmed their understanding of documented strategies to assist with the management of challenging behaviours and could provide examples of how to manage care recipients' with challenging 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. The home has an on-site Gymnasium which has a structured program facilitated by certified personal trainers. The personal trainers work closely with physiotherapists and occupational therapists to develop restorative programs for each care recipient. In addition, care recipients are referred to the Early Intervention Group who develop recovery pathways to assist care recipients in maintaining their independence, mobility and dexterity. Monitoring processes include incident reporting, care plan reviews, clinical audits, observations and physiotherapy reviews. Results show that care recipients' mobility, dexterity and rehabilitation needs are documented and reviewed. Staff interviews confirm they attend annual mandatory manual handling education. Care recipients interviewed said they are satisfied the care provided assists 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 individualised care plans. A dedicated dentist and dental hygienist visit the home weekly or care recipients are able to choose their own dentist if desired. Monitoring processes include care plan reviews, audits and observations. Results 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 interviewed said they are satisfied the care provided maintains their 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. Care recipients are assisted to use equipment such as hearing aids, audio books and other aids where appropriate. The home facilitates appointments with eye specialists and hearing services as required. Monitoring processes include care plan reviews, observation and audits. Results show care recipients’ sensory needs are documented and reviewed. In general staff confirmed they are aware of strategies documented in care plans to assist care recipients with sensory loss. Care recipients and representatives interviewed said they are generally satisfied their 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 provided with care to assist them to achieve natural sleep patterns. Initial and ongoing assessments and review processes identify and manage care recipients’ sleep patterns. This information is used to develop individualised care plans that facilitate care recipients’ typical sleep behaviour patterns. Environmental preferences and strategies, including lighting, repositioning and warm drinks are offered to support natural sleep patterns. Monitoring processes include care plan reviews and observations. Results show that care recipients’ sleep patterns are documented and reviewed. Staff confirmed they refer to the care recipients’ care plans for individual sleep preferences. Care recipients interviewed said they are satisfied the care provided assists them 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 information about the home’s continuous improvement systems and processes.

In relation to Standard 3 Care recipient lifestyle, the home provides and supports opportunities for feedback and suggestions on lifestyle processes through resident forums and lifestyle activity evaluations.

Examples of improvement initiatives related to care recipient lifestyle implemented by the home in the last 12 months include:

- In response to a staff suggestion, lifestyle staff commenced a joint venture with a community organisation to support isolated older people. The project links care recipients with clients of a community based support program. Lifestyle staff invited care recipients to participate in the program and telephone support training was provided to the volunteers. The home provided a suitable area and the equipment to support the telephone link. The project now involves seven care recipient volunteers and thirty two community clients in a weekly phone link. Care recipients involved in the program report they enjoy making new connections, new friends and making a difference to other people.
- To assist care recipients to connect with family and friends and to engage in meaningful activities of interest, the home supported a project to explore the use of iPad technology to improve wellbeing. Occupational therapy students supported and trained selected care recipients in the use of the iPad for specific applications, either for communication or of special interest, such as fishing, walking and travel. The students downloaded applications which matched the care recipient special interest. The trial included the use of a device linked to the iPad to track the amount of exercise the care recipient achieved in a day. With the support of the students 100% of the care recipients in the trial overcame barriers to using the iPad. One care recipient uses an application to contact family overseas and to learn a new language. Evaluation of the project shows care recipients involved enjoy the opportunity to participate in meaningful activities of interest to them and to be able to contact family and friends. Lifestyle staff continue to support care recipients to use the iPad and plan to expand the project.
- The organisation identified an opportunity to improve the well-being of their residents through the implementation of a Healthy Ageing Framework for residents and staff. The project was trialled in two homes and following a successful outcome the Healthy Ageing Framework is being implemented across all sites. The healthy ageing policy guides staff to partner with residents to enable them to increase their control over their health

management, and to improve their health behaviours in order to achieve optimal physical, mental and social wellbeing. The healthy ageing framework includes providing health promotion and a supportive environment for residents and staff through programs which include education and support to maintain physical, mental and social activities. The program includes assessment and wellbeing plans, being active plans, early intervention, recovery and rehabilitation and health literacy information and awareness.

Each site is in the process implementing the program with organisational support and evaluation of results is ongoing.

### **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 information about the home’s regulatory compliance systems and processes.

The organisation provided examples of legislative changes and recently implemented and ongoing legislative requirements in relation to Standard 3 including:

- Residential services agreements.
- Systems for reporting elder abuse.
- Correspondence regarding security of tenure.
- Privacy policy.

### 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 information about the home's education and staff development systems and processes.

Examples of education conducted over the past 12 months in relation to care recipients' lifestyle include:

- Elder abuse
- Healthy ageing
- Understanding dementia
- Montessori training
- Supportive behaviours
- Depression and suicide

### 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

The corporate admission team and Kapara management work together to provide early intervention for care recipients entering the facility. Supportive processes include a meeting with the admission officer prior to entry, information pack and welcome basket. During the transition process clinical and lifestyle staff and the social worker gather information to assess and plan for supporting emotional needs, including linguistic, cultural and spiritual. Care recipients identified as at risk of social isolation are referred to the early intervention working party who use a planned approach to reduce isolation and improve wellbeing. This may include referrals for relevant specialist consultation, such as social work or mental health services. Staff receive information and training that relates to their responsibilities with regard to ensuring care recipients' emotional support. Care evaluation, surveys, one-to-one time and residents' forums monitor care recipients' wellbeing. Results show emotional support needs are identified and there is a planned approach to maintain emotional wellbeing. 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.

### **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 their independence, friendships and to participate in community life. The principles of healthy ageing are promoted and utilised during the assessment and care processes. On entry and in consultation with the care recipient, nursing, lifestyle and allied health professionals conduct a social, physical and mental assessment and develop care planning strategies to maintain independence. Lifestyle staff formulate wellbeing plans to support participation of choice. The home has a gym and has engaged a gym instructor/personal trainer to support the process of maintaining physical activity in partnership with the care recipient, clinical, care and allied health team. Self- autonomy is facilitated and staff use the risk management procedure to develop individual risk management plans. Staff identify individual links with community and encourage care recipients to maintain these links. The resident survey, care and lifestyle evaluations and daily observation processes monitor each care recipient's ability to achieve independence. Results show individual needs and preferences are identified and there is a planned approach to support care recipients to develop and maintain friendships and community connections. Staff interviewed gave examples and demonstrated in practice how they support individual needs related to wellbeing and independence. Care recipients interviewed said staff are responsive to their individual needs and preferences.

### **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

Each care recipient's right to privacy, dignity and confidentiality is recognised and respected through a variety of mechanisms, including controlled information, education and staff practices. The assessment process identifies individual needs and care preferences with regard to privacy and dignity and these are documented throughout the care plan. The home has a variety of living/lounge areas which allow for smaller private groups to gather or for family celebrations. There are secure storage procedures for confidential information. Staff receive information and training with regard to their duties to ensure privacy, dignity and confidentiality, including the control of personal information, language, private space and privacy/dignity in personal care. Staff sign a code of conduct which outlines care recipients' rights to personal privacy, dignity and respect. Management monitor privacy and dignity is respected through observation of staff practices, resident survey, feedback mechanisms and care evaluation. Results demonstrate staff comply with the organisation's policies with regard 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 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

The home's operation includes a commitment to the principles of healthy ageing with a focus on activities that support and enhance physical health and support individual interests and ability. Lifestyle staff plan the activity program giving consideration to the evidence based 'keys' to healthy ageing, namely, be active, keep learning, take notice and engage, connect with others, positive emotions and being informed. The activities program includes one-to-one time and group activities which promote physical and mental exercise, sensory experiences, creativity, community involvement and special events. The activities brochure is produced weekly and displayed throughout the facility and in the newsletter. Volunteers assist with the program and there are a variety of visiting entertainers. The early intervention working party are involved and responsible for identifying individuals at risk of social isolation or lack of engagement. Focussed measures to support participation are developed and trialled in consultation with the care recipients. Tools to evaluate the effectiveness of the program include monitoring individual participation, surveys, care and lifestyle evaluation and feedback mechanisms. Results show the lifestyle program provides a variety of activities and individual participation is supported and encouraged. Staff interviewed demonstrated knowledge of individual needs and preferences and how they support care recipients to engage in appropriate activities. Care recipients interviewed said there are a wide range of activities available to them and staff support and encourage them to attend activities of their choice.

### **3.8 Cultural and spiritual life**

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

#### **Team's findings**

The home meets this expected outcome

The home has processes to identify and respond to individual interests, customs, beliefs, and cultural backgrounds. The clinical and lifestyle assessment and care planning processes identify and record individual cultural and spiritual needs and preferences. Preferences recorded in care plans include dietary requirements, maintaining connections with community associations and pastoral care. The palliative care process involves documenting information related to end of life care with a component of cultural and spiritual life. The home has a schedule of cultural events and a chapel which is utilised by regular visiting religious services. Care recipient satisfaction is monitored through surveys and care evaluation processes. Results show individual cultural and spiritual needs and identified and fostered.

Staff interviewed gave examples of individual needs and preferences and their role in supporting care recipients to participate in spiritual and cultural events. Care recipients and representatives interviewed expressed their appreciation of the way management and staff support their individual 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

The home has systems to identify and support care recipients' individual preferences and to assist them to make informed choices about their lifestyle. Processes to support care recipients to be involved in decision making include collaborative assessment, care planning and care review processes, providing consumer information brochures and facilitating advocacy services as required. Authorised representatives are identified and consulted as required. Staff receive information and training in supporting individual choice and decision making. Aged Rights Advocacy Services are invited to the residents' forum and there is a display of internal and external feedback mechanisms. Care and service evaluation processes and resident forums and surveys monitor care recipient satisfaction with their ability to make informed choices and decisions. Results show care and services provided are explained and understood by care recipients and representatives. Staff interviewed gave examples of how they support informed decision making. Care recipients and representatives interviewed said staff are respectful and assist them to make informed choices.

### **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 corporate systems to provide care recipients and their representatives with information about their rights and responsibilities and tenure. The corporate admissions team assist stakeholders to understand their legal rights and responsibilities. Admission packages provided contain various information about the organisation and the home, including the privacy policy, key features of the home, advance directive information and a residential agreement. Service agreements are discussed in length, along with fees and charges, tenure, comments and complaints and rules of occupancy.

Kapara offers care recipients the opportunity to visit and view their prospective new home and advocacy services are contacted as required. Corporate services inform stakeholders of legislative changes in writing, including fee increases. Corporate services and site management monitor legislative responsibility and stakeholder satisfaction through internal and external audits and resident surveys. Results show there are processes to maintain security of tenure responsibilities. Staff interviewed demonstrated their understanding of care recipient rights and staff responsibilities. Care recipients and representatives interviewed are satisfied they have access to relevant information and are satisfied with security of tenure arrangements.

## 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 information about the home’s continuous improvement systems and processes.

In relation to Standard 4 opportunities for improvement are identified through analysis of hazard and incident data, staff and care recipient feedback and audit information.

Examples of improvement initiatives related to the living environment implemented by the home in the last 12 months include:

- Staff identified the care recipients in the memory support unit with advanced dementia and physical decline had less opportunity to participate in a range of walking and exercise programs. Lifestyle staff engaged a specialist dementia management organisation to assess and report on the courtyard and garden area in the memory support unit. Using recommendations from the report the area has been upgraded and now includes a sensory garden, garden furniture water features and bird baths. Care recipients use a circuit path with a continuous route to walk around the garden areas. Care recipients and staff comments and observations show the area provides a safe environment to support mobility and to enjoy with family and friends.
- In response to a care recipient suggestion regarding safety in the entrance to the main building, management arranged the placement of several signs to direct traffic in the correct direction and to manage speed levels. The care recipient was involved in choosing the signage. Staff and care recipients report the driveway is now much safer.
- The organisation identified infection control resource information for staff was not consistent across all sites. To standardise infection control guidelines, policies, procedures and staff practices, the organisation developed an infection control manual and related audit system and an infection control plan. The infection control plan includes pandemic preparation, key performance indicators, audits, consumer engagement, staff education, risk management and procedural information for specific infections. The manual and relating systems have been implemented across the sites. The organisation audited the infection control system against legislative requirements and best practice guidelines. Results show the organisation has systems and processes to infection control to support compliance with Australian infection control guidelines.

## 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 information about the home’s regulatory compliance systems and processes.

The home provided examples of legislative changes and recently implemented and ongoing legislative requirements in relation to Standard 4 including:

- Fire safety systems
- Food safety program and audit
- Work health and safety systems
- Secure chemical storage

## 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 information about the home’s education and staff development systems and processes.

Examples of education conducted over the past 12 months in relation to the Physical environment and safe systems include:

- Food safety
- Work health and safety/manual handling/hazard identification
- Infection control
- Chemical awareness



#### **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 ACH group has a corporate preventative and reactive maintenance system to ensure the home provides a safe, clean and comfortable environment that is consistent with care recipients' care needs. There are processes for maintaining the building and external grounds of the home. Care recipients are accommodated in single en-suite rooms and are able to furnish their rooms with personal items and furniture. The home has secured units to ensure that care recipients at risk of wandering are safe and keypad doors are used throughout the home. The home has a system for monitoring the external and internal living environment including hazard and incident reporting, and conducting regular inspections to provide a safe and comfortable environment for care recipients. Results from the annual survey confirm stakeholder's satisfaction with the living environment. Staff and care recipients interviewed said the home was comfortable and provided a safe environment.

#### **4.5 Occupational health and safety**

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

##### ***Team's findings***

The home meets this expected outcome

The ACH Group is actively working to maintain a safe working environment that meets all regulatory requirements. The organisation maintains a corporate Work, Health Safety and Injury Management Leadership group along with site Work Health Safety and Injury Management Committees (WHS&IM). The organisation has a risk management framework in place to identify and manage risk. Plant and equipment is risk assessed and there are safe operating procedures available. Work health and safety audits assist in monitoring and maintaining the environment. There is a centralised electronic incident and hazard reporting system that allows the home to log and record incidents. These are collated and reported through the WHS&IM Leadership Group meetings. Compulsory training for all staff in safe work practices, and access to personal protective equipment, assist staff in maintaining a safe work and living environment. The organisation provides additional support to staff, including a range of incentive programs. Staff interviewed said they have input into the homes' work health and safety system and observations and document review showed that they are aware of safe work practices, receive education and contribute to creating a safe work environment.

#### **4.6 Fire, security and other emergencies**

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

##### **Team's findings**

The home meets this expected outcome

The ACH group is actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. The organisation has a range of external contractors that assist in the monitoring and ongoing maintenance of their building, fire and environmental controls. There is a centralised register that schedules work to maintain the environment and safety systems in the home. The organisation has an overarching 'Emergency Procedure Manual' with emergency instructions specific to the home. Corporate services monitor stakeholders' satisfaction with their responsibility to provide safe systems of work through feedback and the annual residential survey. Contracted external services and internal maintenance processes monitor the security, fire and emergency systems. Results show fire safety records are current and maintenance requests are actioned promptly. Staff interviewed said they attend annual fire training and are aware of their responsibilities in the event of an emergency. Care recipients interviewed said they know what to do on hearing a fire alarm.

#### **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 ACH group has an effective infection control program. The organisation maintains an electronic database through the intranet's 'Control-hub'. This contains all the relevant policies and procedures related to their infection prevention system. Links to various departments and resources are available on the hub. There are processes for the appropriate disposal of contaminated waste and sharps. An audited food safety plan guides catering staff practice. Management monitors infection control by scheduled audits and infection data analysis. This information is reported to the ACH Group Clinical Governance Committee. Staff said there is adequate personal protective equipment available and they are aware of infection control guidelines. Care recipients and representatives said staff were observed maintaining infection control practices when needed.

#### **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

The ACH group is actively working to provide catering, cleaning and laundry services that enhance care recipients' quality of life and staff's working environment. The organisation maintains a centralised kitchen that provides the home with meals that are heated using the regeneration (cook/chill) system. The food preparation areas are monitored through local council inspections and are externally audited. The organisation has a contract with an

external linen service for all flat linen with personal laundry attended on site. Cleaning services are offered according to infection control guidelines. The home is responsive to consumer feedback, for example, implementing food moulds to improve the appearance of modified foods. Staff were observed assisting care recipients with their meals in a dignified and responsive way. Staff explained their understanding of food safety guidelines and have clear procedures to follow in providing catering, cleaning and laundry services. Care recipients interviewed said they are satisfied hospitality services are provided in a manner that meets their individual needs and preferences.