



Australian Government

Australian Aged Care Quality Agency

Nalya Lodge Hostel

RACS ID 6122
88 Hill Street
PETERBOROUGH SA 5422

Approved provider: Country Health SA Local Health Network Incorporated

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 June 2018.

We made our decision on 05 May 2015.

The audit was conducted on 24 March 2015 to 25 March 2015. 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	Quality 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	Quality 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	Quality 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	Quality 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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Nalya Lodge Hostel 6122

Approved provider: Country Health SA Local Health Network Incorporated

Introduction

This is the report of a re-accreditation audit from 24 March 2015 to 25 March 2015 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients 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, care recipient 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 an 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 Quality 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

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 24 March 2015 to 25 March 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. 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 2014.

Assessment team

Team leader:	Cassandra Ristic
Team members:	Alice Redden

Approved provider details

Approved provider:	Country Health SA Local Health Network Incorporated
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Details of home

Name of home:	Nalya Lodge Hostel
RACS ID:	6122

Total number of allocated places:	11
Number of care recipients during audit:	11
Number of care recipients receiving high care during audit:	10
Special needs catered for:	Persons with dementia or related disorders

Street:	88 Hill Street
City:	PETERBOROUGH
State:	SA
Postcode:	5422
Phone number:	08 8651 0400
Facsimile:	08 8651 2552
E-mail address:	pamela.charnock@health.sa.gov.au

Audit trail

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

Interviews

Category	Number
Director of Nursing	1
Corporate and regional staff	4
Clinical and care staff	5
Administration assistant	1
Care recipients/representatives	6
Maintenance staff	1
Hospitality staff	4
Lifestyle staff	1

Sampled documents

Category	Number
Care recipients' files	7
Summary/quick reference care plans	7
Medication charts	5
Personnel files	2

Other documents reviewed

The team also reviewed:

- Activity program resources
- Audit schedule
- Care recipient and staff surveys
- Chemical safety data sheets and safety information
- Clinical handover/communication tools
- Comments and complaints log
- Communication books
- Continuous improvement register
- Corrective and preventative maintenance records

- Dangerous drugs of addiction register
- Dietary change forms
- Education and training calendar and records
- External contractor and preferred supplier records
- Food safety audit and plan
- Incident and hazard data
- Infection control program and resources
- Job and person specifications and duty statements
- Mandatory reporting register and system
- Menu
- Newsletters
- Performance appraisal spreadsheet
- Police certificate register for staff and volunteers
- Resident handbook
- Residential room agreements
- Restraint authorisation
- Rosters
- Schedule 4 and 8 drug licence
- Self-assessment
- Staff and orientation handbook
- Temperature records
- Various audits
- Various meeting minutes
- Various policies, procedures and guidelines
- Wound management plans and resources

Observations

The team observed the following:

- Care recipient rights and responsibilities

- Cleaning in progress
- Comments, complaints and suggestion forms
- Equipment and supply storage areas
- External advocacy brochures and posters
- Hand gel and hand washing facilities
- Interactions between staff and care recipients
- Internal and external complaints and advocacy information
- Living environment
- Meal service
- Medication round
- Notice of accreditation visit
- Noticeboards
- Safe storage of medications
- Short observation of group exercise activity
- Sign in/out register
- Storage of care recipients' information
- Visitors in the home

Assessment information

This section covers information about the home's performance against 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 care recipients, 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

The home has systems and processes for identifying, recording, managing and evaluating improvements and ideas. Information is gathered from a number of sources, including audits, meetings, data analysis and feedback from management, staff, care recipients and representatives. Ideas are recorded in the 'Improve IT' system where information relating to the initial idea, actions taken, outcome and evaluation are also documented. A corporate register also exists, to record improvements across the all South Australian health associated facilities. Improvements are a standing agenda item on the corporate, staff and resident meetings. The director of nursing is responsible for the site improvements and these are monitored through the regional quality risk and safety meetings. Results show ideas are collated, actioned, evaluated and feedback is generally recorded about the outcomes. Staff, care recipients and representatives said they have the opportunity to suggest improvements and are consulted about the ideas.

Examples of improvement initiatives implemented related to Standard 1 Management systems, staffing and organisational development include:

- As a result of a suggestion from management, a new internet access system was installed. In addition to this, new computers have also been placed in the home for staff to access the online documentation and education systems. This has resulted in staff being able to easily access the reporting systems in the home; allowing the home to reduce the paperwork relating to reporting of incidents and hazards. This has also resulted in staff having greater access at work to the online education systems. Feedback from management shows less time is being spent by management inputting information from paper documents. Feedback from staff shows they are able to complete online forms promptly and have improved access to education.
- Following an observation of differing styles of information provided during orientation to new staff, the Yorke and Northern region management decided to implement a standardised staff orientation handbook and information pack. The new handbook contains a standardised orientation checklist and information relating to the common systems used across the sites in this region. The handbook also contains a section with site specific staff orientation details. The region is expecting this improvement to assist in ensuring a quality and standardised orientation for all new staff. Nalya Lodge has used the new orientation and information book with two new employees and is providing

feedback to the region relating to the new process. This idea will be formally evaluated in the period May to June 2015.

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

The home has corporate and local systems and processes to ensure they meet relevant legislation and regulatory compliance. Nalya Lodge receives updates from South Australian country health and is also subscribed to an independent body; which sends regulatory and legislative change updates to the director of nursing. There is also access to the corporate intranet, which advises of changes through appropriate webpages and updated policies and procedures. Communication processes include meetings, communication books and memoranda to advise changes to staff, care recipients and representatives. Police certificates are monitored by a regional coordinator and the director of nursing follows up compliance documentation. The director of nursing, monitors current professional registrations of nursing staff. The home monitors compliance through audits and results show the processes are effective in maintaining regulatory compliance. Staff interviewed said they are updated about changes and are able to provide examples of recent changes. Care recipients and representatives said they are kept informed of changes relevant to their situation.

Examples of how the home ensures compliance in relation to Standard 1 Management systems, staffing and organisational development include:

- Care recipients and representatives are notified in writing of re-accreditation audits
- Current police certificates are maintained for relevant staff and volunteers
- Professional registration for clinical staff is monitored.

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

Management and staff have appropriate skills and knowledge to perform their roles effectively. New staff complete an orientation and mandatory online training. An annual education calendar is developed throughout the year, which contains mandatory training and additional training identified through skills gaps, change of care recipients' needs and staff consultation. Education is completed through facilitated sessions and electronic learning methods. Individual training sessions have evaluation forms and overall education is monitored through observation, staff appraisals, feedback and surveys. Results show education content is changed to focus on care recipient needs and staff requirements. Staff said they receive sufficient education and have input to future education needs. Care recipients and representatives said staff have skills and knowledge to provide care for care recipients.

Examples of education conducted this year in relation to Standard 1 Management systems, staffing and organisational development include:

- Risk management
- Managing conflict
- The online incident reporting system.

1.4 Comments and complaints

This expected outcome requires that "each care recipient (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

Care recipients, representatives and other interested parties have access to internal and external complaints mechanisms. Care recipients and representatives are advised on the complaints system on entry to the home and staff are informed of their ability to lodge complaints and their responsibilities regarding managing care recipient complaints. A suggestion box is located in the home for lodging written and anonymous complaints.

Comments and complaints are a standing agenda item on the staff and resident meetings. Verbal and written complaints are recorded on the electronic log and details of the complaint, actions and outcome are detailed on the log. Monitoring occurs through the regional quality risk and safety meeting, where trend data and details are discussed. Results show complaints are addressed promptly. Staff are aware of how to lodge comments and complaints. Care recipients and representatives said they are comfortable lodging comments and complaints.

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 has a mission statement and a vision which includes the service's purpose, values and commitment to quality. The mission statement is consistently documented in the resident and staff handbooks and is displayed in the home. Corporate and local organisational charts are available to staff on the intranet.

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

The home has systems for the recruitment of appropriately qualified and skilled staff. The organisation has corporate and local recruitment processes to ensure potential employees have appropriate skills and qualifications. There is a permanent roster for a percentage of staff and the remaining shifts, leave and unplanned absences are covered by casual staff. Access to additional staff is available from the adjacent associated hospital and agency staff. Monitoring processes include feedback, audits, performance appraisals and incident reporting processes. Results show staffing levels are adjusted to support the current mix of care recipient requirements. Staff said there is sufficient time to complete all tasks. Care recipients and representatives said there is always sufficient staff available to assist care recipients.

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

The home has a system for identifying and monitoring goods and equipment required for providing a quality service for care recipients and staff. There is a preventative maintenance schedule to ensure plant and equipment are maintained. Procurement of new equipment is managed through South Australian Country Health and a capital expenditure process is in place to guide management for new purchases. Regular ordering and re-stocking of supplies is delegated to relevant staff from various departments. Monitoring processes include audits, feedback, surveys and observation. Results show there are processes in place to support the provision of inventory and equipment. Care recipients, representatives and staff said they are satisfied there are adequate and appropriate stocks of goods and equipment to deliver quality care and services.

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

The home has information management systems to ensure care recipients, staff and all stakeholders have access to accurate and appropriate information. Care recipients have access to information through resident meetings, resident handbooks, letters and verbal communication with staff and management. Clinical information is communicated through written care plans, progress notes, communication diaries and folders, handover meetings and documents; which are locked in the nurses' station for privacy. Staff sign privacy and confidentiality agreements and regular staff and corporate meetings are held to discuss current information. Staff have access to the corporate intranet, electronic reporting tools and policies and procedures via password protected computers. Printed copies of required policies, procedures and documents are also available if access to computers is limited.

Monitoring processes include audits, feedback and surveys. Results show information is processed in line with privacy policies. Care recipients, representatives and staff said they have access to relevant information.

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

The home uses external contract services to assist in meeting the residential care service's needs and service quality goals. Agreements with major external providers are managed through South Australian Country Health and documentation relating to agreements and police certificates are managed through a corporate team. Local external providers generally have agreements and police certificates with Nalya lodge and are managed by the director of nursing. Corporate policies and procedures support the local agreements. Contractors are required to sign in when on-site and are supervised by staff, if required. There is a list of preferred suppliers and contractors available to local management and performance of the service providers is monitored corporately. Local monitoring processes include audits, feedback, surveys and observation. Results show external providers provide services which assist in meeting care recipients' needs. Care recipients, representatives and staff said they are able to give feedback relating to external service providers.

Standard 2 – Health and personal care

Principle: Care recipients' physical and mental health will be promoted and achieved at the optimum level, in partnership between each care recipient (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

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

In relation to Standard 2 Health and personal care, clinical incidents and data are used to identify improvements. Staff said they feel comfortable making suggestions relating to care.

Examples of improvement initiatives implemented related to Standard 2 Health and personal care include:

- As a result of observation and feedback from staff and management, a new continence aid management process was implemented. A new continence officer role was implemented to manage the assessments and continence aids. The role has improved the consistency of continence assessments and improved identification of appropriate aids; resulting in less skin irritations and ease of use and dignity for care recipients. Hanging continence aid holders were purchased to hang in the care recipients' wardrobes; this has improved access to correct products for care recipients and for representatives, when care recipients exit the home. Feedback from care recipients showed improved skin integrity, greater comfort and greater independence for continence needs.
- During a staff meeting, staff suggested an improved wound trolley would assist in improved outcomes for wound care in the home. A wound portfolio role was introduced and a new trolley purchased to support wound care. The portfolio holder has received additional wound care education and has developed more comprehensive wound management plans. Clinical reviews of wound management shows a decrease in time for wound resolution and noted improvement in chronic wounds.

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

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

Examples of how the home ensures compliance in relation to Standard 2 Health and personal care include:

- Medication is stored securely and monitored according to required regulations
- Clinical care is provided by qualified staff
- Policies, procedures and register for unexplained absences of care recipients.

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

Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes.

Examples of education conducted this year in relation to Standard 2 Health and personal care include:

- Medication management and credentials
- Palliative care
- Wound management
- Skin integrity.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure care recipients receive appropriate clinical care. Detailed assessments occur on entry to the home and are used to develop clinical care management plans for each individual care recipient. Appropriately skilled staff assist the clinical coordinator

in delivering the clinical care, changes are appropriately recorded to ensure timely follow up. Further clinical assistance is available at all times from the staff at the adjacent associated hospital. Regular reviews and evaluation are conducted by clinical staff, medical officer and allied health in consultation with the care recipient or their representative. Monitoring processes include clinical audits and regular reviews. Results show each care recipient receives appropriate clinical care and referrals. Staff state they receive relevant training and support to deliver appropriate clinical care according to care recipients' needs.

Care recipients and representatives state they are satisfied with the clinical care delivered by the staff and are aware further support is provided by the hospital when needed.

2.5 Specialised nursing care needs

This expected outcome requires that "care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's findings

The home meets this expected outcome

The home has a system to ensure care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff. There are detailed assessments and care plans conducted by qualified nursing staff, in consultation with medical officers and relevant specialists. Specialised nursing care is delivered by registered nursing staff or appropriately trained staff under the direction of a registered nurse. Specialised nursing care needs, such as wound, warfarin, pain and stoma care are effectively managed, reviewed and evaluated by registered nurses in consultation with the care recipient's medical officer. Monitoring includes weekly and monthly review by registered staff, four monthly evaluation, regular medical officer review, clinical audits and report analysis. Results show each care recipient requiring specialised nursing care has their needs identified and effectively met by appropriately qualified nursing staff. Staff state they have access to clinical guidelines, resources and training to meet the specialised care needs of the care recipients. Care recipients and representatives state care recipients receive appropriate specialised nursing care and they have access to specialist services when required.

2.6 Other health and related services

This expected outcome requires that "care recipients are referred to appropriate health specialists in accordance with the care recipient's needs and preferences".

Team's findings

The home meets this expected outcome

The home has a system to ensure care recipients' are referred to appropriate health specialists in accordance with their needs and preferences. Assessment and review by clinical staff and medical officers are effective in identifying the need for referral to other health specialists. Referrals are made in consultation with the care recipients and representatives to ensure their preferences are supported. Care recipients have access to a wide variety of health and related services at the home, support is organised for care recipients to access services outside the home. Monitoring processes include audits, surveys, feedback mechanisms and clinical reviews. Results show care recipients are referred to appropriate health specialists and the home provides support for care recipients accessing services outside the home. Staff state they are aware of the communication processes for referring care recipients, when the need arises. Care recipients are satisfied with access to appropriate health specialists and state the home consults them and respects their preferences.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure care recipients’ medication is managed safely and correctly. Medical officers assess care recipients’ medication needs and complete regular reviews of care recipients, their medication requirements and medication charts.

Appropriately trained staff administer and manage care recipients’ medications. After hours emergency medication can be accessed through the adjacent associated hospital or the preferred pharmacy. Medications are securely stored in line with regulations. Effectiveness of ‘as required’ medications are generally monitored. Monitoring processes include medication incident reporting, medication reviews by the registered nurse and medical officer and pharmacy meetings. Results show medications are monitored for safe administration and use. Relevant staff were observed managing medication correctly and safely and state they have regular relevant training. Care recipients state staff who administer their medications do so in a timely and correct manner.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure all care recipients are as free as possible from pain. Extensive entry and ongoing assessments for all care recipients, including those with cognitive and communication impairments, are conducted by appropriately trained staff, physiotherapist and medical officer. A pain management care plan is developed and includes alternate therapies such as massage, heat and repositioning as well as utilising ‘as required’ medication. Monitoring occurs through ongoing review and evaluation of pain management strategies including weekly review of the use of ‘as required’ pain medication. Results show the individualised pain management strategies are effective. Staff are aware of how to identify and assess care recipients’ pain and have access to care plans and relevant information and resources. Care recipients state they are satisfied with the management of their pain and when pain occurs, staff respond in a timely manner.

2.9 Palliative care

This expected outcome requires that “the comfort and dignity of terminally ill care recipients is maintained”.

Team’s findings

The home meets this expected outcome

The home has systems to ensure that the comfort and dignity of terminally ill care recipients’ is maintained. Assessment and management of care recipients’ end of life needs is conducted by registered nurse and medical officer in consultation with the care recipient and their representatives. Care plans are developed in accordance to the preferences and wishes of

care recipients, including comfort and spiritual care. Monitoring occurs through clinical review and staff and representative feedback. Results show the home has access to resources, information and training relevant to palliative care. Staff state they are aware of palliative care procedures and have knowledge of how to maintain the dignity of terminally ill care recipients. Representative feedback shows they are satisfied with palliative care and the support given by the home when caring for terminally ill care recipients.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure care recipients’ receive adequate nourishment and hydration. Entry and risk assessments are conducted and used to develop a detailed dietary plan that includes preferences, supplements and special requirements. Referral to a dietician or speech pathologist occurs for identified at risk care recipients. There is a hot weather policy to encourage hydration. Monitoring of the system includes regular weighs, menu review, audits, surveys and feedback. Results show staff identify changes in health status and care plans are updated to reflect the change in needs. Staff are aware of care recipients’ individual dietary needs. Care recipients and representative state they are satisfied the home meets care recipients’ nutrition and hydration needs.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure care recipients’ skin integrity is consistent with their general health. Entry and risk assessments are used to develop a skin management plan that reduces breakdown and promotes skin integrity. An enrolled nurse has received relevant training and assists in the ongoing management of care recipients’ skin integrity issues.

Relevant resources are available to support skin care needs. Monitoring occurs through clinical audits, incident data, care reviews and regular evaluations. Results show preventative strategies are effective at maintaining the care recipients’ skin integrity. Staff practice observed is consistent with the documented care plans. Care recipients are satisfied their skin care needs are met.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure care recipients’ continence is managed effectively. Assessments are conducted on entry and are used to develop a continence management

plan, including scheduled toilet times, continence aids and required equipment. The home has a continence communication book and an enrolled nurse trained in continence management, to ensure the ongoing continence needs of the care recipients are met.

Monitoring occurs through clinical audits, infection data and regular reviews. Results show care recipients' continence is managed through toilet schedules, whilst maintaining privacy and dignity. Staff are aware of the individual continence needs of the care recipients and use the available communication tools when changes occur. Care recipients are satisfied their continence needs are managed effectively and state staff encourage their independence.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

The home has a system to ensure that care recipients with challenging behaviours are managed effectively. Initial and ongoing assessment identifies triggers and strategies to effectively manage challenging behaviours. The lifestyle staff and program are effectively used to support documented plans and manage challenging behaviours. Restraint use is assessed and monitored by registered staff and medical officers in consultation with the care recipients and their representatives. Chemical restraint is used in line with regulations and only after all other alternative management strategies are implemented. Monitoring occurs through behaviour incident reporting, progress notes, handovers, audits, surveys and feedback mechanisms. Results show staff use documented strategies in a timely manner to reduce challenging behaviours and new care recipients have ongoing support to identify and manage behaviours of concern. Staff are aware of and use effective strategies for individual care recipients with challenging behaviours. Care recipients state their living environment and privacy is not impacted by care recipients with challenging behaviours and they receive appropriate support from staff.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

The home has a system to ensure that optimum levels of mobility and dexterity are achieved for all care recipients. Extensive functional, safety and risk assessments are conducted by registered staff and physiotherapists who develop a care plan that supports optimum levels of mobility and dexterity. Care recipients receive exercise and movement support daily through the activity program, with exercise and massage being delivered as a group and individually. Monitoring occurs through falls and incident data, audits, surveys and regular reviews. Results show care recipients' mobility and dexterity is supported through staff assistance and equipment used to promote independence. Staff state they are aware of individual mobility and dexterity needs, observed staff practice was consistent with documented care plans. Care recipients are satisfied the home supports them to maintain optimum levels of mobility and dexterity.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure that care recipients’ oral and dental health is maintained. Ongoing assessment and appropriate management by staff, medical officers and a visiting dentist occurs. Assessments are used to develop individual care plans and identify strategies to optimise each individual’s oral and dental health. Monitoring occurs through clinical audits, infection data and regular care reviews and evaluation. Results show care recipients’ oral and dental health is maintained through the provision of equipment and supplies and relevant staff training. Staff state they are aware of individual oral and dental care needs and have adequate stock to assist in maintaining oral and dental health. Care recipients state they have received a recent review by a visiting dentist and staff assist them where necessary with oral and dental hygiene.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure that care recipients’ sensory losses are identified and managed effectively. Comprehensive sensory assessments are conducted by a registered nurse and a detailed care plan is developed to effectively manage identified sensory losses. Staff access detailed strategies to ensure care recipient safety and independence through the sensory loss care plans. Referrals to specialists occur when required. Staff assist care recipients in the maintenance and application of aids, such as glasses and hearing aids.

Monitoring includes clinical audits, feedback mechanisms and reviews. Results show care recipients sensory losses are managed effectively. Staff are aware of care recipients’ sensory losses and have access to relevant care plans. Care recipients state they are satisfied with the home’s management of identified sensory losses and receive adequate staff assistance.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure that care recipients’ achieve natural sleep patterns. Assessment on entry is comprehensive and individual strategies including environmental, medication and emotional supports are developed to assist in achieving natural sleep patterns. Care recipients’ preferences of settling and rising routines are supported by staff. Monitoring includes progress notes, regular reviews and feedback mechanisms. Results show care recipients’ natural sleep patterns are achieved through the maintenance of a peaceful environment at night. Staff are aware of individuals’ sleep patterns and use strategies as

documented in the care plan. Care recipients' state they feel safe and secure at night and are satisfied with staff assistance to achieve natural sleep patterns.

Standard 3 – Care recipient lifestyle

Principle: Care recipients 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

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

In relation to Standard 3 Care recipient lifestyle, meetings with care recipients and surveys are used to gather further information. Staff encourage care recipients to give feedback in relation to activities. Representatives said they feel comfortable discussing the care recipient activities and lifestyle ideas with staff and management.

Examples of improvement initiatives implemented related to Standard 3 Care recipient lifestyle implemented include:

- Following observations and complaints relating to accessibility for care recipients with limited mobility accessing the community, a plan to purchase a new transport vehicle has been implemented. Management are currently investigating the viability of purchasing a new vehicle with wheelchair access. Whilst the research is occurring, the home is hiring a community bus with wheelchair access to transport care recipients to appointments and activities. Initial feedback from staff shows care recipients are able to attend appointments and external activities with more frequency and improved comfort. This improvement is yet to be finalised and formally evaluated.
- Following suggestions from care recipients about having an improved garden area, the home has begun a project to improve the external living environment. The existing rotunda has been re-roofed to allow for care recipients to sit outside. During resident meetings care recipients were asked what they would like to have in the garden area and a plan for the garden has been developed. A landscaper has been employed to complete the design and begin work on the gardens. Initial feedback from care recipients and representatives shows the rotunda improvement is a positive change and care recipients and representatives feel involved in the planning process. This improvement will be formally evaluated on completion of the upgrades.

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 care recipient lifestyle”.

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

Examples of how the home ensures compliance in relation to Standard 3 Care recipient lifestyle include:

- Policies, procedures and register for reporting of elder abuse
- Relevant legal agreements to support care recipient security of tenure
- Privacy and confidentiality procedures and agreements.

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

Refer to expected outcome 1.3 Education and staff development for further information about the home’s education and staff development systems and processes.

Examples of education conducted this year in relation to Standard 3 Care recipient lifestyle include:

- Person centred care
- Dementia and activities.

3.4 Emotional support

This expected outcome requires that “each care recipient receives support in adjusting to life in the new environment and on an ongoing basis”.

Team’s findings

The home meets this expected outcome

The home has a system to ensure that care recipients receive support in adjusting to the new environment and on an ongoing basis. Assessment on entry involving daily one-on-one support is used to develop an appropriate management plan for ongoing emotional support. The emotional support plan is developed in consultation with care recipients, representatives and relevant members of the wider community, extensive individualised strategies are documented. Monitoring includes care recipient feedback, staff feedback, surveys and care

reviews and evaluations. Results show emotional support is appropriately delivered by the home with support of staff, family, community and religious ministers. Staff are aware of emotional support needs of care recipients new to the home and staff deliver extra emotional support when a care recipient requires it. Care recipients state they are satisfied with the emotional support provided when adjusting to life in the new environment and the ongoing daily emotional support they receive creates a family atmosphere within the home.

3.5 Independence

This expected outcome requires that "care recipients 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

The home has a system to ensure that care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service. Ongoing assessment of individuals' needs is used to develop strategies to encourage and support care recipients' independence.

Physiotherapists are involved in assessment and planning which results in individualised exercise programs and provision of equipment to support care recipients in maintaining their independence. Staff support care recipients in participating in the life of the community through regular supported access to community events. Monitoring occurs through care review, audits, risk assessments, environment inspections, care recipient surveys and feedback. Observation of staff practice shows care recipients are actively assisted to achieve independence in their daily activities. Care recipients and representatives state the home actively assists care recipients in achieving independence and supports them to participate in the community within and outside the home.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has a system to ensure each care recipients' right to privacy, dignity and confidentiality is recognised and respected. The system includes assessments of individual needs and preferences, access to information on confidentiality, secure storage of personal information and staff education. Staff are informed of individual preferences in regards to privacy and dignity through care plans and progress notes. Monitoring occurs through audits, surveys, care reviews, care recipient meetings and the feedback mechanisms. Results show the home actively recognises and respects care recipients' privacy, dignity and confidentiality. Staff state they are aware of the home's confidentiality policy and procedures and staff were observed knocking on care recipients' doors and treating them with respect.

Care recipients and their representatives stated they are satisfied staff respect care recipients' privacy and dignity.

3.7 Leisure interests and activities

This expected outcome requires that "care recipients 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

The home has a system to ensure care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them. Individual ongoing assessments and gathering life history in consultation with care recipients and their representative occurs on entry, to develop a leisure plan. Care recipients' activity plans are detailed and individualised to reflect their interests and preferences. A wide range of activities are offered, care recipients and their representatives are provided with a copy of the monthly activity schedule which includes, community outings, spiritual services, exercises, reminiscence and card games. The activity calendar has time scheduled for one-to-one activities of the care recipient's choice. Monitoring occurs through daily recording of participation and outcome of group and individual activities, meetings, weekly reviews of activities and daily verbal feedback from care recipients. Results show the leisure activities program and one-to-one activities are continually adapted to meet the preferences and interests of each care recipient. Staff actively assist and support care recipients in participating in a wide range of activities. Care recipients and representatives are satisfied care recipients are supported to participate in activities that are of interest to them and their preferences are respected by the staff.

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

The home has a system to ensure all individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Assessments are conducted in consultation with the care recipient, their representative and relevant community members. Individual care plans are developed outlining the preferences and wishes of each individual in regards to their spiritual and cultural needs. Various spiritual services are conducted at the home with the support of the community and volunteers. Monitoring occurs through surveys, care reviews, feedback from staff, care recipients, representatives and the wider church community. Results show care recipients are supported to regularly attend spiritual and cultural events within the home and within the wider community. Staff state they are aware of individual care recipient's needs and actively value and foster each individual's beliefs and backgrounds. Care recipients are satisfied the home supports them in accessing spiritual and cultural events in the community of interest to them.

3.9 Choice and decision-making

This expected outcome requires that "each care recipient (or his or her representative) participates in decisions about the services the care recipient 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

The home has a system to ensure each care recipients' or representatives participate in decisions about the services the care recipients receives and is generally enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people. Consultation with the care recipient or representative occurs during all assessment processes, including reviews by medical officers and specialists and when developing a care plan. Care recipients' choices and preferences are documented on care plans. Monitoring occurs through feedback, care recipient surveys and care recipient meetings. Results show care recipients actively participate in decisions about the care and services they receive at the home. Staff state they are aware of individuals' choices and respect the decisions made by care recipients when meeting their care needs. Care recipients state staff consistently encouraged their participation in decisions about the care they received and their decisions were respected by staff enabling them to exercise control over their lifestyle. Care recipients were generally satisfied with their involvement in decision making in regards to food choices.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has a system to ensure care recipients have secure tenure within the residential care service, and understand their rights and responsibilities. Entry processes include provision of clear information on security of tenure and the rights and responsibilities to all care recipients and representatives. A meeting occurs with the care recipient and/or their representative to discuss security of tenure when signing a room agreement, before entering the home and when transfer to other facilities occurs. Monitoring occurs through feedback mechanisms and consultation at regular reviews and evaluation. Results show care recipients have access to information on their rights and responsibilities. Staff are aware of care recipients' rights and responsibilities and staff practice observed demonstrates they actively support this. Care recipients state they are aware of their rights and responsibilities and feel safe and secure at the facility.

Standard 4 – Physical environment and safe systems

Principle: Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, 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

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

In relation to Standard 4 Physical environment and safe systems, regular audits are completed to monitor the safety and comfort of the home. Care recipients and staff said they are encouraged to make suggestions to improve the safety and comfort of the environment.

Examples of improvement initiatives implemented related to Standard 4 Physical environment and safe systems include:

- Observations, feedback and audits identified clinical storage space was limited and dining room storage caused obstruction to care recipients. The storage cupboard in the dining room was removed allowing greater access to the care recipient noticeboard and wider walkways. The clinical storage area was improved through a new medication safe, pigeonholes for care recipient files and extra equipment storage cupboards. Feedback from staff shows staff access to medications, equipment and care recipient files has improved resulting in more efficient work practices. These improvements are to be formally evaluated on 30 April 2015.
- Following suggestions from staff regarding improved hospitality services to care recipients, new cleaning and catering shifts have been added to the roster. The additional cleaning shift was added to Wednesday to enable cleaning staff to complete a more thorough clean of care recipient rooms and to enhance the existing cleaning of the shared living environments. Additional daily catering shifts were added to improve the food service and free care staff to assist with care duties. Care recipient feedback shows the cleanliness of the home has improved and dining experience is more relaxed.

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

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

Examples of how the home ensures compliance in relation to Standard 4 Physical environment and safe systems include:

- Documented external food safety audit
- Current fire system monitoring processes
- Policies and procedures for Workplace Health and Safety.

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

Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes.

Examples of education provided to staff this year in relation to Standard 4 Physical environment and safe systems include:

- Chemical safety
- Manual handling
- Food handling
- Fire and emergencies.

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 care recipients' care needs".

Team's findings

The home meets this expected outcome

Management actively works towards providing a safe, clean and comfortable environment that is consistent with care recipients' care needs. Care recipients are accommodated in single rooms with ensuite and there are communal living, dining and outdoor areas. Care recipients are encouraged to individualise their rooms with personal effects. Climate control facilities are available to care recipients, including air conditioning and heating. The home has a minimal restraint approach and restraint is used in consultation with the care recipient and/or representative, clinical team and medical officer. The home has keypad and proximity card access on external doors. The living environment is monitored through environmental audits, incident and hazard reporting, preventative and corrective maintenance programs, surveys, feedback and observations. Results show maintenance and improvement requests are responded to in a timely manner. Staff said they are aware of their role in maintaining a safe and comfortable environment. Care recipients and representatives said they are satisfied with the safety and comfort of 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 findings

The home meets this expected outcome

The home has systems and processes to provide a safe working environment that meets regulatory requirements. South Australian Country Health are self-insured and corporate policies and procedures support staff and management. Hazards and incidents are reported on the corporate electronic log and are discussed in resident, staff and regional quality risk and safety meetings. Safety precautions, processes and personal protective equipment are available to all staff. Monitoring processes include environmental audits, feedback and observations. Results show feedback has resulted in improvements to safe storage around the home. Staff confirmed they have access to personal, protective equipment, policies, procedures, guidelines and training

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 to provide a safe environment through the minimisation of fire, safety and security risks. Nalya Lodge monitors fire systems through regular equipment servicing by external contractors and has a current Triennial fire safety certificate. Evacuation maps are located throughout the home and an evacuation mobility list, next of kin contact list

and emergency procedures are accessible to staff. Regular testing and tagging of electrical items is conducted. The home's security is maintained through key pad operated doors, staff duress pendants and evening lock down procedures. Monitoring processes include fire and evacuation drills, audits, incident and hazard reporting, feedback and observation. Results show fire safety records are current and maintenance requests are actioned promptly. Staff said they attend annual fire training and are aware of their responsibilities in the event of an emergency. Care recipients said they know what to do on hearing a fire alarm.

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 home has a system to ensure there is an effective infection control program. Staff education, colour coded cleaning processes, preventative maintenance, an infection control program and the provision of relevant resources and equipment all contribute to an effective infection control system. The home has an infection control officer who attends regional infection committee meetings to discuss infection and trend data. Information and resources are available through the support of the hospital and other regional sites. Monitoring occurs through environmental audits, clinical audits, temperature recording, food safety audits and infection data analysis. Results show that during a recent gastro outbreak, infection control processes were implemented as per guidelines to prevent cross infection and resolve the incident in a timely manner. Staff state they are aware of the infection control program and received training and information to assist them in managing the recent gastro outbreak.

Care recipients infections are identified and effectively managed and monitored with the homes infection control program.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home provides catering, cleaning and laundry services in a manner which enhances care recipients' quality of life and the staff's working environment. Catering staff use a four week rotating seasonal menu which has been reviewed by a dietitian. Meals are cooked in the adjacent and associated hospital and are delivered to the kitchen in the home for serving. Catering staff are guided by care recipients' dietary preference records. Cleaning and laundry services are guided by infection control procedures, cleaning schedules and chemical safety data sheets. Spot cleaning is completed throughout the week by cleaning staff and a weekly thorough clean is completed on Wednesdays. Care recipients' laundry is attended daily in the adjacent associated hospital laundry. Linen is managed through the hospital and delivered every two days to Nalya Lodge. Monitoring of hospitality services includes feedback, audits, surveys, meetings and observations. Results show care recipients' needs in relation to catering, cleaning and laundry are documented and reviewed. Staff said they are aware of their responsibilities around catering, cleaning and laundry. Care recipients and representatives said they are satisfied hospitality services are provided in a manner that meets care recipients' individual needs and preferences.