



Aged Care

Standards and Accreditation Agency Ltd

Decision to Accredite Kapara Nursing Home

The Aged Care Standards and Accreditation Agency Ltd has decided to Accredite Kapara Nursing Home in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Kapara Nursing Home is 3 years until 29 March 2012.

The Agency has found 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 the home will undertake continuous improvement measured against the Accreditation Standards.

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

Information considered in making an accreditation decision

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and Approved provider details

Details of the home

Home's name: Kapara Nursing Home

RACS ID: 6805

Number of beds: 137 Number of high care residents: Nil

Special needs group catered for: Nil

Street: 80 Moseley Street

City: Glenelg State: SA Postcode: 5045

Phone: 08 8295 9900 Facsimile: 08 8295 9997

Email address: lbertram@ach.org.au

Approved provider

Approved provider: Aged Care & Housing Group Incorporated

Assessment team

Team leader: Helen Bowes

Team member: Joy Sutton

Date of audit: 12 January 2009 to 14 January 2009

Executive summary of assessment team's report	
Standard 1: Management systems, staffing and organisational development	
Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply
Standard 2: Health and personal care	
Expected outcome	Assessment team recommendations
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

Accreditation decision

Agency findings
Does comply
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Agency findings
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Executive summary of assessment team's report	
Standard 3: Resident lifestyle	
Expected outcome	Assessment team recommendations
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
Standard 4: Physical environment and safe systems	
Expected outcome	Assessment team recommendations
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

Accreditation decision

Agency findings
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Agency findings
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Assessment team's reasons for recommendations to the Agency

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



Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Kapara Nursing Home
RACS ID	6805

Executive summary

This is the report of a site audit of Kapara Nursing Home 6805 80 Moseley Street GLENELG SA from 12 January 2009 to 14 January 2009 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 Kapara Nursing Home.

The assessment team recommends the period of accreditation be three 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 12 January 2009 to 14 January 2009

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two 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:	Helen Bowes
Team member:	Joy Sutton

Approved provider details

Approved provider:	Aged Care & Housing Group Incorporated
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Details of home

Name of home:	Kapara Nursing Home
RACS ID:	6805

Total number of allocated places:	137
Number of residents during site audit:	137
Number of high care residents during site audit:	105
Special need catered for:	People with dementia or related disorders. People from culturally and linguistically diverse backgrounds.

Street:	80 Moseley Street	State:	SA
City/Town:	Glenelg	Postcode:	5045
Phone number:	08 8295 9900	Facsimile:	08 8295 9997
E-mail address:	lbertram@ach.org.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Kapara Nursing Home.

The assessment team recommends the period of accreditation be three 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 three days on-site and gathered information from the following:

Interviews

	Number		Number
Site manager	1	Residents	13
Clinical nurse consultant	1	Relatives	2
Clinical case co-ordinators	2	Volunteers	3
Clinical nurse	1	Laundry staff	1
Registered nurse	2	Contract cleaning staff	1
Enrolled nurse	2	Maintenance staff	2
Care workers	8	Hotel Services Manager	1
Complementary therapists	2		

Sampled documents

	Number		Number
Residents' files	14	Medication charts	14
Summary/quick reference care plans	14	Personnel files	5

Other documents reviewed

The team also reviewed:

- Continuous improvement plans, action plans, various audit results and schedules, various survey results and schedules, newsletters for staff and residents
- Various policies and procedures and various meeting minutes
- Comments, complaints, suggestions forms and analysis
- Staff and resident incident logs, data collation and analysis
- Elder abuse summary reports and elder abuse kit, national police check authorisation forms and register, resident admission packs including agreements, asbestos register, electrical testing registers, risk assessments and standard operating procedures
- Hand over sheets, diaries, memoranda, emails, wound management folders, resident observation records
- Job and person specifications, employment packages, orientation processes and induction package for permanent and agency staff, volunteer orientation packages, performance management documentation, staff rosters and allocations, privacy consent forms
- Training needs analysis, education attendance sheets, staff training calendar and evaluations of training sessions, medication competencies and drug calculations, various other competency assessments
- Lifestyle programs including evaluations and attendance logs
- Temperature checking records, food safety plan, cleaning schedules, resident preference lists, four weekly rotating menus
- Emergency evacuation plans and related fire and emergency equipment testing documentation, contingency plan, hazard reports, work area inspections.

Observations

The team observed the following:

- Internal and external living environment
- Activities in progress, large print books, videos and tapes available for resident use
- Storage areas for medication, equipment and resident records
- Interactions between staff, volunteers and residents
- Food storage areas and kitchens
- Main laundry and individual laundries for resident use
- Maintenance sheds and chemical storage
- Automatic door openers
- The 'Club' including kitchen area and bar
- 'Pauline's Retreat' sensory room
- Video footage of resident activities including Melbourne Cup day, Christmas luncheon and Remembrance day
- Intranet
- Suggestions boxes
- Secure areas
- 'Outbreak' kit
- Colour coded cleaning equipment for care staff, sluice rooms

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

Kapara has a continuous improvement system in place to monitor compliance with the Accreditation Standards and identify opportunities to improve. A divisional quality improvement committee meets every two months with the clinical nurse consultant representing Kapara. Information and improvement initiatives identified through this meeting are communicated to staff and residents at the home through standing agenda items at most meetings and resident and staff newsletters. Staff, residents and representatives are encouraged to suggest opportunities to improve by recording on a continuous improvement action plan. The clinical nurse consultant is then responsible for implementing, monitoring and evaluating the effectiveness of these improvements. Audits, surveys and comments and complaints mechanisms are used to monitor outcomes for residents. Residents and staff are satisfied with the opportunities available to them to suggest opportunities to improve and feel these are acted upon by management.

The home demonstrated improvements in relation to management systems, staffing and organisation development including:

- Three new positions of clinical case coordinators were created. Due to the implementation of the new aged care funding instrument the home identified the opportunity to review care documentation systems and implement changes. To monitor the effectiveness of the new documentation system a new care plan auditing tool was created and is utilised showing an improvement in care documentation. The evaluation of this improvement reflects a decreased documentation workload for registered nurses which has allowed them to spend more time with residents. Over a four month period from when this improvement was initiated resident wounds reduced from 18 to eight.
- The home identified the legislative requirement to obtain a licence to provide liquor in the ‘Club’ and across the site. The licence has been purchased and is on display as per legislative requirements and families can now purchase alcohol while on site and have a drink with their family member. The home now has the right to refuse alcohol to anyone who may be intoxicated.

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 has systems to monitor and respond to relevant legislation, regulatory requirements and professional standards and guidelines. The home maintains links to industry associations and legal services. Compliance is monitored through internal and external audit processes. Processes are in place to meet the requirements of police clearances for all staff, volunteers and contractors. Staff are made aware of any relevant changes through various mechanisms, including staff meetings, emails, the intranet, memo's and policies.

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 home has processes in place to provide staff with the appropriate knowledge and skills to perform their roles. Recruitment and employment processes are in place to ensure new employees meet the requirements of their role. A corporate orientation is provided to all new staff followed by a site specific orientation. The ongoing skills and knowledge needs of staff are identified through performance appraisals, an annual training needs analysis and observation and supervision. Education provided to staff in relation to Accreditation Standard One in the last twelve months includes the aged care funding instrument and documentation. The corporate orientation includes information on the corporate values, the code of conduct and policies and procedures. Staff are satisfied with the effectiveness of the training provided and the opportunities available to them to enhance their skills.

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 representatives are aware of the opportunities available to discuss issues of concern to them and believe their concerns are listened to and actioned where appropriate. Residents, representatives and staff are informed of both internal and external comment and complaint mechanisms through the resident information pack, the resident agreement and the staff contract. Comments and complaints received are investigated, actioned and resolved where possible and monitored through the Divisional Residential Quality Improvement Committee. Information about external complaints

processes and advocacy support mechanisms is available in the home. Staff are familiar with complaint and advocacy mechanisms available to 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 ACH Group has a group mission and group values which include the organisation's commitment to quality. All new staff are orientated to the mission and group values and these are displayed throughout Kapara.

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 processes in place for the recruitment and employment of sufficient and suitably qualified staff to meet the needs of the residents and the home. The site manager takes responsibility for the rosters for all areas of the home. Processes are in place to monitor ongoing staffing levels and skill mixes to meet the residents' needs, including change of shift requests and leave replacements. A registered nurse is rostered on site at all times. Staggered meal breaks and staggered shifts facilitate adequate numbers of staff available for care and services at all times. Residents and representatives are generally satisfied with the responsiveness of staff and adequacy of care.

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 processes to provide an adequate supply of goods and equipment for care and services. The home considers the needs of residents, staff feedback and occupational health, safety and welfare requirements when purchasing new equipment. Designated staff take responsibility for specific stock control and ordering. The home has a preventative and corrective maintenance program and resources external contractors as required. Staff participate and provide feedback during trials of new equipment prior to purchase. Staff, residents and representatives are satisfied there are adequate and appropriate stocks of goods and equipment available to provide care and services.

1.8 Information systems

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

Team's recommendation

Does comply

The home has processes to provide staff and management with sufficient and reliable information to perform their roles, meet the needs of stakeholders and give information pertaining to general activities and events occurring at the home. Information on resident care needs and changes is available in resident files however this information is not consistently transferred into care plans, handover sheets or exceptional reporting notes. Processes maintaining the security of computer based information and emergency back-up measures are in place. Current and archived resident and staff information is stored securely, and information no longer required is disposed of appropriately. Staff are satisfied the information provided in care plans assists them provide appropriate care to residents. Residents are satisfied with the level and amount of information provided to them before entering the home and on an ongoing basis.

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 home has a system to ensure external services are provided to an agreed standard and quality. The home uses formal agreements, feedback and evaluation processes. Managers evaluate the effectiveness of the service provided and liaise with them to address identified deficiencies. This is done in consultation with relevant staff. Services contracted externally include allied health and cleaning services. Staff, residents and representatives are satisfied with the external services provided.

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

Kapara has a continuous improvement system in place to monitor compliance with the Accreditation Standard Two and identify opportunities to improve. The site manager is the site representative on the organisational Clinical Governance Committee which meets regularly to monitor continuous improvement initiatives relating to health and personal care. Resident incident analysis, audits, surveys, continence product reviews and case conferences are used by the home to identify improvement opportunities relating to health and personal care. Residents and staff are satisfied with the opportunities available to them to suggest opportunities to improve and feel these are acted upon by management.

The home demonstrated results of improvements relating to health and personal care including:

- The home sourced funding and implemented a best practice project relating to dehydration in the elderly. A clinical nurse consultant was responsible for the project and spent a week at the Joanna Briggs Institute researching and planning the project. A new dehydration risk assessment was created and implemented for 54 residents in the hostel. Fluid balance charts were used to ensure residents receive the recommended daily fluid intake of 1600mls. Strategies included staff and resident education, purchasing jugs and larger cups for each resident's room, and encouraging residents to have a drink when taking their medication. The home researched foods with high water contents, such as soups, jellies and ice creams and now ensures these are easily accessible to residents as well as making fluids more accessible in resident communal areas. During this trial the home had one month where there were no incidences of urinary tract infections. Plans are now in place to implement these strategies throughout the home.
- The home has reviewed and improved its collation of adverse events as part of a corporate strategy to streamline processes and improve benchmarking within the organisation. Clear definitions were created regarding types of behaviours and what constitutes an incident. The home now breaks behavioural incident data into wandering episodes, physical aggression and verbal aggression. Guidelines have been formulated for staff relating to managing residents with challenging behaviours. A new position of a behaviour advisor was created to analyse the data and liaise with staff. A cognitive stimulation program has been created for residents with mild to moderate dementia consisting of more one-to-ones and the home utilises occupational therapy students more frequently to assist in implementing this program. In the secure unit behavioural incidents decreased from 16 in August 2008 to two in December 2008. This improvement continues to be evaluated through the behavioural incident analysis.

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 has systems to monitor and respond to relevant legislation, regulatory requirements and professional standards and guidelines in relation to health and personal care. Nurses registrations are obtained prior to commencement at the home and there are processes in place to ensure these are updated annually. Processes are in place to assist the home to provide residents with the specified care and services as outlined in the *Quality of Care Principles 1997*. Staff are made aware of any relevant changes through various mechanisms, including staff meetings, emails, the intranet, memo’s and policies.

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 provide staff with the appropriate knowledge and skills to perform their roles in relation to health and personal care. Staff who administer medications are required to completed medication calculations and are credentialed on the administration of medication. The ongoing skills and knowledge needs of staff are identified through performance appraisals, an annual training needs analysis, resident feedback, incident analysis, observation and supervision. Education provided to staff in relation to Accreditation Standard Two in the last twelve months includes behaviour management, palliative care, medication management, safe eating and sound nutrition and documentation. Staff are satisfied with the effectiveness of the training provided and the opportunities available to them to enhance their skills.

2.4 Clinical care

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

Team’s recommendation

Does comply

Residents and representatives are satisfied they receive appropriate clinical care. The home has a consultative approach to assessing residents clinical care needs. A baseline screening tool is completed by clinical staff to determine levels of assistance to support new residents. Admission checklists guide staff through this process. Information is gained from many sources including, residents and/or families, previous medical histories, transfer letters and pre-entry assessments. Care plans are generated using information gained from validated and risk assessment tools. Regular evaluations/reviews are

completed using a case conference approach and involving residents and or families as appropriate. The home has systems in place to alert clinical managers, general practitioners or other staff of changes in resident care needs. Regular meetings are held with clinical staff to discuss changes or issues of concern in each unit. Incidents are reported, documented, assessed and trended to identify contributing factors.

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 satisfied with the management of their specialised nursing needs by appropriately qualified staff. The home uses a consultative approach to identify and assess residents requiring specialised clinical services. All assessments are completed by registered nurses. The home has processes to check staff competency, adequacy of equipment and provide training as necessary to meet specialised care needs. Clinical and registered nurses monitor the practice of enrolled nurses and care workers and are available over the twenty four hour period for support and advice.

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 and representatives are satisfied with the home’s response to sending them to appropriate specialists as needed. The home has consultative processes to assess, monitor and refer residents to allied health professionals and specialists in response to their changing health needs. Information and instruction following visits is stored in resident’s files. This information is not consistently transferred across to the resident’s exceptional reporting notes or care plans. Continuity of staff and small work environments assists in staff keeping up to date with hand over information.

2.7 Medication management

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

Team’s recommendation

Does comply

Residents and representatives are satisfied with the management of medication. The home has systems to monitor staff practice for the safe administration, storage and appropriate disposal of medications that are no longer required. Residents self medicating are assessed and monitored for safe administration and storage of medication. Regular medication reviews are conducted and incidents monitored, analysed and followed up with corrective

action. Staff are given training and or credentialed for medication administration. Credentialed care workers and enrolled nurses check with registered nurses prior to administering 'as required' medication and generally note the effectiveness.

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 satisfied with their pain management. The home uses validated assessment and monitoring processes to identify and manage resident's pain on entry to the home and on an ongoing basis. Alternative non pharmaceutical strategies are used to manage pain and are regularly evaluated. Referrals are made to specialist clinics when required and general practitioners are consulted on a regular basis when pain is identified. Staff are able to identify non verbal signs of pain and report to the appropriate staff for pain management. Staff document the regular use of heat packs in pain management.

2.9 Palliative care

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

Team's recommendation

Does comply

Representatives have expressed satisfaction with the palliative care received by their loved ones. The home updates and introduces distinctive care plans to reflect changes in health status and needs when residents enter the final stages of their life. These include all aspects of emotional, spiritual and clinical care of residents. The services of palliative care specialists are used as necessary. Complementary staff and volunteers are used if a need is identified. Resources, including pain management tools, are available to promote dignity and comfort.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

Residents are satisfied with the variety, choice, presentations and amount of foods and fluids provided by the home. The home uses their entry, assessment, planning and review processes to identify and manage residents' dietary needs and preferences. Information from assessments is generally communicated to individual pantries from where food is served. Consideration is given to preferences and individual likes and dislikes. Whilst residents are weighed on a monthly basis and strategies implemented to manage weight loss over a period of time monthly comparisons do not consistently pick up losses or

gains of over three kilograms. When required residents are referred appropriately to nutritionist/dieticians and/or general practitioners and commenced on supplementary drinks, food and fluid charts. Residents requiring assistance with meals are treated in a dignified manner whilst being encouraged to maintain their independence. Modified cutlery is provided where necessary. Staff have received training in food safety and management of swallowing disorders.

2.11 Skin care

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

Team’s recommendation

Does comply

Residents are satisfied with the management of skin integrity. The home has a consultative approach to assessing and managing resident’s skin care using validated assessment tools. Whilst residents are assessed and residents at risk are identified, strategies to manage and identify at risk residents are not consistently documented in resident care plans. Consideration is given to dietary intake, supplements, pain management, positioning and availability of resources to minimise risk. Residents with complex wounds are referred to appropriate health professionals for advice and assistance. While regular wound management is monitored by registered staff the capturing of data on wound management or review times is not consistent. Staff have received training in wound management and are able to identify residents at risk of skin impairment.

2.12 Contenance management

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

Team’s recommendation

Does comply

Residents and representatives are satisfied with the home’s approach to continence management. The home uses its consultative assessment processes to assess, plan and monitor urinary and bowel management programs. This takes into considerations contributing factors for incontinence and constipation. The use of extra fluids, appropriate dietary intake and non invasive strategies to manage constipation is encouraged. Urinary tract infections are monitored to identify trends and residents at risk of recurrent infections. Strategies to manage incontinence are included in resident care plans. Audits have confirmed the effectiveness of continence management.

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 satisfied the needs of residents with challenging behaviours are managed effectively. The home uses its consultative assessment and review processes, including risk assessments, to identify and monitor these behaviours. Strategies to minimise risk and incidents are then planned and generally documented in care plans. These include complementary therapies, safe wandering areas and monitoring of wandering residents with alarms or sensors. Continuity of care is given with the allocation of familiar staff to each unit. Staff are given training in the identification, management and minimisation of challenges presented with behavioural incidents. Whilst referrals are made to external specialist services and professionals, information and recommendations are not consistently transferred to care plans. The home has a policy of minimal restraint and use of psychotropic medication.

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

Residents and representatives are satisfied with the home's approach in assisting residents to maintain optimum mobility and dexterity. The home has processes for the assessment and on going review of all residents when they enter the home. Group exercise and individual programs are initiated as required to enhance and maintain resident's mobility and dexterity. Residents are assessed for their falls susceptibility and strategies implemented to minimise the risk. Hip protectors are recommended when risk is identified and residents are encouraged to wear them. Resident falls are documented, analysed and trended to identify strategies to manage ongoing ambulation needs. Appropriate aids are provided to residents and staff training is provided in manual handling techniques.

2.15 Oral and dental care

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

Team's recommendation

Does comply

Residents are satisfied with the management of oral and dental care. The home uses its consultative assessment processes to identify and manage resident's oral and dental needs on admission. Resident's individual care plans identify interventions needed to maintain healthy oral care. Regular screenings by senior clinicians alert staff of the need for referrals to dentists or to change of regimes for oral and dental care. Provision is made for residents who are unable to access external services for oral care, the cleaning of dentures and replacement of toothbrushes.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Residents and representatives are satisfied with the management of their sensory losses. The home has processes to assess and monitor residents’ sensory losses in relation to all five senses. Care plans are formulated to identify aids and strategies to manage these deficits. Complementary therapies, lifestyle activities and environmental settings are tailored to stimulate these senses or compensate for their loss. Monitoring occurs through case conferencing, exceptional reporting notes and audits, surveys and evaluations.

2.17 Sleep

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

Team’s recommendation

Does comply

Residents are satisfied with the strategies and assistance provided for a comfortable nights sleep. The home uses its assessment processes to identify natural sleep patterns and the assistance required to provide a comfortable nights sleep. These include cognitive, behavioural, pain and continence considerations. Whilst the home uses non pharmaceutical strategies to induce sleep, including hot drinks, snacks, aromatherapy, lighting, exercise regimes and alternative sleeping arrangements this information is not consistently transferred to the care plan. Sleep patterns are monitored through exceptional reporting notes, case conferencing prior to evaluations of care, surveys and sleep screening tools. Overall the audit reveals positive outcomes for residents.

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

Kapara has a continuous improvement system in place to monitor compliance with Accreditation Standard Three and identify opportunities to improve. Resident meetings, comment and complaint systems, case conferences, audits and surveys are used by the home to identify opportunities to improve resident lifestyle. Resident satisfaction is monitored through various feedback processes. Residents and staff are satisfied with the opportunities available to them to suggest opportunities to improve and feel these are acted upon by management.

The home demonstrated results of improvements relating to resident lifestyle including:

- The site manager identified an opportunity to improve the emotional support provided to new residents when attending a review of corporate goals and strategies session and networking with other site managers. Lifestyle staff have commenced visiting new residents at their home prior to admission to gather more information on the resident’s lifestyle preferences. Once this information is gathered the home creates an individualised ‘welcome basket’ for the resident including items specially chosen for the resident. For example, a resident who is an avid fan of football was given a welcome basket with some paraphernalia specific to his favourite team. While this improvement is ongoing it is being evaluated through surveys provided to new residents once they have settled in.
- The home identified a decrease in volunteers willing to assist in the dementia specific areas of the home. When gathering feedback from volunteers it was identified that some volunteers had a fear of residents with behaviours. Two staff and two volunteers were encouraged and supported by the home to attend some behaviour management training through the Alzheimer’s Association. The evaluation of this training reflected an increased understanding and these volunteers now enjoying spending time with residents in the secure areas of the home.

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 has systems to monitor and respond to relevant legislation, regulatory requirements and professional standards and guidelines in relation to resident lifestyle. Processes are in place to inform and guide staff on the mandatory reporting of resident abuse and wandering residents. Each resident is provided with a residential care agreement on entry to the home that explains fees and charges and security of tenure. Staff are made aware of any relevant changes through various mechanisms, including staff meetings, emails, the intranet, memo's and policies.

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

The home has processes in place to provide staff with the appropriate knowledge and skills to perform their roles in relation to resident lifestyle. The ongoing skills and knowledge needs of staff are identified through performance appraisals, an annual training needs analysis, resident feedback, observation and supervision. The newly appointed lifestyle coordinator is currently being assisted by the home to complete Certificate IV in Leisure and Lifestyle. Staff are satisfied with the effectiveness of the training provided and the opportunities available to them to enhance their skills.

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 and representatives are satisfied the home gives support to meet residents' emotional needs and staff are aware of the loss and grief experienced when leaving familiar environments and entering residential care. The home has systems in place to assist residents in adjusting to residential care placement prior to and post admission. Emotional needs are considered and residents are supported by key staff, care workers in each unit, volunteers and other residents. Residents are given encouragement to bring personal memorabilia and items of particular interest with them. Families are encouraged to have input throughout the transition and on an ongoing basis. The environment, with small homelike settings and regular care staff, is conducive in assisting residents to adjust to their new surroundings. Information on meeting each resident's emotional needs is communicated to staff using the home's assessment and recording processes.

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

Residents confirm they are satisfied with the promotion of independence in the home.

The home encourages residents to remain independent, within safety constraints and personal preferences, following assessments to identify need and associated risks. Residents are encouraged with assistance, when necessary, from staff and volunteers to engage with community both internally and externally. Activities are tailored to minimise risk whilst maximising independence. Independence is enhanced with automatic opening doors to areas frequented by residents, the availability of motorised transport and secure outdoor areas. Staff are given training and monitored in promoting independence for residents.

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

Residents are satisfied their privacy, dignity and confidentiality is recognised and respected. The home has processes to protect the privacy and dignity of residents through its consultative assessments, staff and volunteer training and orientation. All position descriptions include confidentiality clauses. Most residents have individual bedrooms and bathrooms and all residents have areas to socialise with other residents or to meet with friends and family in private. Dignity is afforded to wandering residents with the wearing of alert alarms. Staff respect residents' rights to privacy through their work practices. Handover of information is given in private and through the home's communication systems. Resident information is stored securely to maintain confidentiality.

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 generally satisfied with the variety and type of programs offered. The home adopts a holistic approach to leisure and lifestyle interests with their assessment processes. The collecting of information on past and present interests and photographic memorabilia captures the enthusiasm of each resident in days when they were fully independent and assists in planning individual lifestyle programs. Complimentary therapies are used to support alert residents and those with cognitive impairment. Special programs have

included cognitive stimulation therapy for impaired residents and appropriate individualised aids to assist staff in providing this therapy. Residents with special gifts are encouraged to use their talents at organised events and are given recognition for their contribution. The effectiveness of lifestyle programs, group and individual is evaluated for variety, interest, and suitability. When gaps are identified in programs, meetings are called to identify and remedy the situation. Special interest groups for men are encouraged and provided.

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 are satisfied their cultural and spiritual needs are being met. Lifestyle programs are tailored to meet the needs of individual residents following identification of cultural and spiritual interests and beliefs. Residents expressing an interest in attending the regular ecumenical services are supported when unable to ambulate independently. Details of services and events are displayed in weekly resident communiqués and unit diaries. Training has been provided to staff on cultural awareness. Cultural interests are encouraged with the ease of access to the in house community centre, activities including meals, and informal social gatherings with drinks available.

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

Residents feel comfortable with raising issues and use the mechanisms available. They feel their rights to choice and decision making is respected. Residents or nominated representatives are consulted and encouraged to exercise choice and control over clinical and lifestyle needs. Individual preferences are documented on admission, through the assessment process and outlined in clinical and lifestyle care plans. Staff consult with residents and representatives in times of exceptional events and support them with information and decision making. Case conferencing assists staff in this process. Residents are encouraged to voice any concerns through meetings, focus groups or staff.

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 and representatives understand their rights and responsibilities and security of tenure. The home provides information about the organisation and the home, rights and responsibilities, and fees and charges through the pre-entry information pack, residential services agreement and the resident information handbook. The resident agreement is provided to all residents or representatives and is discussed with them. Management, residents and representatives discuss security of tenure when their needs change or if they request a room or area change. Brochures about internal and external mechanisms are displayed in the home.

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

Kapara has a continuous improvement system in place to monitor compliance with Accreditation Standard Four and identify opportunities to improve. The home uses regular internal and external audits, preventative maintenance, hazard and infection reporting systems, audits, surveys and meetings to identify opportunities to improve the physical environment and safe systems. Residents and staff are satisfied with the opportunities available to them to suggest opportunities to improve and feel these are acted upon by management.

The home demonstrated results of improvements relating to the physical environment and safe systems including:

- The home identified gaps in the home’s security processes after some incidences of theft. The South Australian Police Department conducted an audit on the safety of the home, an action plan was created and has been implemented. Some actions include each resident having a safe installed in their room, and coded external gates and doors. Since the implementation of these improvements their have been no breaches of security in the home.
- Resident feedback gained from meetings identified the need to improve some outdoor areas of the home. The home liaised with the ‘Friends of Kapara’ group to fundraise and source volunteers to assist in improving the environment. Residents were consulted throughout this process through meetings and one-to-one chats. Residents chose some new pot plants, a shade sail and some new outdoor furniture. The site manager told us that these areas are now used more frequently by residents.

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 has systems to monitor and respond to relevant legislation, regulatory requirements and professional standards and guidelines in relation to the physical environment and safe systems. External audit processes, include triennial fire inspections, building certification inspections and food safety. Occupational health and safety policies and procedures are in line with professional standards and guidelines and assist the home to provide a safe physical environment. Staff are made aware of any relevant changes through various mechanisms, including staff meetings, emails, the intranet, memo’s and policies.

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 provide staff with the appropriate knowledge and skills to perform their roles in relation to the physical environment and safe systems. All staff are required to attend compulsory manual handling, food and chemical safety, fire and emergency and infection control training sessions each year. The ongoing skills and knowledge needs of staff are identified through performance appraisals, an annual training needs analysis, resident feedback, hazard and incident analysis, observation and supervision. Staff are satisfied with the effectiveness of the training provided and the opportunities available to them to enhance their skills.

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

Residents and relatives are satisfied with the safety and comfort of the living environment. Internal and external environmental audits, incident and hazard reporting, and preventative and corrective maintenance systems contribute to providing a safe and comfortable living environment for residents. Residents' rooms reflect their personal taste with room for personal belongings. A central 'Club', shaded outdoor areas and a chapel are available for residents and families to utilise. Sensor mats, door alarms, wandering alert systems and secure outdoor areas are in place to minimise the use of restraint. Safety and comfort interventions are generally delivered consistent with planning and care 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 is actively working to provide a safe working environment that meets regulatory requirements. Internal and external audits, supervision and monitoring of staff practices, and preventative maintenance programs assist the home to identify occupational health and safety issues. The organisational and the site specific Health and Safety Committees meet regularly to monitor occupational health and safety issues. Policies, procedures and guidelines assist staff in safe practices and regulatory requirements. Incident and hazard forms are used to identify safety issues and investigate contributing factors. Staff can demonstrate they observe safe practices and have input into the home's occupational health and safety system.

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

Management systems provide for an environment, which minimises fire, security and emergency risks. Fire equipment and detection systems are regularly tested and maintained by external service providers, and exits are labelled and accessible. Emergency procedures and evacuation plans are available throughout the home and are reinforced through staff training and regular fire drills. Residents and their representatives are provided with information on their actions in the event of a fire and a resident transfer list which identifies residents who are not mobile is located on the handover sheets. Relevant material safety data sheets are located in key locations throughout the home. Keypad operated external doors, individual resident safes and a lock up procedure assist in maintaining the home's security. A contingency plan is available to guide staff in the event of a range of emergencies.

4.7 Infection control

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

Team's recommendation

Does comply

There are processes to provide infection control in all areas of the home. The site manager is responsible for the infection control program. There is a surveillance program and monitoring processes to identify and respond to infections. The home collects and collates infection data and compares this against the other aged care facilities in the organisation to identify opportunities to improve. Processes, including hand-washing, the use of personal protective equipment, temperature monitoring, colour-coded cleaning processes and single use equipment reduce the risk of cross infection at the home. Residents and staff are encouraged and supported to receive an influenza vaccination annually and a pandemic influenza plan is in place. External contractors provide pest control and waste management programs. Industry associations and infection control guidelines are used to access information on current community outbreaks and methods for controlling the spread of specific infections. Staff are provided with education, training and information to assist them to minimise the possibility of cross infection. Staff can demonstrate an understanding of the principles and practices 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

Residents and representatives are satisfied with the cleaning, catering and laundry services at the home. Residents and representatives are provided with information about hospitality services when they enter the home and on an ongoing basis. Assessment and review processes are used to capture information about each resident's preferences and needs. Processes, such as providing dietary information to the Hotel Services Manager and care staff and work schedules assist in providing services consistent with planning. Feedback and consultation processes, such as resident meetings and surveys provide residents with the opportunity to have input into the services provided at the home and monitor their satisfaction with these services. Care staff are provided with training, guidelines, supplies and equipment to support them to undertake their duties and provide quality services to residents.