

Decision to Accredit Kalimna House Private Nursing Home

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Kalimna House Private Nursing Home in accordance with the *Accreditation Grant Principles 1999*.

The Agency has also decided that the period of accreditation of Kalimna House Private Nursing Home is 3 years, until 11 April 2009.

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

The Agency is satisfied that the Home undertakes continuous improvement measured against the Accreditation Standards.

The Home has a continuous improvement system that reflects involvement by all stakeholders.

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

Wendy Bateman
Assessment Manager
Victoria and Tasmania

Information considered in making an accreditation decision

The Agency has taken into account the following matters, as required, by the *Accreditation Grant Principles 1999*:

- The desk audit report and site audit report received from the assessment team created for the purpose of conducting the audits; and
- Information (if any) received from the Secretary (of Department of Health and Ageing) about matters that must be considered, under Division 38 of the *Aged Care Act 1997*, for certification of the service; and
- Other information (if any) received from the Secretary; and
- Information (if any) received from the applicant in response to the statement of major findings that was presented to the applicant at the conclusion of the site audit. This may include information that indicates the service rectified deficiencies identified by the assessment team at the time of the audit; and
- Whether it is satisfied that the residential care service will undertake continuous improvement, measured against the Accreditation Standards, if it is accredited.

Service and Approved Provider Details

Service Details

Service Name: Kalimna House Private Nursing Home

RACS ID: 4079

Number of beds: 30 Number of High Care Residents: 30

Special Needs Group catered for:

Street: 107 Darling Road

City: Malvern East State: Victoria Postcode: 3145

Phone: 0395716075 Facsimile: 0395716050

Email address:

Approved Provider

Approved Provider: Coboargo Pty Ltd

Assessment Team

Team Leader: Margaret Lett

Team Member: Beverley Ballantyne

Dates of audit: 10/01/2006 to 11/01/2006

| Executive summary of Assessment Team’s Report | | | Accreditation Decision |
|---|--|---------------------------------|------------------------|
| Standard 1: Management Systems, Staffing and Organisational Development | | | |
| Expected Outcome | | Assessment Team Recommendations | Agency Findings |
| 1.1 | Continuous improvement | Compliant | Compliant |
| 1.2 | Regulatory compliance | Compliant | Compliant |
| 1.3 | Education and staff development | Compliant | Compliant |
| 1.4 | Comments and complaints | Compliant | Compliant |
| 1.5 | Planning and leadership | Compliant | Compliant |
| 1.6 | Human resource management | Compliant | Compliant |
| 1.7 | Inventory and equipment | Compliant | Compliant |
| 1.8 | Information systems | Compliant | Compliant |
| 1.9 | External services | Compliant | Compliant |
| Standard 2: Health and Personal Care | | | Agency Findings |
| Expected Outcome | | Assessment Team Recommendations | |
| 2.1 | Continuous improvement | Compliant | Compliant |
| 2.2 | Regulatory compliance | Compliant | Compliant |
| 2.3 | Education and staff development | Compliant | Compliant |
| 2.4 | Clinical care | Compliant | Compliant |
| 2.5 | Specialised nursing care needs | Compliant | Compliant |
| 2.6 | Other health and related services | Compliant | Compliant |
| 2.7 | Medication management | Compliant | Compliant |
| 2.8 | Pain management | Compliant | Compliant |
| 2.9 | Palliative care | Compliant | Compliant |
| 2.10 | Nutrition and hydration | Compliant | Compliant |
| 2.11 | Skin care | Compliant | Compliant |
| 2.12 | Continence management | Compliant | Compliant |
| 2.13 | Behavioural management | Compliant | Compliant |
| 2.14 | Mobility, dexterity and rehabilitation | Compliant | Compliant |
| 2.15 | Oral and dental care | Compliant | Compliant |
| 2.16 | Sensory loss | Compliant | Compliant |
| 2.17 | Sleep | Compliant | Compliant |

| Executive summary of Assessment Team’s Report | | Accreditation Decision | |
|---|---------------------------------|------------------------|-----------------|
| Standard 3: Resident Lifestyle | | | |
| Expected Outcome | Assessment Team Recommendations | | Agency Findings |
| 3.1 Continuous improvement | Compliant | | Compliant |
| 3.2 Regulatory compliance | Compliant | | Compliant |
| 3.3 Education and staff development | Compliant | | Compliant |
| 3.4 Emotional support | Compliant | | Compliant |
| 3.5 Independence | Compliant | | Compliant |
| 3.6 Privacy and dignity | Compliant | | Compliant |
| 3.7 Leisure interests and activities | Compliant | | Compliant |
| 3.8 Cultural and spiritual life | Compliant | Compliant | |
| 3.9 Choice and decision-making | Compliant | Compliant | |
| 3.10 Resident security of tenure and responsibilities | Compliant | Compliant | |
| Standard 4: Physical Environment and Safe Systems | | Accreditation Decision | |
| Expected Outcome | Assessment Team Recommendations | | Agency Findings |
| 4.1 Continuous improvement | Compliant | | Compliant |
| 4.2 Regulatory compliance | Compliant | | Compliant |
| 4.3 Education and staff development | Compliant | | Compliant |
| 4.4 Living environment | Compliant | | Compliant |
| 4.5 Occupational health and safety | Compliant | | Compliant |
| 4.6 Fire, security and other emergencies | Compliant | | Compliant |
| 4.7 Infection control | Compliant | | Compliant |
| 4.8 Catering, cleaning and laundry services | Compliant | | Compliant |

Assessment team's reasons for recommendations to the Agency

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

Site Audit Report

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

Kalimna House Private Nursing Home (Kalimna) actively pursues continuous improvement in a number of ways. It subscribes to an external benchmarking service covering fifty-four indicators. It also conducts ad hoc audits to follow-up on specific issues. Ongoing issues are identified through the benchmarking services, audits, issues raised at meetings and informal discussions with staff, residents and relatives and are transferred to a priority action working plan including specific goals, results and timeframes. Examples of improvements include:

- The purchase of a variety of new resident equipment;
- Beds are now included on the maintenance schedule;
- All nursing care plans are now on the computer; and
- Following a request from relatives, relatives are now accessing and using Kalimna's communication book.

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 service subscribes to a legislative update service. Legislative changes are discussed at staff and residents' and relatives' meetings. Relevant information is sent out with staff pay slips and other material is discussed in the communication book together with where details of these can be found for reading. A preventative maintenance program operates for all equipment and appliances. All staff have relevant qualifications and registration.

1.3 Education and staff development

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

Team's recommendation

Does comply

The director of nursing develops the annual education program, which includes required education such as fire training and topics suggested by staff and by audit results. Medical practitioners, specialist organisations, suppliers and staff provide the education. This program is recorded in a diary and staff are informed of upcoming education via notices and are encouraged to attend at staff meetings. Education, although limited in standard one, has been provided in the last 12 months to address the four standards. Attendance at education sessions is recorded and sessions are evaluated. Position descriptions describe the role to be undertaken by the staff member.

1.4 Comments and complaints

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

Team's recommendation

Does comply

Residents and their representatives have access to internal and external complaints mechanisms. Complaints forms and a suggestion box are readily available in the main lounge but are seldom used. Complaints received are documented and logged and responded to appropriately in a timely manner. Residents and relatives tend to raise issues directly with the owner, manager or staff. Relatives have recently asked and gained access to the use of the communication book which had previously been used by staff only. There are many letters of commendation, congratulating and thanking staff for the care and service they provide to their residents.

1.5 Planning and leadership

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

Team's recommendation

Does comply

The home's nursing philosophy and objectives are documented and are on display in the front reception area. The objectives articulate a commitment to quality assurance and quality care. The charter of residents' rights is also on display at the nurses' station. The home's mission statement is available to residents. The home has a clear management structure which is available for residents and staff.

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 in place systems to select staff based on organisational requirements. A staff bank is maintained and agency staff are rarely utilised. Staff are recruited by word of mouth. New employees are orientated into the organisation and provided with two buddy shifts to ensure familiarity with the home and the residents. Staff are appraised annually. Staffing levels are maintained at a level which ensures resident safety and staff confirmed that, although always busy, there is adequate staff. Residents and relatives stated that the staff are wonderful and that they do not have to wait for them if they call on the buzzer.

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

There is an effective ordering and storage system in place for clinical needs, cleaning, laundry and food supplies. Although storage space is limited, supplies are ordered more frequently. Staff are satisfied with the amount of supplies and quality of the equipment available. A preventative maintenance schedule is in place and now includes equipment such as beds, wheelchairs and shower chairs. Requests for new and replacement equipment is directed to the owner and management who respond appropriately to these requests. Recent purchases have included two new air conditioners in residents' rooms, new kitchen appliances and a new computer.

1.8 Information systems

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

Team's recommendation

Does comply

Information and computer based systems are in place to manage all aspects of the service and maintain confidentiality at all times. All staff and resident information, including archived material is stored in secure areas and is only accessible by authorised personnel. Staff said that the communication book and informal discussions are the major means for communication. Staff, residents and relatives said that information is readily available and that the owner and management are accessible and

responsive. Meetings are held and policies and procedures are in place, however, some policies and procedures are not up to date and meeting schedules and agendas are not in place.

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

All external contractors have service agreements. All contracts are approved, negotiated and monitored. There is a list of approved suppliers. Residents, relatives and staff are encouraged to provide feedback regarding the quality of service they receive from external service providers. Contracts for new providers of laundry services and aromatherapy have been negotiated due to unsatisfactory performance of the previous contractors.

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

Kalimna conducts continuous improvement activities relative to residents' clinical care. Clinical indicators that are collected and benchmarked using the external service include skin tears, pressure sores, wound management, medication and medication audit charts and aggressive episodes. These are supported by ad hoc audits to follow up on specific issues. Examples of improvements include:

- Increased safety in dispensation of medications due to reduced interruptions;
- Reduction in urinary tract infections; and
- Improved skin integrity.

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

Processes and systems are in place to identify and ensure Kalimna has effective regulatory compliance systems in relation to resident health and personal care. Residents’ medications are stored and administered in line with legislated requirements. Medication audits are used to review practices. Nursing staff have current registration and relevant qualifications. Relatives praised the excellent and consistent care provided to all 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

Personal care attendants and registered nurses division two are required to undertake competency testing in blood sugar monitoring and using a sphygmomanometer. The registered nurses division one are also required to complete a knowledge based assessment on medications. The home has supported staff undertaking further training, including certificate four trainees. Staff and external practitioners with particular expertise provide education to the staff. During 2005 education to address standard two was provided on topics such as polypharmacy, palliative care, continence and depression in the elderly.

2.4 Clinical care

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

Team’s recommendation

Does comply

Following an initial settling in period on admission to the home new residents are assessed by registered nurses division one and care plans are developed to address their assessed needs. Care plans are reviewed monthly and residents are fully reassessed yearly. Staff consultation with residents and/or their family occurs. Care staff have small laminated prompt cards to assist in ensuring that resident activities of daily life and safety needs are addressed. Clinical incidents are recorded in the progress notes, and those recorded on incident forms are monitored. Residents and their family expressed appreciation for the good care that they receive.

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

Registered nurses division one undertake the specialised care needs of residents. These include the management of residents with diabetes and complex wounds. Reportable levels for the monitoring of blood sugar levels are documented on the technical nursing care plans. Residents are monitored according to their documented regimes. Wounds are monitored and evaluated using a special data sheet. Residents and relatives reported that their specialised needs are being met.

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

A number of health practitioners visit the home regularly. These include a weekly visit by the physiotherapist who assesses residents' risk and mobility levels and plans and evaluates their care. The aromatherapist and the podiatrist also visit regularly. Other services visit the home, including general practitioners, a dietitian, a speech pathologist, an audiologist and an optician. The palliative care, psychogeriatric and dental services visit on an as needed basis. Residents and their relatives reported that they receive these services.

2.7 Medication management

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

Team’s recommendation

Does comply

Registered nurses division one ensure that processes and systems surrounding the administration of medications is conducted safely. Nine-week medication charts that document medication allergies are utilised and a medication assessment sheet precedes each chart. These sheets contain special instructions and a photograph of the resident. Medication care plans also contain this information. However, allergies including medication allergies, are not always documented on the care plans. Medications are stored in the refrigerator and in a locked trolley that is stored in an open nurse’s station. Medication incidents are monitored.

2.8 Pain management

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

Team’s recommendation about compliance

Does comply

Residents are assessed for pain on admission and this assessment is repeated when needed. Staff received education during 2005 in pain management and demonstrated a knowledge of contemporary practice. A number of residents are receiving regular analgesia and the use of “as necessary” medications is not high. The progress notes recorded the use of “as necessary” medications and an evaluation of its effectiveness. Alternate therapies including aromatherapy are also utilised to allay pain.

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 and their families are consulted prior to the terminal phase of their care and their care wishes are documented at that time. During the terminal phase of their care residents and their relatives are provided with support and the resident's wishes are respected. The resident's general practitioner is informed of their condition and involved in care. Pain relief is provided and residents are reassessed as necessary for the presence of pain.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Residents' dietary and special needs, for example, utensils and swallowing difficulties and cultural practices are assessed on admission to the home and recorded on their care plans. The home has systems in place to ensure that the kitchen is aware of the residents' needs including their food likes and dislikes and special diets. Residents are weighed monthly and their weight monitored. Referrals are made to allied health practitioners where there is an assessed need. Relatives and residents stated that they enjoyed the food so much that they had gained weight.

2.11 Skin care

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

Team’s recommendation

Does comply

Residents' skin integrity is assessed on admission to the home and reviewed at regular intervals. A valid assessment tool is utilised to assess risk of skin breakdown and relevant information is recorded in the residents' care plans. A range of skin care products is utilised where a skin care issue is identified. Residents' wounds are managed by the registered nurses division one. Wounds and skin tears are recorded and monitored. Residents and relatives stated that they received excellent care.

2.12 Continence management

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

Team’s recommendation

Does comply

On admission to the home, residents' continence is assessed and care plans are developed to address their assessed needs. The assessments determine toileting times and the need for any continence aid. The toileting times are also written on the care staffs' laminated prompt cards. The team observed the residents being taken to the toilet. The relatives stated that the home did not smell and that their loved one was always clean.

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 on admission to the home and their behaviour charted. Care plans are developed according to their assessed needs. When new behaviours or triggers to the behaviour are identified these are added to the care plan. The home actively encourages a restraint free environment and no physical restraint is utilised. The team observed diversional strategies such as music, doll and pet therapy being utilised. Education in this area is provided each year and staff were observed to be implementing appropriate behaviour management strategies.

2.14 Mobility, dexterity and rehabilitation

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

Team’s recommendation

Does comply

The mobility and manual handling needs of residents are documented on their care plans following an initial assessment by the registered nurse division one. Residents are also assessed by the physiotherapist who develops a care plan. The staff implement the care plan and the physiotherapist reviews the plan three monthly. Incidents of resident falls are documented and monitored. The team observed the residents using a variety of mobility aids, which were well maintained, and them being walked by staff.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

Processes are in place to assess residents' dental care needs and to document these in their care plans. The resident's dental hygiene status was documented annually. A local dentist is available to visit the home for basic work and a technician service is also available. Residents and relatives confirmed that staff attended to their dental care needs.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Each resident's care needs relating to hearing, vision and communication are assessed on admission to the home and recorded in related care plans. The home has processes and systems in place to ensure that residents with sensory needs are referred to appropriately qualified practitioners and many of these service visit the home to see residents and to conduct staff education.

2.17 Sleep

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

Team’s recommendation

Does comply

Residents’ usual sleep and rest patterns and routines are documented at the time of their initial assessment and at review. The care plans record a number of non-pharmacological sleep strategies that are utilised by staff to assist residents to sleep. The residents stated that they are able to have a good night’s sleep and that they are not disturbed.

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

Kalimna conducts continuous improvement activities relative to residents’ lifestyle. Resident and relative surveys are conducted annually and form part of the external benchmarking process. An internal religion audit was conducted to ascertain residents’ religious and spiritual needs. Audit and survey results are discussed at staff and residents and relatives’ meetings. Examples of improvements in this standard include:

- The introduction of a revised aromatherapy program which has included an assessment and program creation for each resident;
- A successful grant application for regular use of the council bus for residents’ outings; major focus on the introduction of community participation and involvement in the leisure and lifestyle program; and
- The introduction of a support group for husbands of ladies with alzheimers’ disease.

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

Processes and systems are in place to identify and ensure Kalimna is compliant with requirements in relation to resident lifestyle. Peak body membership and membership

of a benchmarking organisation also assist the service to keep informed about changes. Residents and relatives and staff meetings are used to discuss legislative changes and issues such as privacy legislation and the role of the advocacy board. Pre admission financial details are provided for prospective residents. There is a bill of rights and a bill of rights for alzheimer's disease. Residents and relatives receive written information relating to privacy legislation.

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

Staff records of education attended are maintained. Education provided during 2005 which addresses standard three requirements includes a staff presentation in activities best practice, the establishing of a support group for husbands by a speciality service and a discussion at a staff meeting regarding the privacy and dignity of residents.

3.4 Emotional support

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

Team's recommendation

Does comply

Residents are supported in adjusting to life at Kalimna. Ongoing access and communication both formally and informally to the owner, management and staff is available for all relatives and residents. Relatives are extremely happy with the support given to both themselves and their loved ones. A support group is conducted by the activity coordinator in conjunction with the alzheimer's society for husbands of residents' with dementia. Staff respond promptly and caringly to individual resident's needs.

3.5 Independence

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

Team's recommendation

Does comply

There is a strong focus on enabling the community to participate actively in the life of Kalimna. Residents attend local community groups. Volunteers including family members attend outings with residents to the theatre, zoo and bus trips. School

groups attend Kalimna regularly to conjointly participate in activities. Relatives and residents are enthusiastic about the amount of community involvement available to them on an ongoing basis. All residents have a physiotherapy assessment and review and participate in individual and group exercise programs.

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

Staff consider residents' privacy and dignity. Privacy curtains are used within the shared rooms for personal care activities, if relatives want some quiet time with their loved ones and when residents are very ill. Dignity capes are used when transporting residents to the bathrooms. Relatives said that staff communicate with their loved ones in a respectful and individual way. A small sitting room is available if relatives want some private time or to celebrate their loved one's birthday as a family. Resident files and information are all stored securely.

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' leisure interests and activities form a vital part of Kalimna. Residents and relatives praised the opportunities available to residents through the lifestyle and leisure program. The program's emphasis is on community involvement and participation. Residents have sponsored an overseas child and plans are underway to support an Australian animal. All residents have companion cards. There are a wide variety of group and individual activities provided and the program is flexible to accommodate the residents' needs of the day. All residents have a documented social profile and the care plan is reviewed regularly.

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' cultural and spiritual needs are identified on admission and adhered to on an ongoing basis. The activities coordinator has an active background in pastoral care and provides counselling and support, as well as acting as a resident advocate. There are weekly visits from the Roman Catholic and Anglican Church and a monthly Church

of Christ service. Other denominations can be accessed but these are not currently required. Cultural days and celebrations are held at Kalimna. Residents are encouraged to display any cultural memorabilia or read and listen to any spiritual or religious books and tapes. Forms that capture residents' terminal wishes were seen in all files. Relatives feel that they and their loved ones cultural and spiritual needs are supported at Kalimna.

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

Individual resident choice and decision making is promoted at Kalimna. Individual choice relating to dietary, nutrition and menu choices; social, religious cultural and preferred lifestyle and terminal care wishes are documented in files on admission and adjusted regularly in the care plans. The kitchen staff have a file of resident food likes and dislikes. Although a menu is displayed each day, kitchen staff know the residents well and will change the options to accommodate individual requirements. Relatives said that staff practices and the information available to them promote choice and opportunities to participate in decisions relating to themselves and Kalimna.

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 have security of tenure. Prior to admission, prospective residents and relatives visit Kalimna and meet the owner, management and staff. They are provided with service and financial information. Residents are given an agreement that they are their representative are invited to sign in an accompanying letter. Where residents have been hospitalised they are actively returned to the service as soon as possible.

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

Kalimna conducts continuous improvement activities relative to physical environment and safe systems. These included external benchmarking, collecting trend data, internal audits, incidents and hazard forms and residents and relatives’ surveys. Residents’ incidents and hazards are documented. In individual residents’ files but not all incidents have a form raised. Occupational health and safety meetings are held but results of workplace assessments, risk assessments and incidents and hazards are not standing agenda items. Examples of improvements include:

- The employment of a new laundry contractor;
- Repaired floor surface which was identified as a previous safety risk;
- A new duty list for the cleaner; and
- The introduction of relatives’ participation in cleaning audits.

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

Processes and systems are in place to identify and ensure Kalimna is regulatory compliant in relation to the physical environment and safe systems. Staff and relatives undertake regular audits. There is a food safety program in place and the most recent external food audit was completed successfully in April 2005. Catering staff have food handling qualifications. The building currently meets certification standards.

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

All staff are required to attend an annual fire training session. The physiotherapist provides “no lift” training to new employees during their orientation program.

Education, which addresses standard four requirements, attended by staff includes gastrointestinal outbreaks in aged care, universal precautions in the laundry and a session on hazard reduction.

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 home is on one level and compact in design. Residents share bathrooms and toilet facilities and there are 12 rooms with four, three and two beds and one with one bed. A lounge room doubles as an eating area and another small area overlooks the garden and is used as a quiet area and for church services. Physical restraint is not used and a range of environment modification aids such as concave mattresses and high/low beds are used to ensure resident safety.

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

Occupational health and safety meetings are conducted every three months, with representation across the service. The owner has attended recognised training and is due to attend a refresher course. Work place assessments are conducted regularly together with audits of cleaning, laundry and the kitchen. Manual handling education is conducted by the physiotherapist and equipment has been purchased to assist in the prevention of resident falls. All beds are numbered and included in the preventative maintenance schedule.

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

A new fire indicator panel has been installed and the sprinkler system has been further upgraded to meet certification standards. All fire and emergency equipment is checked and serviced regularly. Fire and emergency training is mandatory for staff and staff show a clear understanding of these procedures. Evacuation lists are located at the front and back exit doors. These lists have been upgraded to include an individual

sheet and photograph for each resident. Although torches and other emergency and evacuation equipment are available they are not stored in one identifiable place with the evacuation lists.

4.7 Infection control

This expected outcome requires "an effective infection control program".

Team's recommendation

Does comply

The home has a system and processes in place to ensure the effectiveness of the infection control program. A staff member is responsible for the recording of any resident infection and these are trended and discussed at the staff meeting. Adequate resources, such as hand basins and gloves, are available for staff. However, there is a potential for staff not to act consistently in the event of some breaches of infection control.

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

Catering, cleaning and laundry services enhance the residents' quality of life. Residents and relatives praised the catering, cleaning and laundry services. Food is fresh, varied and presented well to accommodate the individual needs of each resident. Relatives participate in the cleaning audits and a new external cleaning contractor has just commenced at Kalimna. Following a recent laundry audit the external contractor was changed. Laundry systems and practices in place are effective for residents' personal laundry which is attended in house in a small laundry.

Assessment team's recommendation regarding accreditation

The assessment team recommends that the Aged Care Standards and Accreditation Agency Ltd accredit Kalimna House Private Nursing Home.

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

Assessment team's recommendation regarding support contacts

The assessment team recommends that there be two support contacts during the period of accreditation at least one of which should be a visit.