



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Karinya Grove

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Karinya Grove in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Karinya Grove is three years until 14 October 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 progress with improvements and 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:	Karinya Grove				
RACS ID:	3828				
Number of beds:	90	Number of high care residents:	26		
Special needs group catered for:	Nil				
Street/PO Box:	1-3 Aberdeen Road				
City:	SANDRINGHAM	State:	VIC	Postcode:	3191
Phone:	1300 859 508		Facsimile:	03 5986 3074	
Email address:	karinya@colemancare.com.au				

Approved provider

Approved provider:	Sandringham Health Care Pty Ltd
--------------------	---------------------------------

Assessment team

Team leader:	Malcolm Taylor
Team member/s:	Gillian Walster
Date/s of audit:	14 July 2009 to 15 July 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
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

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
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

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.



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Karinya Grove
RACS ID	3828

Executive summary

This is the report of a site audit of Karinya Grove 3828, 1-3 Aberdeen Road, SANDRINGHAM VIC 3191 from 14 July 2009 to 15 July 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd on 17 July 2009.

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 Karinya Grove.

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 14 July 2009 to 15 July 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:	Malcolm Taylor
Team member:	Gillian Walster

Approved provider details

Approved provider:	Coleman Care Group Pty Ltd
--------------------	----------------------------

Details of home

Name of home:	Karinya Grove
RACS ID:	3828

Total number of allocated places:	90
Number of residents during site audit:	47
Number of high care residents during site audit:	26
Special needs catered for:	N/A

Street/PO Box:	1-3 Aberdeen Road	State:	VIC
City/Town:	SANDRINGHAM	Postcode:	3191
Phone number:	1300 859 508	Facsimile:	03 5986 3074
E-mail address:	karinya@colemancare.com.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Karinya Grove.

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 two days on-site and gathered information from the following:

Interviews

	Number		Number
Director of nursing	1	Residents/representatives	11
Registered nurses	4	Quality manager	1
Care staff	6	Laundry staff	1
Financial manager	1	Cleaning staff	3
Catering staff	3	Maintenance staff	1
Facility director	1		

Sampled documents

	Number		Number
Residents' files	10	Medication charts	10
Incident reports	15	Personnel files	7

Other documents reviewed

The team also reviewed:

- Bowel monitoring charts folder - high care
- Breakfast list
- Certificate of approval
- Certificate of registration of a food premises
- Chemical register
- Clinical audits
- Daily and weekly activities program
- Duty statements
- Education planner
- Education resource – Continence management
- Education resource – Resident privacy and dignity
- Education resource – Restraints
- Education resource – wound healing
- Emergency evacuation procedure
- Environmental inspection report
- Essential services log book
- Fire training attendance sheet

- Food safety audit report
- Food safety program
- Handover sheet
- Hazard analysis and control
- Improvement form
- Improvement form description and action register
- Job descriptions
- Karinya Grove menu and resident information system
- Kitchen meeting minutes
- Lifestyle participation chart
- Management meeting agenda
- Material data safety sheets
- Medication management plan
- Medication self administration
- Meeting minutes
- Memorandum folder
- Menu and resident information planner
- Monthly lifestyle program
- Nursing home drink list
- Nursing staff memorandum signing sheet
- Occupancy permit
- Pest control record sheet
- Plan for continuous improvement
- Preventative maintenance calendar
- Quality activity report
- Recruitment policies and procedures
- Refrigerator temperature monitoring sheets
- Register of food donated/brought to the facility
- Resident activity attendance tick sheet
- Resident dietary requirements
- Resident evacuation list
- Resident falls monthly report
- Resident orientation program
- Residents activity program
- Residents' information handbook
- Residents' information package and surveys
- Safe environment manual
- Social and emotional support
- Staff development records folder
- Staff handbook
- Standard recipes
- Statistical report
- Technical care folder high care
- The Wongaburra news
- What's on today?

Observations

The team observed the following:

- Activities in progress
- Assessment information
- Blood spill kit
- Café
- Cleaning in progress
- Equipment and supply storage areas
- First aid kit
- Food preparation

- Hand wash signs in the nurses station
- Hot boxes
- Interactions between staff and residents
- Kitchen whiteboard
- Linen room
- Living environment
- Lunch service
- Outbreak kit
- Policies and procedures
- Resident bus
- Resuscitation mat
- Sitting rooms
- Staff washing hands between residents
- Storage of medications
- Supply cupboard

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has a continuous improvement system and shows improvements in management, staffing and organisational development. The home’s improvement framework includes improvement forms, scheduled audits, resident and staff surveys, comments and complaints, and a plan for continuous improvement. Improvements are documented, logged, and when completed are closed off. Information is collected, regularly reviewed and analysed for trends. Staff confirmed their contribution to continuous improvement is encouraged. Residents and representatives are satisfied they have opportunities to contribute to continuous improvement and are satisfied ongoing improvements occur.

Examples of recent continuous improvement activities in relation to standard one are:

- Results of an audit highlighted that a formalised process for data analysis of falls, skin tears, wounds, infections, incidents and aggression was required. Information is now collected, a statistical report introduced and the information is reported at the management meeting.
- Introduction of a quality coordinator to oversee audits, assessments, conduct surveys, and formulate and monitor the continuous improvement plan.
- Results of an audit highlighted that there were too many different and confusing improvement and praise forms. A single form was created to streamline the system, and staff education occurred to ensure staff were able to use the new form.
- An improvement form generated by staff indicated that the night phone switch was not always switched on resulting in calls missed and relatives unable to contact the home at night. A sign has been placed on the telephone at reception to remind them to switch through the phone at night.

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 subscribes to a legislative update service and has access to information from a number of peak bodies. Policies and procedures are developed, reviewed and updated according to legislation, standards and codes of practice and are accessed by staff via the home’s policy and procedure manuals. Information regarding regulatory compliance is distributed to staff via education and memoranda which staff are required to sign, these signatures are audited to ensure that staff have read all important correspondence. The home has a police check register in place for staff and volunteers which has been accurately maintained.

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

Staff at the home have access to an education program to ensure they have the required knowledge and skills to perform their roles effectively. The Director of nursing is in the process of conducting a training needs analysis using information gained from staff performance appraisals, incident reports, audits and staff meetings; this will enable management to identify knowledge gaps and provide targeted education. Information on future education is available to all staff via the yearly education planner located in the staff room and on notice boards throughout the facility. Attendance records are completed for education sessions and the home maintains a record of the education that staff have attended. Examples of recent and upcoming education provided for staff under standard one include:

- Introduction to regulatory compliance.
- Elder abuse and mandatory reporting

1.4 Comments and complaints

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

Team's recommendation

Does comply

The home has effective comment and complaint mechanisms accessible to all stakeholders. Information regarding internal and external complaints services is available throughout the home. Staff and resident handbooks document the home's comments and complaints systems; and external complaints scheme and advocacy brochures are available. Comments and complaints are encouraged either via improvement forms or directly to staff. A suggestion box provides the opportunity for anonymous complaints to be lodged. Residents and representatives interviewed state that they are comfortable approaching management or staff regarding any concerns, and believed they would be responsive.

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

Karinya Grove has a vision, mission statement, values statement, organisational structure and commitment to quality which are recorded in staff and resident documentation and handbooks, displayed throughout the home, and discussed at staff orientation. Key personnel support and guide operational business functions, human resources, and clinical care. The home encourages residents' independence, stakeholder input and open consultation, in a friendly home like environment.

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

Management demonstrate the numbers and types of staff are appropriate to ensure services are delivered in accordance with the accreditation standards and the homes philosophy and objectives. The home has been open for approximately eight months and management is gradually increasing the number and skill mix of staff in accordance with the needs of the

residents'. An orientation program including supernumerary days are provided for new staff. Position descriptions, contracts, and duty lists are provided for all staff, appraisals are planned on a regular basis. Residents and representatives stated satisfaction 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

Management at the home demonstrate it has suitable goods and equipment appropriate for the delivery of services. Outside suppliers have been contracted to keep an imprest of clinical, housekeeping and catering supplies on site and restock regularly according to an inventory list. Stocks and equipment are stored appropriately and adequate supplies of goods and equipment are available for provision of care, to support residents' lifestyle and for all hospitality services. A preventative maintenance program is in place to ensure that equipment is well maintained and operational. Staff state they have adequate access to supplies and equipment and residents told the team there was always enough goods and equipment suitable for their needs.

1.8 Information systems

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

Team's recommendation

Does comply

Management and staff have access to accurate and appropriate information to help them perform their roles in relation to management systems, health and personal care, resident lifestyle and the maintenance of a safe environment. Management collects and records key information as needed to meet the requirements of staff, residents and other stakeholders. Resident files displayed a range of appropriate and updated information for staff to meet residents' care and lifestyle needs. Documentation is stored securely and effective archiving systems are established. Information is communicated through handbooks, displayed on noticeboards around the home, and through open communication with management.

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

Management demonstrate external services are provided at a standard that meets the homes needs, quality goals and resident needs. The home has established contracts and service agreements with external providers, specifying the home's needs including regulatory requirements and specific services required. Contractors and services are identified and sourced to ensure that they meet the requirements of the home and have appropriate qualifications and registrations. External providers are orientated to the home, provided with information related to the home and management monitors service performances. External service agreements have been established with major contractors of goods and services such as catering, cleaning, pharmacy, podiatry, essential services, and physiotherapy. Residents and staff reported satisfaction with the services provided by the home's current contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

Karinya grove conducts continuous improvement activities for all aspects of residents' health and personal care. Audits are conducted across outcomes as per the audit schedule. Residents and relatives are very satisfied with the care provided by the staff. Improved outcomes for residents and stakeholders have been achieved through the framework, and examples relating to clinical care include:

- All residents have undergone a reassessment process and new care plans have been generated.
- A care plan review process has been established with plans reviewed monthly with high care residents and six weekly with low care residents.
- A protocol for managing skin tears has been developed.
- Review of incident data revealed an increase in resident falls, the statistics were evaluated and protocol designed with interventions including half hourly checks and a low/low bed was purchased for a resident who represented a large number of the falls.
- Medication incident data highlighted a problem where the photographs of residents on medication charts were too small and difficult to read posing a problem when identifying residents at medication time, larger printed photographs with room numbers have been placed in the front of all medication charts.

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 that ensure information related to legislation, regulatory compliance and other standards and guidelines are made available to staff. Registered nurses division one and two provide management with their annual registration information and a register of these records is maintained. Management advise staff of updates to guidelines and legislation affecting their work practices through memoranda and meetings.

See Expected outcome 1.2 regulatory compliance

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

Staff at the home have access to an education program to ensure they have the required knowledge and skills to perform their roles effectively. Recent and upcoming education provided for staff under standard two includes:

- Medication management
- Wound management
- Continence education
- Behaviour management

See Expected outcome 1.3 Education and staff development.

2.4 Clinical care

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

Team’s recommendation

Does comply

The home demonstrates that residents receive individualised care which is appropriate in meeting their needs. Resident’s are assessed upon entry to the home and a resident care plan is commenced and developed. Formal care evaluations are attended during the home’s resident of the day program and a registered nurse division one is responsible for the overall management and monitoring of clinical care. The home includes residents and their representatives in the initial and ongoing development of care plans which have recently been completed for all residents, and will be reviewed every three, six or twelve months (as requested by the representatives). The Home has access to a range of allied health professionals and services and refers to them when required. Instructions or prescribed changes to care are documented in the homes progress notes and care plans and followed through accordingly. Incidents with a clinical focus are documented and reported. Residents and representatives interviewed stated that they were happy with the quality of clinical care provided at the home.

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 specialised nursing care needs are identified upon entry to the home and a resident care plan is developed and commenced. Care is reviewed regularly throughout the residents stay or when changes in the residents’ condition warrant re- assessment. Registered nurses attend to the initial assessment and ongoing review of residents with specialised nursing care needs, and relatives are informed of changes to care or condition in a timely manner. Local doctors and allied health professionals visit the home regularly and are involved in the ongoing management and care of residents with specialised nursing needs. Residents and representatives confirm that they are satisfied with the standard of specialised nursing care offered at the home.

2.6 Other health and related services

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

Team’s recommendation

Does comply

Residents are assessed on entry to the home and an individualised care plan is developed. Care is reviewed on a regular basis and is prompted by either a change in the residents’ condition or as part of the homes resident of the day process. The home has access to a range of allied health services and calls on their expertise when needed. A number of these services such as the dietician, physiotherapist and speech pathologist work with care staff at the home to devise outcomes and strategies for the effective care of residents. Other services available to residents at the home include podiatry, aroma therapy and dental services. Instructions or prescribed changes to care are documented in the homes progress notes and care plans and are followed through accordingly by care staff. Residents and/or relatives are informed of visiting health services in a timely manner and residents’ are referred individually as required. Residents and representatives interviewed are happy with the availability of other health and related services in the home.

2.7 Medication management

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

Team's recommendation

Does comply

The home has policies and procedures in place that guide staff to administer medications according to legislative requirements. A registered nurse division one is accessible to staff 24 hours a day and the system of administration is safe, and conducted by appropriately qualified staff that are assessed for competency. Dangerous drugs are stored in a steel, wall mounted lockable safe, the content of which is audited and an appropriate log book kept. Medication that requires refrigeration is stored in a refrigerator used specifically for this purpose, the temperature of which is monitored and adjusted daily. Medication such as eye drops, topical creams and oral suspensions are dated, labelled and stored appropriately ensuring individual use. Residents are assessed upon entry to the home and on an ongoing basis by nursing staff and those that self administer medication are reviewed by their doctor to ensure that they are competent to do so. A local pharmacist also conducts a regular review of each resident's medication. Residents with swallowing difficulties are identified and their medications crushed or, alternatives such as oral suspensions are sourced.

2.8 Pain management

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

Team's recommendation

Does comply

Files reviewed indicate that residents are assessed for pain on admission and on an ongoing basis. Pain management strategies include massage, aroma therapy, the application of heat and cold packs, music therapy, repositioning and the use of medication when indicated. Care is evaluated during the homes resident of the day program or when a change in the resident's condition indicates that a review is necessary. A registered nurse division one is responsible for the overall management of resident care, including pain monitoring and management. Staff confirm that they are able to identify residents who are at risk of experiencing pain, and can recognise the various non verbal signs of pain in residents who are unable to speak. Residents and representatives confirm that they are happy with pain management processes within the home.

2.9 Palliative care

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

Team's recommendation

Does comply

Care plans are developed in consultation with the resident and their representatives upon entry to the home and nursing staff are currently in the process of identifying end of life treatment preferences for each resident. Staff interviewed and files reviewed confirm that residents have access to a range of palliative therapies including aromatherapy and massage. The home has established a relationship with a regional palliative care organisation that will provide assistance, advice and support when necessary. The home has sufficient equipment and resources available to provide care to palliating residents and provide a supportive environment for representatives. The director of nursing stated that a room will be set aside on the first floor of the home which will have sufficient space to allow family members to stay with the resident overnight should they choose to do so.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

Nutritional requirements are assessed by appropriately qualified staff on entry to the home. Residents with specific dietary requirements are identified, their likes and dislikes recorded and these preferences are then communicated to the kitchen. Files reviewed indicate that residents are weighed routinely during the homes resident of the day program or more frequently depending on their diagnosis, or if substantial weight loss or gain has been noted. Allied health professionals such as a Speech pathologist and Dietician are consulted when required and residents with swallowing difficulties are provided with texture modified food and fluids when indicated. The team observed that there were sufficient staff available to assist residents with their meals and appropriate aides such as adaptive cutlery and crockery are available for residents who require it. Residents and representatives interviewed said that they are happy with the choices, quantity and quality of meals provided to them.

2.11 Skin care

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

Team’s recommendation

Does comply

The home has processes in place to ensure that residents’ skin integrity is maintained effectively. Residents are assessed upon entry to the home and care plans are devised consistent with their general health. Residents with skin breakdown are assessed by suitably qualified staff, referred to specialists if required and have individualised wound care plans devised to treat the wound. Staff interviewed state that they receive education on effective wound management practices and the team observed that residents have access to sufficient supplies of appropriate dressing materials.

2.12 Contenance management

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

Team’s recommendation

Does comply

The initial assessment of each residents continence needs is attended upon entry to the home. Individual needs are assessed and a care plan is developed and reviewed as part of the homes care planning process, or when the resident’s needs change. Toileting programs are developed for those residents that require them and the home refers to allied health staff when indicated to assist them in selecting the most appropriate continence products for each resident. Staff state that the home has sufficient supplies of equipment and aides to meet resident needs and residents state that care staff assist them to manage their continence care in a timely and discreet manner.

2.13 Behavioural management

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

Team’s recommendation

Does comply

The home has systems in place to assist staff in effectively managing resident behaviours. After a settling in period all residents are assessed and with the input of relatives, a comprehensive care plan is devised and strategies put in place to manage or prevent the incidence of complex or challenging behaviours. Staff complete incident reports relating to instances of challenging behaviour when appropriate, and files reviewed indicate that the home refers to allied health services appropriately. The team observed a number of educational booklets in the staff room with content around managing dementia specific residents and behaviours, and management have arranged a formal training session on behaviour management which is scheduled for later in the month. Residents and representatives interviewed were happy with behaviour management in the home.

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

In consultation with residents and their relatives, the home assesses each resident’s capacity in relation to mobility and dexterity upon entry. Residents have access to allied health services such as physiotherapy as required to enable optimum functioning. Staff monitor those residents most at risk of falling and the home provides adequate aides when required. Activity staff assist residents with exercise programs devised by the physiotherapist on a one to one basis and provide group activities. The team observed care staff assisting residents during meal times and the use of dexterity aides such as adaptive cutlery and crockery. The home records falls, identifies specific causes and implements strategies to manage these.

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 assisted by staff to maintain optimal oral and dental health. Oral health assessments are made following entry to the home to identify any specific assistance that the resident might require and the home uses a speech pathologist to identify residents who may have swallowing difficulties. Residents who are able, are encouraged to maintain independence with their oral care and to maintain association with their existing community dental service. Visiting dental services are available to residents at the home if required. Residents and representatives interviewed were happy with the services provided.

2.16 Sensory loss

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

Team’s recommendation

Does comply

A sensory assessment is completed on all residents upon entry to the home and any deficits identified are entered into the residents care plan. Care is reviewed on regularly throughout the residents stay during the home’s resident of the day program or when changes in the residents’ condition warrant re- assessment. The home has adequate facilities to safely store and manage any aides required by the resident. Staff confirm that they assist residents to use aides prescribed for them and documentation illustrates that staff maintain these devices appropriately. The home has access to external specialists and refers to these services when indicated. Residents and representatives were happy with the level of services provided to them.

2.17 Sleep

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

Team’s recommendation

Does comply

Upon entry to the home, an assessment is carried out and a care plan developed for each resident. Residents interviewed state that they are encouraged to maintain previously effective sleep patterns and files reviewed indicate that residents are reassessed when staff notice a variation to usual sleep patterns. Medication charts reviewed indicate that residents who require assistance to sleep are monitored by their doctors and these medications are administered by appropriately qualified staff.

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

Karinya Grove conducts continuous improvement activities in relation to residents’ lifestyle. Continuous improvement activities are generated from concerns reported on improvement forms, surveys and audits across outcomes within this standard. Residents and representatives are satisfied with the communication processes and feedback they receive from staff. Improved outcomes for residents and stakeholders have been achieved through the framework, and examples relating to resident lifestyle include:

- The purchase of a new facility bus.
- The position of lifestyle coordinator has been advertised to develop the lifestyle program.
- A resident meeting highlighted that many of the low care residents were unwilling to participate in programs that included high care residents, and they would like separate programs. The programs have been separated with new activities to reflect the different needs of residents in the different areas.

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

Management and staff have access to relevant legislation relating to standard three. Residents and relatives receive required information upon entry to the home. The resident handbook and the resident agreement provides information relating to privacy, security of tenure and rights and responsibilities.

See expected outcome 1.2 Regulatory compliance

3.3 Education and staff development

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

Team’s recommendation

Does comply

Staff at the home have access to an education program to ensure they have the required knowledge and skills to perform their roles effectively in relation to standard three. Residents and representatives interviewed were happy with the type and quantity of activities offered at the home.

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

Management demonstrates residents' emotional status and needs are identified and met on an ongoing basis. The home has a system in place to support residents' adjustment to life in the home's environment. Prior to entry to the home residents and representatives receive information about the home, are given a tour and provided with brochures and questions answered at interview. Assessments are conducted of residents' background, hobbies, important things and people, and are used to identify residents' specific emotional needs and support requirements, strategies are developed to offer support. Residents are encouraged to personalise their rooms to support memory, add comfort and maintain old interests, families and friends are welcomed to the home and invited to participate in functions and occasions. Residents confirm that they are satisfied their individual emotional needs are identified and appropriately supported.

3.5 Independence

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

Team's recommendation

Does comply

The home has systems in place to assist residents to achieve maximum independence, maintain friendships and participate in community life as appropriate to residents' needs and preferences. Individual strategies are implemented to promote independence, such as equipment to assist mobility and leisure programs that actively seek the involvement of residents and promote mobility and independence. Staff help with hobbies and transport for appointments is arranged. Residents exercise choice over their daily routines and family and friends are able to visit the home at any time. Residents have access to telephones, newspapers, and televisions and can visit the café, which is open daily and residents report their independence is supported.

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

Management demonstrate by processes in the home recognition and respect for residents' privacy, dignity and confidentiality. Lifestyle plans document residents' individual privacy and dignity needs and preferences and are reviewed regularly and appropriately. Resident information is stored securely and accessed by authorised staff and management. Residents are provided with single rooms with ensuite bathrooms, or shared double rooms. There is a large dining room in each wing, and smaller sitting rooms, cinema, library, chapel and sunny balconies to enable residents' to have quiet private time with family and friends. Staff state they have sufficient time to attend to resident's needs and residents report they are satisfied with the manner in which the home supports their privacy and dignity.

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

Management at Karinya Grove demonstrate effective systems to encourage and support residents' leisure interests and activity needs. Lifestyle plans are individualised and consider sensory, vision hearing and emotional support, and have planned review. A monthly lifestyle program is displayed on noticeboards in the home and is placed in all resident rooms. The program is responsive to feedback, requests and consultation, resident likes and dislikes,

cultural and social occasions, and has recently been revised at the request of residents to have separate programs for high and low care residents to encourage greater participation from residents. There is a wide range of activities conducted within and outside the home, including scrabble, movies, knitting group, church and chapel services, a gardening group, women's discussion group, men's group, bus trips, and one on one time with residents when required. Residents confirmed they enjoy the activities available to them at the home.

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

Processes, systems and external relations are effective in valuing and fostering each individual resident's interests, customs, beliefs and cultural and ethnic backgrounds. Preferences and needs are identified when the residents enter the home and an individualised care plan is created. Pastoral care is provided by visiting ministers of religion from local churches. Individual special celebrations and events and cultural days are identified and celebrated with activities, food and ceremonies. Residents confirm they are satisfied their cultural and spiritual needs and preferences are being met.

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

The rights of residents to make decisions and exercise choice and control over their lifestyle is recognised and respected. Residents' preferences are identified through assessments and individualised care plans formulated to reflect and respect wishes and are reviewed. Appropriate information is provided about the kinds of services residents can receive, through the resident handbook, at resident meetings, noticeboards and memoranda displayed in the home and includes advocacy and interpreter services and the complaints mechanism. Residents are able to exercise choice with personal care, meals, sleep, lifestyle activities and furniture and decorations in their rooms.

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

Prior to entry to the home residents are provided with information about security of tenure. Residency agreements are in place for all residents. Residents' rights and responsibilities and appropriate information is included in the resident handbook which is given to residents when they enter the home and management discuss the resident agreement with residents and representatives which includes information about fees and charges, levels of service, rights and responsibilities, security of tenure and the internal and external complaints mechanism. The internal and external comments and complaints systems and brochures are readily available for residents/representatives and staff, together with advocacy information. Residents and representatives confirm they are satisfied with the information on security of tenure and said they feel safe and understand their rights and responsibilities

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

Karinya Grove conducts continuous improvement activities relating to physical environment and safe systems. Examples of quality activities include monthly environment audits, incident and hazard reporting, infection control surveillance and register. Residents and representatives are very satisfied with the living environment, laundry, cleaning and catering services. Improved outcomes for residents and stakeholders have been achieved through the framework, and examples relating to physical environment and safe systems include:

- Residents have requested their clothes be ironed. An iron and ironing board has been sourced and laundry staff are now ironing clothing when requested by residents.
- Establishment of a full time maintenance position has enabled the implementation of a preventative maintenance program, scheduled cleaning and grounds maintenance.
- Security cameras have been installed at all entrances into the facility and some common areas and are monitored by clinical staff in the low care unit.
- A fob access or key system has been installed at all entry doors and fire escapes to enhance security.
- The occupational health and safety program has been established and formalised with elected representation of staff and an audit has been completed which identified issues which have been rectified. Occupational health and safety meetings are planned.
- A fence at the perimeter of the building has been erected to add security for the residents and staff from the adjoining park.

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

Management identifies changes in legislation relating to standard four via information received from professional associations and legislative update services. Fire safety certification, food safety and food premises registration are current and demonstrate compliance with regulatory requirements. The home has a system to monitor staff attendance at mandatory training and has policies and procedures in place for occupational health and safety, infection control, fire and food safety.

See Expected outcome 1.2 Regulatory compliance

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

Staff at the home have access to an education program to ensure they have the required knowledge and skills to perform their roles effectively. Recent and upcoming education provided for staff under standard four includes:

- Food handling
- Fire and evacuation training
- Infection control training

See Expected outcome 1.3 Education and staff development.

4.4 Living environment

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

Team's recommendation

Does comply

The Karinya grove environment reflects the safety and comfort needs of the residents, there is safe access to wide spacious corridors, numerous small lounge, sitting and dining areas to enable residents' private quiet times with family and friends and easily accessed outdoor areas. There are secure safe walking paths and newly established well kept gardens with easy access for residents. There is a café on site which is enjoyed by staff, residents and visitors where residents can purchase beverages, confectionery and small items. The planned preventative maintenance programs in place enable buildings and equipment to be maintained. Residents have access to an effective call bell system and signs throughout the building are clear, easy to understand and easily seen. Residents and relatives said they are very happy with their surroundings and feel safe and comfortable living at the home.

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

The home provides a safe working environment that meets regulatory requirements. The occupational health and safety committee is recently formed and will meet on a regular basis. Policies and procedures are available to guide staff practices and incident forms are completed to record actual and potential events or hazards. Chemicals, equipment and other hazardous supplies are stored in secure areas with the appropriate documentation and warnings. Education and training is provided for staff in manual handling and chemical usage. Personal protective equipment is available and is used readily by staff, interviews demonstrate staff knowledge of safety, and incident and hazard reporting procedures.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

The home has procedures for detecting and acting on fire, security and other emergency risks and incidents. Policies and procedures manuals are comprehensive and readily available for staff, fire and emergency education is a mandatory annual education for all staff. Evacuation maps are located throughout the home and are easily readable with clear indication of current location. Equipment including the fire panel is regularly tested and maintained, exit doors are clearly marked and free of obstruction. Evacuation information is placed at the entrance to each wing in the home and contain clear instructions and up to date resident lists. Access to the home is camera monitored and a fob access or key system used for access to the home. Staff demonstrated an awareness and knowledge of fire and emergency procedures and residents state they feel safe and secure in the home.

4.7 Infection control

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

Team's recommendation

Does comply

Management demonstrates its infection control program is effective in identifying and containing infection. Resident infection data is collected and analysed and reported at management meetings, infection control audits are carried out regularly and include hand washing, environment audits. Education relating to infection control is conducted for all staff at orientation and annually and contain mandatory competencies. Guidelines and kits for the management of outbreaks are accessible to staff, who demonstrate appropriate knowledge to minimise the risk of infection spread. Residents' immunisations are organised by their doctor. Personal protective clothing and equipment are available throughout the home, with processes in place for contaminated waste disposal. Temperature monitoring of refrigerators, prepared and delivered food occurs and hospitality staff comply with food safety guidelines and use a colour-coded system of cloths and mops to assist infection prevention.

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

Management demonstrates hospitality services are provided to enhance residents' quality of life and the working environment for staff. All hospitality services are provided by external contractors. Residents are provided with a four-week rotational menu which is cooked in the kitchen and transported to each area in the kitchen temperature controlled trolleys, meals are then served individually from the bain-maries. Residents' dietary needs are met together with alternative options to cater for individual likes and dislikes and catering staff will also accommodate resident requests and preferences. There are documented procedures and schedules for cleaning, staff stated a high awareness of cleaning processes, and laundry services and schedules which are followed by all staff. The team observed material safety data sheets, appropriate equipment and supplies including the use and availability of personal protective equipment. A laundry chute is used to transfer dirty laundry, the laundry has clean/dirty separation, provides labelling and ironing, and laundry staff confirmed awareness of infection control practices. Residents and relatives are very satisfied with the catering, cleaning and laundry services provided by the home.