Kapara Nursing Home
RACS ID 6805
80 Moseley Street
GLENELG SOUTH SA 5045
Approved provider: Aged Care & Housing Group Inc

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 29 March 2015.

We made our decision on 1 February 2012.

The audit was conducted on 3 January 2012 to 5 January 2012. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

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

Expected outcome	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2: Health and personal care

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

Expected outcome	Accreditation Agency decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

Standard 3:   Resident lifestyle
Principle:

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

Expected outcome		Accreditation Agency decision
3.1	Continuous improvement	Met
3.2	Regulatory compliance	Met
3.3	Education and staff development	Met
3.4	Emotional support	Met
3.5	Independence	Met
3.6	Privacy and dignity	Met
3.7	Leisure interests and activities	Met
3.8	Cultural and spiritual life	Met
3.9	Choice and decision-making	Met
3.10	Resident security of tenure and responsibilities	Met

Standard 4:   Physical environment and safe systems
Principle:

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

Expected outcome		Accreditation Agency decision
4.1	Continuous improvement	Met
4.2	Regulatory compliance	Met
4.3	Education and staff development	Met
4.4	Living environment	Met
4.5	Occupational health and safety	Met
4.6	Fire, security and other emergencies	Met
4.7	Infection control	Met
4.8	Catering, cleaning and laundry services	Met

Site Audit Report

Kapara Nursing Home 6805

Approved provider: Aged Care & Housing Group Inc

Introduction

This is the report of a site audit from 3 January 2012 to 5 January 2012 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct a site audit. The team assesses the quality of care and services at the home, and reports its findings about whether the home meets or does not meet the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards
The information obtained through the audit of the home indicates the home meets:

● 44 expected outcomes

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 3 January 2012 to 5 January 2012

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

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

Assessment team

Team leader:	Margaret Onley
Team member:	Michelle Glenn

Approved provider details

Approved provider:	Aged Care & Housing Group Inc

Details of home

Name of home:	Kapara Nursing Home
RACS ID:	6805

Total number of allocated places:	137
Number of residents during site audit:	133
Number of high care residents during site audit:	113
Special needs catered for:	N/A

Street:	80 Moseley Street	State:	SA
City:	GLENELG SOUTH	Postcode:	5045
Phone number:	08 8295 9900	Facsimile:	08 8295 9997
E-mail address:	TSutton@ach.org.au		

Audit trail

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

Interviews

	Number		Number
Executive and management	10	Residents/representatives	13
Nursing, care and lifestyle staff	11	Ancillary staff	4
Administration staff and coordinators	4		

Sampled documents

	Number		Number
Residents' files	16	Medication charts	8
Summary/quick reference care plans	16	Personnel files	7

Other documents reviewed

The team also reviewed:

- ACH Group presentation folder
- Asbestos register
- Audit and survey schedule
- Audits
- Business plan
- Clinical assessment tools
- Comments and complaints folder and associated documents
- Consolidated record of suspected assaults
- Continuous improvement evaluation records
- Continuous improvement log
- Continuous improvement plan
- Credentialling records
- Duty statements
- Emergency procedures manual
- Fire system inspection records
- Food safety audit report
- Incident data including hazard reports
- Infection control data
- Job descriptions
- Maintenance records
- Material safety data sheets
- Police clearance monitoring records
- Regulatory compliance register
- Resident admission pack
- Resident agreements
- Rosters
- Staff education records
- Staff education workbooks
- Staff induction pack
- Staff training records

- Strategic plan 2009-2014
- Training and meeting calendars 2011 and 2012
- Various audits, surveys and results
- Various meeting minutes
- Various memoranda
- Various newsletters
- Various policies and procedures
- Weight monitoring records

Observations

The team observed the following:

- Activities in progress
- Archive storage area
- Charter of residents rights
- Chemical storage
- Cleaning in progress
- Complaints and advocacy brochures displayed
- Equipment and supply storage areas
- Evacuation plans
- Hairdressing area
- Interactions between staff and residents
- Internal and external living environment
- Kitchenettes, meal preparation and service
- Laundry facilities
- Meal service
- Medication round and medication storage areas
- Resident and staff noticeboards and information
- Suggestion box

Assessment information
This section covers information about each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development
Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of 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 findings
The home meets this expected outcome

Kapara is one of seven residential homes run by ACH Group. In addition to residential services the organisation provides a range of services to older people, such as community care and housing. These services are represented as divisions within the organisation. The residential division has representation on all organisation committees, including the Central Quality Improvement Committee. There is an organisation framework and processes to support continuous improvement guided by an overarching strategic plan and divisional plans and objectives. Opportunities for improvement are identified at organisation and site level from management initiatives and outcomes of the home's monitoring processes, such as surveys, audits, comments and complaints, incident reports and feedback and suggestions from staff, residents and other interested parties. An organisation audit and survey schedule is in place with some audits being identified as mandatory and others completed if the home deems them necessary. Improvement initiatives are recorded on a log and the site specific continuous improvement plan and monitored through site and organisation committees. The continuous improvement plan records improvement details including source of the improvement initiatives, gaps identified, initiation and close off dates, key performance indicators, details of monitoring and reference to evaluation documents. Staff are informed of organisation and site continuous improvement processes through the quality orientation manual and induction processes. Residents and staff are informed of continuous improvement initiatives and confirmed management are responsive to their suggestions and requests.

Examples of improvement activities and achievements relevant to management systems and organisational development include the following:
- In response to resident and staff feedback regarding increased care needs of residents and the increasing difficulty being experienced by night staff in responding promptly to resident requests for assistance, the site manager investigated the situation. It was identified that ageing in place of low care residents had resulted in increased residents' needs in this area. This was also impacting on residents and staff in other areas of the home as staff from these areas were required to assist the low care area of the home. The site manager reviewed the roster and an additional night staff carer shift was introduced. The outcome has been evaluated through documented staff feedback demonstrating staff are satisfied they are now able to provide appropriate, timely care to all residents. Verbal feedback from residents demonstrates they are satisfied their needs are met and that staff response to their requests is met in a timely manner.
- Management identified the need for maintenance staff to have improved understanding of their responsibilities in regard to managing contractors. Maintenance staff attended a contractor management course through an external provider. A questionnaire was implemented to evaluate feedback from maintenance staff. Outcomes indicate staff consider they have a greater understanding of their responsibilities in regard to contractors and they are more confident in performing this role as a result of the training.

1.2   Regulatory compliance

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

Team's findings

The home meets this expected outcome

There are processes for identifying relevant legislation, regulations and guidelines relevant to management systems, staffing and organisational development. Site management is advised of legislative changes from corporate office and are required to acknowledge receipt of this information. The home also receives notification through peak body membership. A log of legislative changes is maintained. A flow chart provides direction in regard to responsibility for actions in response to legislative changes, such as updating policies and procedures and communicating changes to residents and staff as appropriate. Internal and external audits assist the home with monitoring compliance with legislation. There are processes for obtaining and monitoring currency of police clearance certificates, obtaining required statutory declarations and monitoring currency of staff and contractor registrations.

1.3   Education and staff development:

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

Team's findings

The home meets this expected outcome

There are processes to ensure management and staff have the required knowledge and skills to perform their roles effectively in regard to management systems, staffing and organisational development. Training needs are identified through feedback at the time of performance review, changes in resident needs, resident and staff feedback and incident and audit data. A training calendar is developed and staff are informed of training sessions through memorandums and flyers. Education is delivered at a corporate and site level by internal and external providers. Attendance at training is recorded, with processes in place for follow up of non-attendance at mandatory sessions. Staff training relevant to management systems, staffing and organisational development includes management coaching and quiet leadership. Management and staff are satisfied they have access to sufficient education and training to perform their roles effectively.

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 findings

The home meets this expected outcome

Residents and representatives are satisfied concerns they raise are managed effectively and resolved. The home has processes to inform residents and representatives of internal and external complaints mechanisms including information in the residents' agreement and admission pack, meetings and newsletters. The home provides "please let us know" forms and a suggestion box for residents and representatives to lodge complaints anonymously. Confidential complaints are managed discreetly and information is restricted to relevant staff. Residents and representatives are aware there is a formal complaints process, however they were unaware of where to locate information about the internal and external complaints processes and the location of the suggestion box. Most residents and representatives said they would raise any concerns with staff and are comfortable with this process. Complaints

information is collected, collated and actioned in a timely manner to address individual complaints. The effectiveness of the comments and complaints system is monitored through audits, surveys, meetings and resident and representative feedback. Senior staff understand their responsibilities and the mechanisms available to them to assist residents and representatives who want to lodge a complaint.

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

Team's findings
The home meets this expected outcome

The organisation's vision, mission, values and commitment to quality services is documented and displayed in one location in the home. The organisation is in the process of reviewing their vision, mission and values and incorporating it with their new logo. The vision, mission and values statement is not currently in the resident admission pack or staff induction information. Management and staff can articulate the organisation's 'Good lives for older people' framework and the elements of a 'good life'. The organisation has a strategic plan 2009 – 2014 which includes developing an organisational vision, mission and values as a key strategy.

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

Team's findings
The home meets this expected outcome

Residents and representatives are satisfied with the level of care, lifestyle and hospitality services and the responsiveness of staff to their care needs. Corporate and site specific recruitment, orientation and induction processes screen and select the appropriately qualified staff. The site manager reviews staffing levels based on residents' needs and resident and staff feedback. The staff roster is used to monitor numbers and types of staff maintained on each shift, with agency staff used for shifts that cannot be filled by regular staff. Shifts are extended as required to meet resident care needs. Staff are guided in their roles by job descriptions, a code of conduct and policies and procedures. Commencing employees complete corporate and site orientation programs and a six month probationary period. Staff performance reviews are conducted annually. Staff said they have sufficient time to complete their duties to meet resident care needs.

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

Team's findings
The home meets this expected outcome

Residents, representatives and staff are satisfied with the provision of supplies and equipment. The home has systems to review, recommend and trial products and goods in consultation with residents and staff. Key staff are delegated to order stock and monitor replacement of goods. There are processes for reactive and scheduled maintenance which

ensure equipment is in safe working order for resident and staff use. Safe operating procedures and relevant staff training support staff understanding of equipment use.

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

Team's findings
The home meets this expected outcome

Residents, representatives and staff are satisfied they have access to current information regarding the processes and general activities and events at the home. Communication mechanisms include resident and staff meetings, memorandums, flyers, intranet, policies and procedures, handover processes, individual correspondence and incident and hazard data. Care and generally lifestyle documents provide staff with information regarding resident care and lifestyle needs. Resident and staff confidential information is stored securely with access restricted to authorised personnel. Electronic information is password protected and backed up on site and corporately. The organisation has an information technology disaster recovery plan in place. The organisation and home have established processes for updating information. Information not required is archived or destroyed in accordance with legislative requirements.

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

Team's findings
The home meets this expected outcome

Residents and staff are satisfied with externally sourced services. Site specific external contracts are managed by the site manager. Site documentation, including the resident handbook, provides information on external services and a visitor's book records attending services. Monitoring and reviewing processes include external service reviews/performance appraisals, resident surveys and staff feedback.

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 findings
The home meets this expected outcome

Opportunities for improvement in regard to resident health and personal care are identified at organisation and site level from management initiatives and outcomes of the home's monitoring processes, such as clinical incidents, surveys, clinical audits, comments and complaints, and feedback and suggestions from staff, residents and other interested parties, including health professionals. The home is represented on the organisation clinical governance committee, which is pivotal in supporting clinical improvement initiatives. Initiatives are recorded on a log and the site specific continuous improvement plan and monitored through site and organisation committees. The continuous improvement plan records improvement details including source of the improvement initiatives, gap identified, initiation and close off dates, key performance indicators, details of monitoring and reference to evaluation documents. Progress of clinical improvement initiatives are also monitored by the clinical leadership group, through the clinical governance committee. Residents and staff are informed of continuous improvement initiatives and confirmed management are responsive to their suggestions and requests.

Examples of improvement activities and achievements relevant to management systems and organisational development include the following:
● Clinical staff identified the opportunity to improve the monitoring of resident nutrition and hydration. A nutrition and hydration package, including a body mass index calculator and guidelines to direct staff practice, was developed. Staff training in the use of the new tools and guidelines was implemented. Evaluation of this initiative was conducted through staff questionnaires and document review. Staff feedback demonstrates staff consider the tools an improvement on the previous process which only considered weight loss or gain. Staff also reported the graphs provided a quick visual guide to indicate if there are concerns in regard to the resident's nutrition state. Comments regarding the guidelines confirmed staff had an improved understanding of what they were required to do to monitor residents' nutrition status. A file audit demonstrated the process is consistently implemented.
● In response to verbal inquiries from residents and families in regard to advanced directives and the lack of information in resident files regarding advanced directives, information was provided to residents and families and staff education was implemented. An advanced directives care plan and flow chart to guide the process were developed. Feedback from staff confirms that since completing the education they are more confident in discussing advance directives with residents and representatives. Completion of advanced directives demonstrates residents and representatives have improved understanding. An audit of resident files demonstrates that prior to the implementation of this improvement initiative, 56 per cent of resident files included advance directives compared to 81 per cent in current files.

2.2   Regulatory compliance

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

Team's findings

The home meets this expected outcome

There are processes for identifying relevant legislation, regulations and guidelines relevant to health and personal care. Site management is advised of legislative changes from corporate office and are required to acknowledge receipt of this information. The home also receives notification through peak body membership. A log of legislative changes is maintained. A flow chart provides direction in regard to responsibility for actions to be implemented in response to legislative changes, such as updating policies and procedures and communicating changes to residents and staff as appropriate. Staff and residents are informed of changes through meetings, memorandums and training. Internal and external audits assist the home with monitoring compliance with legislation. Resident care is provided in accordance with the *Quality of Care Principles 1997*. The home has the required S8 and S4 medication licences. There are policies, procedures and a flow chart to direct staff practice in regard to unexplained absence of a resident.

2.3   Education and staff development

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

Team's findings

The home meets this expected outcome

There are processes to ensure management and staff have the required knowledge and skills to perform their roles effectively in regard to health and personal care. Training needs are identified through feedback at the time of performance review, changes in resident needs, resident and staff feedback and incident and audit data. A training calendar is developed and staff are informed of training sessions through memorandums and flyers. Education is delivered at a corporate and site level by internal and external providers. Clinical nurses have portfolios and have received relevant training to support them in these roles. Staff complete workbooks for some areas of practice, such as continence management and competencies in regard to medication administration. Attendance at training is recorded, with processes in place for follow up of non-attendance at mandatory sessions. Staff training relevant to health and personal care includes wound management, pumps – what's new, supportive behaviours, palliative care and pain management. Management and staff are satisfied they have access to sufficient education and training to perform their roles effectively.

2.4   Clinical care

This expected outcome requires that "residents receive appropriate clinical care".

Team's findings

The home meets this expected outcome

Residents are satisfied they receive appropriate clinical care according to their needs. Information regarding clinical care is collected on admission to assist with care planning processes. A pre-admission screening tool is completed and an interim care plan is formulated and includes residents care needs and preferences from information gathered from the resident, their representative and previous health services. Scheduled assessments are conducted and assist with the formulation of the care plan. General practitioners and

allied health services contribute to the care planning process. Care is monitored through care reviews, clinical care audits and resident feedback. Staff confirm they have access to current resident care plans and changes in resident's care needs are communicated to them.

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 findings
The home meets this expected outcome

Residents are satisfied their specialised nursing care needs are met. Initial and ongoing assessments, care planning and review processes are conducted by qualified nursing staff. Specialised care needs are identified and documented on the care plans. Guidelines and information to assist staff to maintain specialised care needs is included in the care plans. Clinical care is monitored through progress notes, care reviews, incident reporting, infection control data and clinical audits. Clinical staff have access to clinical care guidelines and internal and external training.

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 findings
The home meets this expected outcome

Residents are aware of the allied health services available to them and are satisfied they are referred as required. Assessment of care needs occurs on entry and on an ongoing basis. Care reviews, observation and consultation processes identify referral requirements. Contracted and visiting allied health services are easily accessible to residents. The home supports residents to attend external services as required. Changes to care needs following allied health visits are documented in the progress notes and the care plan. Changes are also communicated at handover and through the home's internal information processes to other departments in the home as required. Care processes relating to allied health service referrals are monitored through care reviews, resident surveys and clinical audits. Staff are aware of the referral processes of the home.

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

Team's findings
The home meets this expected outcome

Residents are satisfied their medications are managed safely and correctly. Residents' individual management needs are assessed and documented on the medication chart. Residents' ability to self administer medications is assessed by registered staff in consultation with general practitioners and reviewed on a regular basis. Medications are administered by registered or credentialled staff in accordance with documented medication management procedures. Contracted pharmacy services supply medications in a pre-packaged administration system and conduct individual resident medication reviews. Medications are generally stored safely and securely. Medication management processes are monitored through incident reporting and internal audits. Staff are aware of medication policies and procedures and best practice guidelines for the administration of medication.

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

Team's findings
The home meets this expected outcome

Residents are satisfied with the way their pain is managed. Assessment and pain monitoring tools are used to identify pain management needs on admission and on an ongoing basis, including for those with cognitive deficits. Individual pain management strategies are documented and include heat packs, massage and exercise programs. Complimentary therapies such as aromatherapy and bioptron light therapy are also used to assist with maintaining resident comfort. Referrals to general practitioners and external services are undertaken following consultation and pain charting. The home manages the effectiveness of pain management processes through care reviews, consultation and clinical care audits. Staff are familiar with non-verbal indicators of pain and implement pain charts in response to changes in residents' pain or analgesic management.

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

Team's findings
The home meets this expected outcome

Residents and representatives are satisfied that the home maintains residents' comfort and dignity during the terminal stages. Terminal care needs are discussed with the resident and/or their representative on entry and identify preferences and end of life wishes. Ongoing review of resident needs is conducted through care plan reviews and on an 'as needed' basis. A palliative care kit is commenced when required and a palliative care pathway and documentation guidelines assist staff to care for residents through each of the palliative care phases. Spiritual support is provided as requested and external services are utilised as required. Staff practices and processes are monitored through internal audits and stakeholder feedback. Staff have access to resources and equipment to assist with maintaining resident comfort and dignity during the palliation process.

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

Team's findings
The home meets this expected outcome

Residents are satisfied with the home's approach to meeting their nutrition and hydration needs. Assessment processes identify residents' dietary and hydration needs, utensil requirements and preferences. Residents' body mass index is recorded and weights are monitored monthly or more frequently as required. The home utilises nutrition and hydration screening tools to identify residents at risk. Nutritional supplements and fortified meals are commenced as needed. Residents with swallowing difficulties are referred to allied health services as required. Nutrition and hydration needs are monitored through care reviews, consultation, audits, progress notes and staff feedback. Staff confirm they have current information to maintain residents' nutrition and hydration needs.

2.11 Skin care
This expected outcome requires that "residents' skin integrity is consistent with their general health".

Team's findings
The home meets this expected outcome

Residents are satisfied with the care provided to maintain their skin integrity. Residents' needs are assessed on admission and on an ongoing basis. Screening tools, risk assessments and monitoring charts are also used by the home. Care plans include individual needs and strategies such as positioning, emollient creams, air mattresses and bed cradles. Registered nurses have input into wound management strategies. Skin management tools are monitored through care reviews, clinical audits and staff and resident feedback. Staff are aware of strategies to assist with the maintenance of residents' skin integrity.

2.12 Continence management
This expected outcome requires that "residents' continence is managed effectively".

Team's findings
The home meets this expected outcome

Residents are satisfied their continence needs are managed effectively. Residents' needs are assessed on entry to the home and on an ongoing basis. Individual plans are documented and include aids required and scheduled toileting times. Bowel habits are documented each shift and are monitored on a daily basis. The incidence of urinary tract infections is monitored and collated on a monthly basis. Residents' continence needs are monitored through care reviews, clinical audits and staff and resident feedback. Staff are aware of strategies to assist with managing and assisting with residents' continence needs.

2.13 Behavioural management
This expected outcome requires that "the needs of residents with challenging behaviours are managed effectively".

Team's findings
The home meets this expected outcome

Residents are satisfied the home effectively manages residents' behaviour. Assessments to monitor and identify behaviours are conducted on admission and on an ongoing basis. Individual behaviour management plans are documented and include triggers and strategies to minimise the incidence of identified behaviours. External allied health services are utilised to assist with management strategies for ongoing challenging behaviours. The home offers a secure environment for wandering residents. The home has a restraint minimisation procedure and equipment such as high/low beds, floor mats, floor alarms, door alarms and wanderer alarms assist with monitoring and maintaining resident safety. When restraint is used, it is monitored and reviewed regularly in consultation with residents and/or representatives and the general practitioner. Behaviour incidents are monitored and collated monthly. The effectiveness of behaviour management strategies is monitored through care reviews, progress notes, observations and clinical audits. Staff are provided with training and are familiar with strategies to manage challenging behaviours.

2.14 Mobility, dexterity and rehabilitation
This expected outcome requires that "optimum levels of mobility and dexterity are achieved for all residents".

Team's findings
The home meets this expected outcome

Residents are satisfied they are supported to optimise their mobility and dexterity. Residents are assessed on entry and on an ongoing basis by the physiotherapist. Individual plans are developed and include support required, aids and exercise plans. Residents are reassessed following falls and changes in health status. Falls risk assessments and environmental audits are also conducted by the home. The lifestyle program includes activities which encourage dexterity and movement. Care needs are monitored through falls statistics monthly, care plan reviews and clinical audits. Staff attend mandatory manual handling training on an annual basis.

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

Team's findings
The home meets this expected outcome

Residents are satisfied they are assisted to maintain their oral and dental health. Oral health assessments identify residents' individual needs and preferences for oral care. Oral care needs are documented and include assistance required and care preferences. The oral health of all residents is screened on a quarterly basis by an oral health nurse employed by the home. Residents are referred to dental services either on-site or externally following consultation. Residents' needs are monitored through consultation, care reviews and clinical audits. Staff have received education to assist with maintaining residents' oral and dental care needs.

2.16 Sensory loss
This expected outcome requires that "residents' sensory losses are identified and managed effectively".

Team's findings
The home meets this expected outcome

Residents are satisfied their sensory losses are identified and managed effectively. Assessments are conducted with the assistance of a complimentary therapist and generally identify residents' sensory deficits for all five senses. Individual plans for sight and hearing deficits are documented and include any aids required. Plans for dietary needs identify interventions for smell and taste deficits. Lifestyle programs conducted in the home provide stimulation of the senses including cooking, massage and aromatherapy. Residents' sensory needs are monitored through care reviews and clinical audits. Staff are aware of strategies to support and manage residents' with sensory deficits.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

Residents are satisfied they are supported to achieve natural sleep patterns. Residents' history and preferences for achieving natural sleep are identified and assessed on entry and on an ongoing basis. Individual sleep strategies are documented and include settling and rising times and environmental preferences. Residents' ongoing needs are monitored through care reviews, incident reporting and staff and resident feedback. Staff are aware of strategies to assist residents with achieving natural sleep patterns.

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 findings
The home meets this expected outcome

Opportunities for improvement in regard to resident lifestyle are identified at organisation and site level from outcomes of the home's monitoring processes, such as focus groups, surveys, meetings, comments and complaints, and feedback and suggestions from staff, residents and other interested parties. The continuous improvement plan records improvement details including source of the improvement initiatives, gaps identified, initiation and close off dates, key performance indicators, details of monitoring and reference to evaluation documents. Progress of resident lifestyle improvement initiatives are monitored and evaluated by lifestyle staff. Residents and staff are informed of continuous improvement initiatives and confirmed management are responsive to their suggestions and requests.

Examples of improvement activities and achievements relevant to management systems and organisational development include the following:
- In response to resident enquiries about electronic correspondence, a resident computer group was established. The computer system was upgraded and includes a large print keyboard. Interested residents have been provided with computer lessons and they now correspond electronically with family and friends. Seven residents now use email on a regular basis. Documented feedback from residents includes positive comments and demonstrates their enjoyment of learning a "new" and "challenging" skill.
- Following the success of the above improvement initiative a website was developed with input from residents. The website includes information such as coming events, newsletters, minutes of meetings and focus groups and Kapara News Flash. Residents and representatives can log on to the site. The home has received positive feedback about this improvement initiative from residents and representatives.
- In response to resident suggestions through a resident focus group, regular outings where residents have a day out rather than a bus trip where they stay on the bus were implemented. At the meeting residents made suggestions of outings they would like and have continued with suggestions over the last year. Records demonstrate residents have been supported to have outings that have included walking to visit local icons and the beach and the use of trams and buses to reach destinations such as the zoo and the central market. Resident feedback is positive and demonstrates their on going enthusiasm for the outings.

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 findings
The home meets this expected outcome

There are processes for identifying relevant legislation, regulations and guidelines relevant to resident lifestyle. Site management is advised of legislative changes from corporate office and are required to acknowledge receipt of this information. The home also receives

notification through peak body membership. A log of legislative changes is maintained. A flow chart provides direction in regard to responsibility for actions to be implemented in response to legislative changes, such as updating policies and procedures and communicating changes to residents and staff as appropriate. Staff and residents are informed of changes through meetings, memorandums and training. Internal and external audits assist the home with monitoring compliance with legislation. Staff have been provided with training in regard to their responsibilities in respect to mandatory reporting. In addition to documented policy and procedure a flow chart guides staff practice in the event of suspected elder abuse. Residents are advised of their privacy and security of tenure rights and responsibilities.

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

Team's findings
The home meets this expected outcome

There are processes to ensure management and staff have the required knowledge and skills to perform their roles effectively in regard to resident lifestyle. Training needs are identified through feedback at the time of performance review, changes in resident needs, resident and staff feedback and surveys and audit data. A training calendar is developed and staff are informed of training sessions through memorandums and flyers. Education is delivered at a corporate and site level by internal and external providers. Attendance at training is recorded, with processes are in place for follow up of non attendance at mandatory sessions. Staff training relevant to resident lifestyle includes partners in positive ageing, space retrieval, easy moves and emotional support, choice and decision making. Staff are satisfied they have access to sufficient education and training to perform their roles effectively.

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 findings
The home meets this expected outcome

Residents and representatives are satisfied they are welcomed to the home and receive emotional support at this time and on an ongoing basis. New residents are provided with an orientation to the home, given a welcome basket of gifts and introduced to other residents. Initial assessment processes record residents' social profile, family tree and lifestyle history. Information regarding family support and special relationships is gathered. Social profiles do not consistently include information about residents' emotional profiles and preferences. The home is in the process of developing Wellbeing plans for each resident. These plans consider emotional responses of residents. Counselling and referral to specialist health services are available to residents as required. Resident satisfaction with emotional support provided is monitored through resident surveys, general feedback processes and care and lifestyle consultation.

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 findings
The home meets this expected outcome

Residents and representatives are satisfied with the assistance provided to achieve maximum independence and participate in the life of the community. Care and lifestyle assessment processes identify residents' abilities, needs and preferences. Residents are encouraged and supported to maintain independence through maintaining voting rights, fostering friendships between residents and organising access to appropriate transport to participate in community activities and visits. Residents with sensory, mobility and cognitive impairment are supported to participate in activities through staff and volunteer support. Information relating to resident independence is captured through the use of assessment tools and information included in care and lifestyle plans. Resident satisfaction with the assistance provided to achieve maximum independence is monitored through resident feedback and consultation. Care and lifestyle staff can provide examples of assisting residents to achieve independence.

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 findings
The home meets this expected outcome

Residents and representatives were complimentary about the respectful manner of management and staff and the strategies they implement to maintain resident privacy and dignity. On entry residents are provided with information about their right to privacy, dignity and confidentiality. Resident and representative satisfaction and staff practice is monitored through surveys, resident meetings, observation and one-to-one discussions. Files containing residents' personal information are stored securely with access by authorised staff and relevant health professionals. Staff are mindful of appropriate practices, such as maintaining privacy and dignity while assisting residents with personal care and requesting permission before entering a resident's room.

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 findings
The home meets this expected outcome

Residents and representatives are satisfied with the activities program and the variety of group and individual activities provided at Kapara Nursing Home. A social profile and lifestyle history are completed soon after the resident moves to the home. In addition to the lifestyle history an activity preference list has been completed for some residents. An activity plan is developed for each resident and includes group and one-to-one activities. Staff use the social profile and lifestyle history as a guide for providing one-to-one activities for residents. Residents have access to a wide range of group activities including outings, gardening, dining at The Club, art classes, discussion groups and bingo. Special events are celebrated and special activities, such as a house boat holiday are arranged with small groups of residents from time to time. Lifestyle staff and volunteers assist residents who require

support to participate in group activities. Residents are provided with a copy of the weekly activities program, Kapara News Flash. Residents' attendance, staff and resident feedback and program evaluation monitor the effectiveness of activities programs. A positive ageing and wellbeing model is promoted at the home and staff demonstrated an understanding of this concept.

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

Team's findings
The home meets this expected outcome

Residents and representatives are satisfied residents' individual interests, customs, beliefs and cultural backgrounds are valued and fostered. Information about specific cultural and spiritual preferences is gathered by clinical staff at the time of entry and strategies are generally included on social profile and lifestyle history documents. There are no specific cultural and spiritual plans. The Partners in Positive Ageing program targets individual needs and preferences of residents. Residents are supported to attended religious services of their choice, and pastoral visitors are available if this is the wish of the resident. Cultural and spiritual celebrations occur in line with resident needs and preferences. A multicultural group has recently been established in response to a resident suggestion. Resident satisfaction is monitored through resident meetings, surveys and individual resident consultation. Staff demonstrate an understanding of resident cultural and spiritual needs.

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 findings
The home meets this expected outcome

Residents and representatives are satisfied with the consultation, choice and support provided to make decisions and choices regarding issues that affect residents' daily life. Residents' end of life wishes and authorised representatives are identified and documented. The home uses consultative processes to obtain information from residents including, meetings, individual consultation, and surveys. Staff understand their responsibilities in providing residents with the opportunity to make choices about the care and services they receive.

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 findings
The home meets this expected outcome

Residents and representatives are satisfied with the information provided and the processes used to assist them to understand their rights and responsibilities and security of tenure. The home has processes to inform residents and representatives of their rights and responsibilities and the organisation's Partners in Positive Ageing model prior to entering the home. Residents and/or representatives are notified regarding fee increases, and consulted regarding any changes in resident accommodation. Brochures regarding independent

sources of advice and advocacy are available within the home. Resident satisfaction is monitored through complaints, resident meetings and surveys.

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 findings
The home meets this expected outcome

Opportunities for improvement in regard to physical environment and safe systems are identified at organisation and site level from management initiatives and outcomes of the home's monitoring processes, such as incidents, surveys, audits, comments and complaints, and feedback and suggestions from staff, residents and other interested parties. Improvement initiatives are recorded on a log and the site specific continuous improvement plan and monitored through site and organisation committees. The continuous improvement plan records improvement details including source of the improvement initiatives, gaps identified, initiation and close off dates, key performance indicators, details of monitoring and reference to evaluation documents. Residents and staff are informed of continuous improvement initiatives and confirmed management are responsive to their suggestions and requests.

Examples of improvement activities and achievements relevant to physical environment and safe systems include the following:
- The Health and Safety Committee identified the need for all maintenance staff to improve their knowledge of safety in regard to building safety requirements. Maintenance staff completed a Work Safely in Construction course provided by an external provider. Through completing this course maintenance staff acquired a White Card which is a requirement within the construction industry to demonstrate training in relevant safety matters prior to working on construction sites. Feedback from maintenance staff was gathered through a staff questionnaire and demonstrates staff consider the course provided them with a higher level of knowledge of occupational health and safety relevant to their work role.
- In response to the Coroner's recommendation for aged care the home re-evaluated their process of assessment and monitoring of residents who smoke. The smoking assessment tool was reviewed and deemed appropriate. Re-assessments were conducted for all residents who smoke. New risk management plans were formulated for each resident in consultation with the resident and, where appropriate, the representative. Handover sheets were revised to include special alerts. Staff training in regard to risk management care plans was implemented. A staff survey was implemented to determine staff knowledge in regard to risk management care plans through a Care Plan and Changes to Care Survey tool. Random audits demonstrate staff have good knowledge of the home's risk management process for residents who smoke and the special alerts documented on handover sheets. An audit of resident files demonstrates compliance with the home's new processes. Positive feedback has been received from the home's staff and agency staff.

4.2   Regulatory compliance

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

Team's findings

The home meets this expected outcome

There are processes for identifying relevant legislation, regulations and guidelines relevant to living environment and safe systems. Site management is advised of legislative changes from corporate office and are required to acknowledge receipt of this information. The home also receives notification through peak body membership. A log of legislative changes is maintained. A flow chart provides direction in regard to responsibility for actions to be implemented in response to legislative changes, such as updating policies and procedures and communicating changes to residents and staff as appropriate. Staff and residents are informed of changes through meetings, memorandums and training. Internal and external audits assist the home with monitoring compliance with legislation. There are processes in regard to occupational health and safety and infection control practices according to relevant guidelines. The home has an audited food safety program.

4.3   Education and staff development

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

Team's findings

The home meets this expected outcome

There are processes to ensure management and staff have the required knowledge and skills to perform their roles effectively in regard to living environment and safe systems. Staff training needs are identified through feedback at the time of performance review, changes in resident needs, resident and staff feedback and incident and audit data. A training calendar is developed and staff are informed of training sessions through memorandums and flyers. Education is delivered at a corporate and site level by internal and external providers. Attendance at training is recorded, with processes in place for follow up of non attendance at mandatory sessions. Staff training relevant to living environment and safe systems includes manual handling, chemical awareness, food handling, fire and emergency procedures, fire warden training and infection control. Staff are satisfied they have access to sufficient education and training to perform their roles effectively.

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 findings

The home meets this expected outcome

Residents are satisfied the home provides them with a safe and comfortable environment consistent with their care needs. Residents are able to personalise their bedrooms and have access to wireless call bells. Staff are aware of practices to promote resident privacy and dignity. Communal and private living areas are provided, with secure external access to courtyard gardens. There are processes for the assessment and management of those residents who wish to smoke. A wanderer alarm system monitors those residents who have a tendency to wander. There are reactive and scheduled maintenance processes. The home

monitors the living environment through audits, resident and staff surveys, incident and accident data and hazard reports.

4.5   Occupational health and safety
This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's findings
The home meets this expected outcome

The home actively works towards providing a safe working environment that meets regulatory requirements. Staff understanding of occupational health and safety is supported by induction, ongoing training and consultation. Chemicals are stored safely and material safety data sheets are available and are generally updated as required. Occupational health and safety is monitored through incident, accident and hazard reporting and audit processes. Staff are satisfied they have access to information to promote a safe work environment and are aware of their responsibilities for occupational health and safety.

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

Team's findings
The home meets this expected outcome

The home has systems and processes in place to reduce the risk of fire, security and other emergencies. External fire services regularly monitor and maintain fire systems and equipment and electrical items are tested and tagged. Emergency procedure manuals are available for staff and information on emergency action is located in each resident's room. Contingency plans are documented including for issues such as electricity blackouts, disruption to water and sewage and linen shortages. Emergency management protocols are also documented. Current information on residents' mobility status is available. Staff understanding of emergency procedures is supported through mandatory training and fire drills are conducted across all shifts. The home has a current fire inspection certificate. Residents are aware of their responsibilities in the event of an alarm and report they feel safe and secure in the home. Staff are aware of their responsibilities in the event of an emergency.

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

Team's findings
The home meets this expected outcome

The site manager and a clinical nurse consultant are responsible for coordinating and monitoring the home's infection control processes in accordance with relevant guidelines. Information on residents with infections is communicated to relevant departments through the home's internal communication processes and is documented in the resident's care plan. Staff induction and ongoing training is provided to ensure understanding of infection control practices. The home has a staff and resident influenza vaccination program, resources for outbreak management and an eye wash station. There are adequate supplies of personal protective equipment. There is an audited food safety program. The home monitors the effectiveness of their infection control program through hand washing competencies, audits and environmental swabbing. Infection rates are monitored on a monthly basis. Staff are

familiar with infection control practices and confirm they have access to sufficient information and personal protective equipment.

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 findings
The home meets this expected outcome

Residents are satisfied the hospitality services provided meet their needs. Admission processes identify residents' individual preferences which are communicated to the catering, cleaning and laundry departments. There are systems for communication to hospitality departments of residents changing needs. The home has a dedicated hotel services manager who oversees the catering, cleaning and laundry departments. Cleaning services are provided according to daily schedules and ad hoc cleaning requirements are catered for. On-site laundry services provide for residents' personal clothing with contracted services utilised for linen requirements. There is a laundry available for resident use. An organisational catering department provides meals for the home. Services are provided in accordance with infection control requirements. Hospitality services are monitored through internal and external auditing processes, meetings, resident surveys and the home's feedback system with outcomes generally implemented. Staff confirm they have access to current information regarding residents' needs and preferences and sufficient equipment and supplies.