



Aged Care
Standards and Accreditation Agency Ltd

Kensington Grange

Approved provider: Homestyle Leopold Pty Ltd

This home was assessed as meeting 44 of the 44 expected outcomes of the Accreditation Standards and accredited for three years until 7 August 2014. We made the decision on 20 June 2011.

The audit was conducted on 17 May 2011 to 18 May 2011. The assessment team's report is attached.

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

Home and approved provider details					
Details of the home					
Home's name:		Kensington Grange			
RACS ID:		4286			
Number of beds:		60	Number of high care residents:		28
Special needs group catered for:			<ul style="list-style-type: none"> • Nil 		
Street:		1-13 Ferguson Road			
City:	Leopold	State:	Victoria	Postcode:	3224
Phone:		03 5250 2301		Facsimile:	03 5250 3000
Email address:		mprice@homestyleagedcare.com.au			
Approved provider					
Approved provider:		Homestyle Leopold Pty Ltd			
Assessment team					
Team leader:		David Barnett			
Team member:		Rhonda Whitehead			
Dates of audit:		17 May 2011 to 18 May 2011			

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	Accreditation 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

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	Accreditation 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

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	Accreditation 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

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Kensington Grange
RACS ID	4286

Executive summary

This is the report of a site audit of Kensington Grange 4286 1-13 Ferguson Road LEOPOLD VIC from 17 May 2011 to 18 May 2011 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Kensington Grange.

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

Assessment team's recommendations regarding support contacts

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

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 17 May 2011 to 18 May 2011

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of 2 registered aged care quality assessors.

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

Assessment team

Team leader:	David Barnett
Team member:	Rhonda Whitehead

Approved provider details

Approved provider:	Homestyle Leopold Pty Ltd
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Details of home

Name of home:	Kensington Grange
RACS ID:	4286

Total number of allocated places:	60
Number of residents during site audit:	31
Number of high care residents during site audit:	28
Special needs catered for:	Nil

Street:	1-13 Ferguson Road	State:	Victoria
City:	Leopold	Postcode:	3224
Phone number:	03 5250 2301	Facsimile:	03 5250 3000
E-mail address:	mprice@homestyleagedcare.com.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Kensington Grange.

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

Assessment team's recommendations regarding support contacts

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

Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

	Number		Number
Director of nursing	1	Residents/representatives	9
General manager	1	Lifestyle coordinator	1
Corporate executive director of nursing	1	Maintenance staff	1
Care and services manager	1	Catering staff	1
Registered nurses	2	Laundry staff	1
Enrolled nurses	1	Cleaning staff	1
Care staff	2	Physiotherapists	2
Administration assistant	1	Chemical company manger	1

Sampled documents

	Number		Number
Residents administration files	3	Lifestyle assessments and care plans	5
External service provider agreements	6	Personnel files	9
Residents' care files	5	Medication charts	6
Summary/quick reference care plans	5		

Other documents reviewed

The team also reviewed:

- Absconding resident policy
- Agency staff orientation folder
- Allied health referral system/folder
- Audit results, summary reports and evaluations
- Audit schedule
- Blood glucose monitoring charts and care plans

- Charter of residents rights poster
- Cleaning schedules
- Clinical diary
- Clinical trend analysis
- Comments and issues forms and register
- Comments/complaints guide for residents
- Contractor sign-in book
- Cultural kit
- Duty lists
- Education calendar
- Education records and evaluations
- Elder abuse/mandatory reporting policy
- Emergency evacuation maps
- Fee information provided to residents
- Fire and emergency equipment testing logs
- Food safety plan
- Food safety supervisor records
- Food temperature charts
- Handover sheet
- Hot and cold food temperature records
- Hygiene records
- Incident reports and register
- Infections guidelines folder (blue book)
- Internal and external workplace inspection audits
- Kitchen registration certificate
- Lifestyle calendar
- List of church services
- Maintenance requests and register
- Mandatory reporting poster
- Material safety data sheets
- Meeting minutes and meeting attendance records
- Meeting schedule
- Memorandum folder and staff sign-off process
- Menu
- Minutes of focus groups
- Monthly organisational reports and data analysis
- Newsletter
- Nursing registrations
- Organisational flow chart
- Orientation packages
- Plan for continuous improvement
- Police check register
- Policies and procedures
- Position descriptions
- Preventative maintenance schedule
- Progress notes
- Random water temperature monthly checks
- Register for reportable events
- Requisition forms
- Resident admission checklist
- Resident consent forms
- Resident evacuation list
- Resident handbook

- Resident lifestyle activity attendance and level of participation records
- Resident lifestyle one-to-one schedule
- Resident of the day schedule
- Resident orientation checklist
- Resident satisfaction survey
- Residents' information package
- Risk assessments
- Section folders
- Self administration of medications assessment
- Sensory stimulation folder
- Sensory stimulation resource materials
- Specialised nursing care directives
- Staff employment pack
- Staff handbook
- Staff injury register
- Staff satisfaction survey
- Statutory declarations for required staff
- Surveys
- Third party pharmacy audits
- Weight charts
- Wound charts

Observations

The team observed the following:

- Accreditation visit posters displayed
- Activities in progress
- Advocacy and external complaints brochures stand
- Archive area
- Blood spills kit
- Chemical supplies and storage
- Cleaning equipment
- Cleaning in progress
- Continence products
- Doctor in attendance
- Document control process
- Document storage
- Dry and cold food storage
- Electric beds
- Electronic and hard copy information systems
- Emergency contact number list
- Emergency exits and paths of egress
- Equipment and supply storage areas
- Fire fighting and emergency equipment and signage
- Food/fluid consistency charts
- Gastroenteritis kit
- Hand hygiene stations
- Hard copy information systems
- Infectious waste disposal
- Information displays for residents and representatives
- Interactions between staff and residents
- Interpreter
- Kitchen
- Laundry

- Legislative change information processes
- Lifting equipment
- Linen skips
- Linen supplies
- Living environment
- Maintenance contractors on site
- Master document register
- Material safety data sheets
- Meals in progress
- Meals service and assistance
- Meals supplements
- Medication administration and storage
- Menu display
- Mobility equipment
- Notice boards
- Nursing station
- Occupational health and safety information display and representative poster
- Organisational chart
- Pan room
- Physiotherapist in attendance
- Preferred suppliers list
- Pressure relieving equipment
- Private dining room
- Resident file storage
- Resident interaction
- Resident noticeboard
- Sharps containers
- Staff noticeboard
- Staff room
- Suggestion box
- Testing and tagging register
- Weigh chair
- Wound dressing in progress
- Wound supplies

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has a systematic and well-documented organisational continuous improvement system driven by ‘comments and issues’ forms. Improvement opportunities are identified through regular meetings, audits, surveys, stakeholder input, incident reports, maintenance and management and organisational processes and observations. Documentation confirms the identification and timely actioning of both short and longer term issues, appropriate discussion and feedback, follow-up, completion and review of improvement opportunities. Identified improvements are cross-referenced for easy tracking. Regular monitoring and analysis of the system and individual improvement opportunities is completed by the home and the organisation. Continuous improvement is a standard agenda item for the home’s meeting and reporting processes.

Improvements identified and completed in this standard include:

- The transfer of all previous care documentation to updated documentation/information systems
- The employment of additional care staff and completion of roster reviews to meet resident care needs
- The introduction of staff portfolio holders
- The introduction of improved data analysis and a memo management system for staff
- Improvements to the home’s archiving storage and processes
- The introduction of improved education and monitoring for all staffing positions.

1.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home and the organisation have systems to identify and ensure compliance with relevant legislation, regulatory requirements and guidelines. Regulatory compliance information and changes are received from a legislative update service, industry and government bodies. Information and changes are appropriately actioned and disseminated by senior staff through the organisation’s and the home’s information systems and processes. Regulatory compliance is a standing agenda item for the home’s meetings and memo’s and an information folder relating to regulatory changes are provided for staff. Regular audits and staff training monitor and maintain compliance and the home’s policies are regularly reviewed and appropriately updated. Residents and their representatives are informed of accreditation audits. Systems are in place to ensure all relevant persons have and maintain a current police check and required statutory declarations.

1.3 Education and staff development

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

Team's recommendation

Does comply

Residents/representatives of Kensington Grange state that management and staff have appropriate knowledge and skills to perform their roles effectively. Skill deficits are identified using staff surveys, monitoring of clinical trend analysis, staff appraisals, audit outcomes and other data analysis. Future needs of the home/organisation are discussed regularly at meetings and training is provided by registered nurses, competency testing, electronic programs, self directed learning packages and external providers. The home actively encourages staff to access independent education.

Education that has been and will be provided to staff relating to Standard One includes:

- Accreditation
- Aged care funding on line claims process
- Department of veteran affairs conference
- Quality processes
- Regulatory compliance-mandatory reporting

1.4 Comments and complaints

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

Team's recommendation

Does comply

The home demonstrates residents and their representatives have access to internal and external complaints mechanisms. Appropriate forms, forums and suggestion boxes are readily available. A comments and issues register is maintained with the team noting timely and appropriate response, action and feedback documented in all cases viewed. Formal and informal follow-up is appropriately provided and management complete monthly analysis and reports with organisational monitoring and support of the comments/complaints processes. Comments/complaints are able to be made anonymously. Residents/representatives are informed of the complaints processes and are encouraged to contribute with staff assisting residents where required. Residents/representatives state satisfaction with the home's comments/complaints processes.

1.5 Planning and leadership

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

Team's recommendation

Does comply

Information displays and documentation including resident and staff handbooks consistently document the home's and the organisation's mission, vision and philosophy. The statements confirm the home's commitment to quality, continuous improvement, resident focus and support to maintain resident independence and enjoyment of life. A strategic plan is also in place.

1.6 Human resource management

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

Team's recommendation

Does comply

The home has systems in place to ensure there are appropriately skilled and qualified staff available at all times. The roster ensures there is access to appropriately qualified staff on every shift. New recruitment, selection and performance appraisal processes are being implemented to ensure consistency in human resource systems across the organisation. Position descriptions have recently been revised for all positions and staff induction processes are undertaken and include a buddy shift. The home is committed to staff education and training to improve outcomes for residents. The home makes use of internal and external training programs to develop the skills and competencies of staff to meet future needs. Staff confirm the home is appropriately staffed and they are supported to improve their skills. Residents/representatives confirm that staff have appropriate skills and are helpful at all times.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The home has sufficient and suitable goods and equipment and regular monitoring and purchasing systems ensure they are appropriate for the delivery of services. The organisation has completed a significant inventory and equipment purchase program across all areas of the home. Requisition forms for stock and equipment are completed and monitored, stock is inspected on delivery and stock and equipment is safely and appropriately stored in the home. The maintenance program ensures appropriate equipment monitoring and maintenance at all times. Equipment is evaluated and trialled before purchase and preferred suppliers are in place for regular ordering and supplies of stock. Staff confirm they have sufficient equipment and supplies to meet residents' needs, faulty equipment is repaired promptly and new equipment requests are appropriately responded to in a timely manner. The team observed sufficient supplies and clean, well-maintained equipment and residents confirm sufficient supplies and equipment are available and in place.

1.8 Information systems

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

Team's recommendation

Does comply

Effective information systems are in place in the home. An organisational document control and review process is in place ensuring current, consistent and accurate information is available for management and staff. Regular meetings, audits, surveys and organisational reporting processes are completed according to schedule. Resident newsletters are regularly published in the home, noticeboards in place and appropriate handbooks and information distributed for stakeholders. Observations and interviews confirm information is appropriately maintained, secured, archived and retrievable in a timely manner. Residents and their representatives confirm access to appropriate information to assist them in decision-making.

1.9 External services

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

Team's recommendation

Does comply

The organisation assists in managing the home's external services with systems and processes to ensure the services meet the home's needs and quality goals. These include organisational contract reviews, formal and informal supplier review and feedback processes from the home's audits, stakeholder input from meetings, comments and issues forms and regular management reports and observations. Service agreements are in place, police checks are monitored and a preferred suppliers list is maintained in the home. Contractor sign-in and identification processes are in place in the home. Residents and staff state satisfaction with the home's externally sourced services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

The home has an active continuous improvement system with improvement opportunities identified through a range of sources and forums. Documentation confirms the identification, actioning, discussion and feedback, follow-up, completion, monitoring and analysis of improvement opportunities in a timely manner.

Improvements identified and completed in relation to health and personal care include:

- The introduction of complex nursing plans for all residents where required
- The establishment of an oral and dental kit and a palliative care kit to assist staff and benefit resident care
- The establishment of improved nutritional monitoring and weight management processes for residents
- A review and upgrade of the home's medication management system for improved medication management
- The establishment of a range of allied health professionals for regular referral to and visits to the home to assist staff and benefit resident care
- The purchase of specific equipment to meet an individual residents care and mobility needs.

2.2 Regulatory compliance

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

Team's recommendation

Does comply

The home and the organisation have systems to identify and ensure compliance with relevant legislation and regulatory requirements in the home. Regulatory compliance information and changes are received, actioned and disseminated by management and senior staff. Regular audits and staff training monitor and maintain compliance and the home's policies are regularly reviewed and updated. The home demonstrates regulatory compliance in health and personal care with care tasks performed by appropriately qualified staff, the maintenance and monitoring of nursing registrations, medication management and systems for the required reporting of absconding residents.

2.3 Education and staff development

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

Team's recommendation

Does comply

The home has processes in place to ensure that management and staff have the necessary skills and knowledge to perform their roles effectively and for their ongoing performance to

be monitored. Skill deficits are identified by monitoring of clinical trend analysis, staff appraisals and other audit outcomes. Future needs of the home/organisation are discussed regularly at meetings and training is provided by registered nurses, competency testing, self directed learning packages, electronic programs and external providers.

Education that has been and will be provided to staff relating to Standard Two includes:

- Behaviour management
- Continence management
- Diabetes
- Falls
- Medication administration
- Palliative care
- Skin care

2.4 Clinical care

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

Team’s recommendation

Does comply

The home has systems and processes in place underpinned by policies and procedures to ensure residents receive clinical care appropriate to their needs and preferences. Residents are assessed on entry to the home and care plans are developed in consultation with residents/representatives; evaluation of care takes place on a regular basis. Management has recently introduced a new assessment and care planning process with all residents being reassessed and care evaluated. Staff state they have received education regarding the new processes and are confident in their ability to deliver appropriate clinical care. Interviews with residents/representatives confirm clinical care is to their satisfaction.

2.5 Specialised nursing care needs

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

Team’s recommendation

Does comply

Residents are assessed on entry to the home for their specialised nursing care needs. A care plan is developed in consultation with the resident/representative and evaluation takes place on a regular basis by suitably qualified nursing staff. Specialised care available in the home includes wound management, medication management, catheter care, nutritional support, palliative care, continence care and behaviour management. Staff confirm they have received training in specialised nursing care and interviews with residents/representatives confirm satisfaction with the care residents receive.

2.6 Other health and related services

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

Team’s recommendation

Does comply

Residents are assessed on entry to the home for their need of other health and related services, referrals are made appropriately. Care plans are developed in conjunction with residents/representatives and are evaluated on a regular basis. Residents have access to a dietitian, palliative care service, aged care psychiatric team, wound consultant, speech pathologist, dental services, physiotherapist and podiatry service. Recommendations by

health specialists are followed through by registered and enrolled nurses. The home maintains a written summary of consultations which is retained as part of the resident's file for monitoring and evaluation. Residents/representatives interviewed confirmed satisfaction with the services available.

2.7 Medication management

This expected outcome requires that "residents' medication is managed safely and correctly".

Team's recommendation

Does comply

The home has systems in place for safe and correct administration of medications. All medications at the home are securely stored and are administered by registered and enrolled nurses. Medication charts show allergies, contain photographs of residents and regular medications are clearly signed by residents' general practitioners. As required medication administration is monitored for its frequency of use and its effectiveness. An independent third party audit is conducted on each resident's medications annually to assist general practitioners monitor medications, their use and ongoing appropriateness. Staff have had recent medication management education and competency testing. Residents/representatives confirm they are satisfied that medication is managed safely and correctly.

2.8 Pain management

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

Team's recommendation

Does comply

Residents are assessed for pain on entry to the home and whenever there is an indication of sustained pain. Residents who are unable to verbalise their pain are monitored for other indicators such as agitation, anger and despondency. Care plans are developed in consultation with residents/representatives and regularly evaluated. Other pain management alternatives are used such as massage, heat packs, gentle exercise, diversional therapy and physiotherapy support. Staff state they monitor and assess residents for any pain they may have and confirm they are offered education on pain management. Interviews with residents confirm they are satisfied with their pain management and are as free of pain as is possible.

2.9 Palliative care

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

Team's recommendation

Does comply

Residents of Kensington Grange are interviewed and assessed for their choices and preferences regarding end of life care on entering the home. This information is noted in residents' files. General practitioners visit for ongoing assessment and care strategies and the home has access to external palliative support services if required. Residents' files confirm that emotional support and reassurance is provided to both the resident and family members. The home has appropriate equipment to assist in providing comfort and care to palliative residents. Staff confirm their knowledge of the palliative care process and their empathetic approach to the palliative resident.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

The home assesses residents on entry to the home for their nutrition and hydration requirements. Care plans are developed in consultation with residents/representatives and are evaluated on a regular basis. Care plans identify any food allergies, likes and dislikes, special diets, consistency and assistive devices requirements. Residents are weighed monthly or more regularly if the need is identified. Any resident requiring assistance to maintain a healthy weight range is placed under the care of the contracted dietitian, offered a modified diet or food supplements and monitored by registered nurses. Residents/representatives confirm they are satisfied with the homes’ approach to meeting residents’ nutrition and hydration needs.

2.11 Skin care

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

Team’s recommendation

Does comply

All residents are assessed on entry to the home for their skin care requirements and preferences and then on a regular basis. Assessments include a risk assessment of skin integrity and care plans are developed as a result, these include management strategies for residents’ wounds, to maintain skin integrity such as application of creams and emollients, regular repositioning requirements and other specific interventions. There is evaluation of care on a monthly or more frequent basis. Interviews with residents/representatives confirm satisfaction with the care provided in relation to skin integrity. Staff practices and clinical trend analysis are monitored and assessment tools have been recently reviewed.

2.12 Continence management

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

Team’s recommendation

Does comply

Residents are assessed for their needs and preferences for continence and bowel management on entry to the home and then on a regular basis. An individualised care plan is developed in consultation with residents/representatives and requirements are evaluated regularly. Residents who require continence products have the products noted in care documentation and toileting times are established to optimise function, dignity and self care. Interviews with residents/representatives confirm satisfaction with continence management being undertaken in a dignified way. Staff state they assist residents to maintain/optimize a level of continence.

2.13 Behavioural management

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

Team’s recommendation

Does comply

Residents are assessed for any challenging behaviour management needs on entry to the home and on an ongoing basis. An individualised care plan is developed and reviewed monthly. Care plans have individual strategies noted including individual support, communication techniques, leisure activities, reassurance and other intervention techniques. Residents have access to professional aged care mental health services if required. Staff speak to residents respectfully and meaningfully. Relatives/representatives confirm care in the home is provided in a caring empathetic manner and they are consulted about care needs.

2.14 Mobility, dexterity and rehabilitation

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

Team’s recommendation

Does comply

Staff of Kensington Grange and the contracted physiotherapist assess all residents for their mobility, dexterity and rehabilitation requirements on entry to the home. Individualised care plans are then developed in consultation with residents/representatives. There is monthly evaluation of residents’ care plans and changes are noted. Risk assessments for residents’ falls are completed and there is a comprehensive falls trend analysis program in place. Each resident’s mobility needs are reviewed and evaluated by the physiotherapist who develops a specific exercise program to maintain mobility and dexterity. Residents were observed by the team to ambulate independently or with the assistance of staff and/or using mobility aids. Staff said they encourage and assist residents to complete their physiotherapy exercise program and optimise their independent mobility.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

Kensington Grange has systems in place to ensure residents are assessed for their oral and dental care needs and preferences on entry to the home. Individualised care plans are developed in consultation with residents/representatives and are evaluated each month. Details regarding daily care of teeth, mouth and dentures are noted on residents’ care plans. Dental care appointments are made appropriately and follow-up information is documented for care staff to manage and monitor. Residents have access to a visiting local dentist if required. Residents/representatives confirm they are satisfied with the home’s approach to managing residents’ oral and dental care.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Residents are assessed for all of their sensory losses on entry to the home. Individualised care plans are developed in consultation with residents/representatives. Residents have access to a visiting optometrist and an audiologist services if necessary. Staff demonstrated they are aware of residents’ needs with cleaning and fitting of sensory aides such as hearing aids and/or glasses. Residents other sensory losses are supported through the diversional therapy program to stimulate taste, smell and touch. Residents/representatives state that residents’ sensory abilities are maximised. The team observed that the home provides a pleasant stimulating environment with well lit clutter free corridors.

2.17 Sleep

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

Team’s recommendation

Does comply

Residents are assessed on entry to the home for their sleep requirements and preferences. Sleep patterns are identified, documented and an individually developed care plan is produced in consultation with residents/representatives. Documentation includes any sleep aid requirements residents may need. The home promotes natural sleep through the use of heat packs, pain relief and positioning. Residents state they benefit from having single rooms with en-suite bathrooms which reduces night disturbance and staff assist them to resettle if they wake.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has an active continuous improvement system with improvement opportunities identified through a range of sources and forums. Documentation confirms the identification, actioning, discussion and feedback, follow-up, completion, monitoring and analysis of improvement opportunities in a timely manner.

Improvements identified and completed in relation to resident lifestyle include:

- The establishment of a new specific chair and hairdressing salon for residents
- The introduction of changes to the lifestyle program to assist residents with specific behavioural needs
- The introduction of men’s and ladies clubs and related activities to benefit resident lifestyle needs and enjoyment
- Improvement to the home’s privacy and confidentiality processes with handover now being held in the staff room
- The establishment of bereavement processes for residents and staff for deceased residents and their families
- The introduction of a regular newsletter for residents and their families
- Improved processes to assist residents from a non-English speaking background.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home and the organisation have systems to identify and ensure compliance with relevant legislation and regulatory requirements in the home. Regulatory compliance information and changes are received, actioned and disseminated by management and senior staff. Regular audits and staff training monitor and maintain compliance and the home’s policies are regularly reviewed and updated. The home demonstrates compliance in relation to this standard with privacy and dignity policies and practices, security of tenure and responsibilities for residents and elder abuse/mandatory reporting requirements.

3.3 Education and staff development

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

Team’s recommendation

Does comply

Kensington Grange has processes in place to ensure that management and staff have the necessary skills and knowledge to perform their roles effectively and for their ongoing performance to be monitored. Skill deficits are identified by the monitoring of residents’

meeting minutes, surveys and other audit outcomes. Future needs of the home/organisation are discussed regularly at meetings and training is provided by electronic programs, self directed learning packages, focus groups and external providers.

Education that has been and will be provided to staff relating to Standard Three includes:

- Behaviour management
- Certificate IV in lifestyle and leisure
- Lifestyle focus group (work shop)
- Palliative care
- Privacy and dignity

3.4 Emotional support

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

Team's recommendation

Does comply

The home demonstrates residents are supported on entry to the home and on an on-going basis. Residents' individual emotional needs are assessed when entering their new environment and reviewed monthly. The home has processes for appropriate staff to actively assist residents during the orientation and settling in period. Staff display a high awareness of individual residents' emotional needs. Documentation and interviews confirm emotional support is regularly provided to residents through one-to-one chats and pastoral care workers. Residents and their representatives confirm emotional support is provided by the home.

3.5 Independence

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

Team's recommendation

Does comply

The home facilitates and encourages residents to achieve maximum independence and maintain community ties. Assessments and care plans are in place for residents and these are reviewed monthly with well-maintained participation records and levels of involvement. Interviews, lifestyle calendars, care plans and observations confirm resident independence is maintained. Residents are encouraged and supported to participate in, enjoy and maintain a range of individual interests in the home and the broader community. A range of mobility aids assist resident independence. Residents state satisfaction with their independence according to their individual needs and preferences.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

The home recognises and respects each resident's privacy, dignity and confidentiality. Residents are consulted in relation to their privacy and dignity needs and preferences which are documented on care plans. Privacy and consent statements are provided to and signed by each resident and privacy statements are contained in resident handbooks and information packs. Staff are provided with privacy and dignity information and education and

privacy statements are contained in the staff handbook. Privacy and dignity audits are completed. Residents are accommodated in single rooms with ensuite bathrooms and common areas allow sufficient personal space and privacy. Information is securely and appropriately stored and a new handover process ensures privacy and confidentiality is maintained. Residents confirm they are treated with dignity and their privacy is respected.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

Residents are supported and encouraged to participate in individual and group activities of interest to them. Residents' individual histories and lifestyle needs and preferences are assessed and regularly reviewed. Care plans reflect residents current care needs and preferences. Attendance and level of participation records are well-documented. The home demonstrates resident input to the lifestyle program through monitoring of attendance records, resident surveys and meetings. The lifestyle coordinator conducts informal weekly reviews of the week's activities with a group of residents. The lifestyle coordinator has completed certificate training, the lifestyle calendar is displayed and residents confirm they are invited and encouraged to attend activities that interest them.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

Residents' individual customs, beliefs and cultural backgrounds are fostered in the home. The home celebrates culturally significant days and residents' ethnic and cultural backgrounds are supported and valued. The home caters for residents' spiritual and denominational needs. Staff have access to cultural information and aids and regular organisational resource support. Residents say their cultural and spiritual needs and preferences are met and fostered by the home.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

Kensington Grange management and staff are committed to recognising and respecting resident choices and their decisions. Residents are consulted about their individual preferences on entry to the home and these are reviewed regularly or as needed. Residents with reduced decision-making capacity are identified and their authorised representatives are involved in making decisions on their behalf. Residents/representatives have access to pamphlets covering topics to assist them in making legal, financial and care decisions. Information also given to residents includes comments and complaints mechanisms and each resident's rights and obligations. The home has a resident committee and the team was able to observe residents in negotiation with staff when making decisions and have their choices respected. Residents/representatives state that residents' choices and decisions are respected.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

Residents are provided with a range of information relating to security of tenure, financial information and rights and responsibilities on entry to the home and on an on-going basis through the home's processes and regular forums. Resident agreements are offered to all residents. A range of independent advice and advocacy information is available and resident rights and responsibilities posters are displayed. Residents/representatives are advised of the services provided by the home if the status of the resident changes from low care to high care. Residents say they feel secure in the home and are aware of their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has an active continuous improvement system with improvement opportunities identified through a range of sources and forums. Documentation confirms the identification, actioning, discussion and feedback, follow-up, completion, monitoring and analysis of improvement opportunities in a timely manner.

Improvements identified and completed in relation to the physical environment and safe systems include:

- The upgrade and refurbishment of the home’s internal and external living environment
- The purchase of new laundry skips, wound trolleys and disposable bed pans to assist staff and benefit the home’s infection control program
- The installation of new vanity units in all resident bedrooms
- An upgrade of the home’s fire systems and procedures
- The completion of environmental risk assessments in all areas of the home for improved occupational health and safety management
- A review of the home’s kitchen for improved storage and catering management practices
- The establishment of a private dining room for residents and their families.

4.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home and the organisation have systems to identify and ensure compliance with relevant legislation and regulatory requirements in the home. Regulatory compliance information and changes are received, actioned and disseminated by management and senior staff. Regular audits, checks and staff training monitor and maintain compliance and the home’s policies are regularly reviewed and updated. The home demonstrates compliance in relation to this standard with the living environment, building certification and fire safety regulations, current occupational health and safety policies and requirements, infection control guidelines, a food safety program and related kitchen certification in place.

4.3 Education and staff development

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

Team’s recommendation

Does comply

The home has processes in place to ensure that management and staff have the necessary skills and knowledge to perform their roles effectively and for their ongoing performance to be monitored. Skill deficits are identified by monitoring of environmental audits, occupational health and safety and emergency training needs analysis, staff appraisals and other audit

outcomes. Future needs of the home/organisation are discussed regularly at meetings and training is provided by mandatory training programs, competency testing, electronic programs, self directed learning packages and external providers.

Education that has been and will be provided to staff relating to Standard Four includes:

- Chemical handling
- Fire and emergency
- Food handling
- Infection control
- Manual handling
- Occupational health and safety

4.4 Living environment

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

Team's recommendation

Does comply

The organisation has completed a major refurbishment of the home. The home is attractively decorated and furnished, clean and accommodates residents in single personalised rooms with en suite bathrooms. There are a range of pleasant communal sitting and activity areas and a secure outdoor garden and courtyard. Sufficient, appropriate and comfortable furniture and a comfortable temperature is provided. The reactive and preventative maintenance systems enable maintenance issues to be reported, monitored, prioritised, actioned and completed in a timely manner. Regular audits and checks monitor the living environment and resident mobility equipment. The call-bell and alert system for residents has been reviewed and upgraded. Residents say they are very happy with the home's new environment and feel safe and comfortable according to their needs.

4.5 Occupational health and safety

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

Team's recommendation

Does comply

Management demonstrate a safe working environment is provided in line with regulatory requirements. Organisational occupational health and safety systems and processes in the home include appropriately trained representatives, regular meetings and follow-up, regularly reviewed policies and procedures, occupational health and safety information displays, incident and hazard management, audits/checks, risk assessments and a staff injury register and return to work program. Documentation confirms stakeholder input and regular organisational reporting, monitoring and data analysis. Initial and on-going occupational health and safety training is mandatory for all staff. Chemicals are safely stored. Interviews and observations confirm staff awareness of and satisfaction with occupational health and safety systems and processes.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

The home has systems for detecting and acting on fire, security and other emergencies and required safety certification is in place. Fire detection and fire fighting equipment is checked by approved professionals. The home's audits, checking and monitoring processes ensure safe systems are maintained and contractor work is completed as required. Electronic locking and visual security systems are in place and electrical equipment is tested and tagged according to the organisation's policy. The home's emergency manuals are currently being reviewed and appropriately updated. Emergency contact numbers, evacuation maps and an evacuation pack with a current resident list are in place. External paths of egress and assembly points are clear and unobstructed. Staff complete mandatory annual fire and emergency training. Residents feel safe and secure in the home.

4.7 Infection control

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

Team's recommendation

Does comply

Infection control systems are in place to identify, monitor and manage infections. Staff are educated in infection control measures and requirements when orientated to the home and on an annual basis. Immunisation against influenza for residents and staff is encouraged. Hand washing sites are well stocked with appropriate equipment and protective clothing is available. Disposal of contaminated waste and sharps is regularly undertaken by an external provider. Policies and procedures and infection outbreak information is available for staff. Surveillance records are maintained monthly and contribute to monitoring systems identifying issues for each resident and for the home. Residents/representatives are pleased with the care residents receive when an infection occurs.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

All meals are prepared in the home's kitchen. Residents' nutritional requirements, preferences and allergies are documented and there is a system in place for monitoring residents' dietary changes. Kitchen staff are aware of residents' specific nutrition needs and the importance of carrying out specialist requirements for residents. Special supplementary foods/diets are available when required. Residents clothing is laundered in the home's laundry and residents are complimentary of the care taken with their clothing and the condition and time in which clothing is returned to them. The team observed and staff confirmed there is adequate flat linen for residents' and staff's needs. Cleaning services in the home are delivered by internal staff; schedules are in place to help ensure appropriate cleaning of the living environment is undertaken on a rotational basis ensuring full coverage of the homes cleaning requirements. The team observed the home to be clean and well presented. Residents/representatives state satisfaction with all of the home's hospitality services.