Aged Care
Standards and Accreditation Agency Ltd

Decision to accredit
Kapunda Homes

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

The Agency has decided that the period of accreditation of Kapunda Homes is three years until 22 July 2013.

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:	Kapunda Homes
RACS ID:	6057

Number of beds:	26	Number of high care residents:	20

Special needs group catered for:	• People with dementia and related disorders

Street:	Nash Street				
City:	KAPUNDA	State:	SA	Postcode:	5373
Phone:	08 8566 2007		Facsimile:	08 8566 2888
Email address:	Sue.Kelly@health.sa.gov.au				

Approved provider

Approved provider:	Country Health SA Hospital Incorporated

Assessment team

Team leader:	Cherie Davy
Team member:	Cate Quist
Dates of audit:	24 May 2010 to 26 May 2010

Executive summary of assessment team's report

Accreditation decision

Standard 1: Management systems, staffing and organisational development

Expected outcome	Assessment team recommendations	Agency findings
1.1 Continuous improvement	Does comply	Does comply
1.2 Regulatory compliance	Does comply	Does comply
1.3 Education and staff development	Does comply	Does comply
1.4 Comments and complaints	Does comply	Does comply
1.5 Planning and leadership	Does comply	Does comply
1.6 Human resource management	Does comply	Does comply
1.7 Inventory and equipment	Does comply	Does comply
1.8 Information systems	Does comply	Does comply
1.9 External services	Does comply	Does comply

Standard 2: Health and personal care

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

Executive summary of assessment team's report		**Accreditation decision**

Standard 3: Resident lifestyle

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

Standard 4: Physical environment and safe systems

Expected outcome		Assessment team recommendations	Agency findings
4.1	Continuous improvement	Does comply	Does comply
4.2	Regulatory compliance	Does comply	Does comply
4.3	Education and staff development	Does comply	Does comply
4.4	Living environment	Does comply	Does comply
4.5	Occupational health and safety	Does comply	Does comply
4.6	Fire, security and other emergencies	Does comply	Does comply
4.7	Infection control	Does comply	Does comply
4.8	Catering, cleaning and laundry services	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	Kapunda Homes
RACS ID	6057

Executive summary

This is the report of a site audit of Kapunda Homes 6057 Nash Street KAPUNDA SA from 24 May 2010 to 26 May 2010 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

The assessment team considers the information obtained through audit of the home indicates that the home complies with:

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Kapunda Homes.

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 24 May 2010 to 26 May 2010

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:	Cherie Davy
Team member:	Cate Quist

Approved provider details

Approved provider:	Country Health SA Hospital Incorporated

Details of home

Name of home:	Kapunda Homes
RACS ID:	6057

Total number of allocated places:	26
Number of residents during site audit:	24
Number of high care residents during site audit:	20
Special needs catered for:	People with dementia and related disorders

Street:	Nash Street	State:	SA
City/Town:	KAPUNDA	Postcode:	5373
Phone number:	08 8566 2007	Facsimile:	08 8566 2888
E-mail address:	Sue.Kelly@health.sa.gov.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Kapunda Homes.

The assessment team recommends the period of accreditation be three years.

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and the reasons for its recommendations are outlined below.

Audit trail

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

Interviews

Clinical services coordinator	1	Residents/representatives	6
Registered nurses	3	Quality risk officer	1
Enrolled nurse	1	Diversional therapist	1
Care staff	2	Laundry staff	1
Clinical services coordinator	1	Volunteer	1
Director of nursing	1	Aged care liaison officer	1
Office manager	1	Cleaning staff	1
Injury prevention consultant	1	Maintenance staff	1
Services managers	2	Infection control coordinator	1
Physiotherapist	1	Catering staff	2
Administration officer	1		

Sampled documents

	Number		Number
Residents' files	6	Medication charts	6
Care plans	6	Self medication assessment	1
Restraint authorisation	2	Leisure and lifestyle social activity therapy assessments	6

Other documents reviewed

The team also reviewed:
- Activity attendance sheets
- Allied health folders
- Ancillary services guide to cleaning register
- Appointment diary
- Asbestos register
- Care plan review schedule

- Cleaning and sanitising schedules
- Communication book
- Compliments resister and folder
- Contractor safety management
- Critical elements report
- Daily cooks check list
- Department of Health and Ageing Certification
- Doctors' book
- Document control, organisational and OHS&W IM procedure manual
- Electrical testing and tagging records
- Emergency planner
- Equipment calibration records
- Equipment trial folder
- Evaluation (lifestyle) folder
- External standards, audit, evaluation, accreditation reports and documents folder
- Fire and evacuation pack
- Fire and evacuation procedures manual
- Flow chart for supplier non-compliance
- Food safety audit report
- Food safety audits (internal)
- Food safety program
- Food safety tips brochure
- Food service questionnaires
- 'Green box' falls prevention kit
- Hazards and incidents 2010
- Hearing aid battery change schedule
- Inspection check lists
- Kapunda and Eudunda service roster
- Kapunda Homes Memorial Service pamphlet
- Kapunda Homes training report
- List of approved suppliers
- Maintenance request book
- Mandatory reading folder
- Manual handling plant and risk assessment folder
- Medication fridge temperature monitoring records
- Medication management workbook
- Medication omission of signature audit
- Medication supply audits
- Minister's Specification 76
- Mock fire evaluation and action plan
- Monthly food service questionnaires
- Nail care toothbrush audit folder
- New product trial forms
- Nursing education handbook
- Nursing registrations
- Occupation Health Safety and Welfare and Injury Management information
- Orders and supplies folder
- Organisations policy and procedures folder
- Orientation packages including orientation booklet
- Orientation program
- Pad allocation list
- Pest control register
- Plant and equipment risk assessments

- Police clearance list
- Preventative maintenance schedules
- Purchasing check list
- Recruitment policies and procedures
- Resident agreement and information booklet
- Resident drink preferences
- Resident menu sheets
- Resident profiles
- Resident summary graphs
- Residents' information package and surveys
- Roster and timesheet services staff folder
- SA Water analytical reports/results
- Schedule 4 & 8 drug licence
- Schedule for medical officer and medication reviews
- Service agreements and contracts
- Staff development 2009/2010
- Staff handbook
- Staff training evidence 2009-2011
- Supplier assessment and evaluation form
- Temperature monitoring records kitchens
- Test and tag schedule
- Tooth brush auditing and replacement schedule
- Triennial fire inspection and report
- UHF radio audit report
- Various internal audits and audit schedules
- Various clinical flow charts and guidelines
- Various documentation continuous improvement plan and register
- Various documentation for the management, disposal and retention of records
- Various external audits
- Various meeting minutes
- Various policy and procedure manuals
- Various position description and person specification
- Various resident meeting minutes
- Volunteers information pack
- Volunteers note book
- ' Your Road to Recovery' (information for injured employees)
- Welcome to Kapunda Homes information package
- Work experience and placement information
- Work schedules laundry
- Workplace inspections

Observations
The team observed the following:
- Activities in progress including bingo and antique road show
- Cleaners' room
- Cleaning trolley with cleaning staff performing cleaning duties
- Daily menus displayed on noticeboard
- Data logger
- Dining area with residents eating lunch
- Equipment and supply storage areas
- Evacuation procedures displayed
- Fire bags in general areas
- Fire panel

- Fire suppressant equipment
- Hand sanitiser availability
- Influenza and gastro information kits
- Interactions between staff and residents
- Internal and external living areas
- Kitchen area with staff serving meals
- Laundry
- Maintenance shed
- Medication trolley with medication round in progress
- Nurses' station
- Outbreak kits
- Palliative care trolley
- Resident and staff noticeboards
- Resident tray cards
- Safety inspection schedule
- Secure medication storage
- Sensory kit
- Sharps containers
- Sluice rooms
- Staff amenities
- Staff assisting and providing care for residents
- Staff wearing personal protective equipment
- Tagging of electrical equipment
- Various aged care and advocacy information displayed

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

Kapunda Homes is an operating unit of Country Health SA and until recently fell under the Barossa Gawler Eudunda Kapunda cluster. The cluster name has now changed to the Inner North Country Health Service cluster. Kapunda Homes is continuing to monitor compliance with the Accreditation Standards and identify opportunities for improvement. The home identifies improvement opportunities from internal and external audits, comments, complaints and suggestions, consumer feedback forms, resident and staff meetings, feedback, surveys, adverse events and worksite safety inspections. Improvement initiatives are placed onto the home's plan for continuous improvement register, which is monitored by the quality risk officer. Improvements are delegated to designated staff who follow-up required actions with specified timeframes. Improvements are discussed at the Quality and Safety meetings.
Residents, representatives and staff are aware of the continuous improvement system and are satisfied their suggestions are acted upon by the home.

Examples of improvement activities and achievements relating to management systems, staffing and organisational development include:
- The clinical services coordinator and the director of nursing identified through regular reviews and using the country health methodology that an additional 16 hours care per day were required. An additional eight hour care shift was created at night, and an additional four hours per shift on the early and late shift was implemented. Evaluated feedback shows staff morale has improved and there have been improved resident outcomes in care and services.
- Care staff identified that some residents could not hear clearly whilst attending the resident meeting. A public announcement (PA) system was purchased. The PA system is now used at all meetings and activities. This has assisted residents to hear better which has improved their involvement in the activities and meetings. It has been noted that more residents now provide verbal feedback at meetings.
- The clinical services coordinator identified the need for additional information to be made available to residents and their families about their rights and responsibilities and the complaints mechanisms available. An independent speaker delivered an education session to residents and staff which included information about elder abuse. Residents' feedback indicated they found the session informative and interesting, whilst staff thought it was a beneficial education session which reinforced their knowledge.

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

Team's recommendation
Does comply

The home has systems to identify, monitor and communicate relevant legislation, regulations, professional standards and guidelines in relation to management systems, staffing and organisational development. The quality risk officer receives health and aged care legislative alerts through a peak external industry service. Updates are forwarded to the relevant managers and supervisors. Legislative alerts are tabled monthly at the Quality and Safety Committee and recorded on the plan for continuous improvement. Staff are informed about changes in legislation and regulations through the home's communication processes, and can access direct links to the appropriate websites. Staff are aware of their regulatory requirements relating to management systems and staff development. The home has processes to provide notification to residents and their families about the accreditation audit and has a system for ensuring all relevant individuals have a police clearance.

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

Team's recommendation
Does comply

The home has processes to provide staff with the appropriate knowledge and skills to perform their roles effectively. These include mandatory training, performance appraisals, observation, supervision, surveys, audits, education evaluation, resident and staff meetings and feedback. An orientation program is available for new staff. Staff have access to policies and procedures to guide them in their daily work practices. Information on internal and external training days and educational opportunities is displayed on noticeboards and conveyed through staff meetings and the communication book. Staff attendance at training is monitored and recorded. There are processes for following up non-attendance at mandatory training sessions. Staff are satisfied with the education information, opportunities and ongoing support to enhance their knowledge and skills. Examples of training completed in management systems, staffing and organisational development in the last 12 months include documentation/ Aged Care Funding Instrument, root cause analysis and customer service. Residents and representatives are satisfied that management and staff have the appropriate knowledge and skills to perform their roles effectively.

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

Team's recommendation
Does comply

Residents and representatives are aware of the formal and informal processes available to raise issues of concern and are satisfied their concerns are listened to and actioned where appropriate. Whilst they are aware of the home's formal complaint process they prefer to use the home's meetings system and management's open door policy to discuss and resolve issues or concerns. The resident information book and agreement has information available on internal and external complaints mechanisms. The Aged Rights and Advocacy Service are invited to resident meetings annually. A suggestion box is available to assist in the confidential lodgement of feedback. There have been no formal complaints received at the home within the last year. The home monitors resident satisfaction through managements' open door policy, resident meetings, newsletters, surveys, audits, individual discussions and feedback as well as staff observations.

1.5 Planning and leadership

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

Team's recommendation
Does comply

The home's vision, mission and values are displayed throughout the home. Information regarding the home's care and objectives is available in the resident and staff information books.

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

Residents and representatives are satisfied with the level of staff skills and the care provided to them. The home has systems in place to ensure that staff have the appropriate knowledge and skills to perform their roles effectively. These include a mandatory training program, induction and orientation process, job descriptions, annual performance reviews, training evaluation, surveys, comments, complaints and observation of work practices. The staff roster allows for the flexibility of extra hours and shift changes between staff. Agency staff are utilized for shifts not filled. Care staff have access to a registered nurse overnight through the co-located adjacent hospital. Clinical competencies are evaluated and monitored by the clinical services coordinator. Staffing levels are based on the Country Health SA methodology. The home demonstrated an increase in staffing hours in response to the increase in care needs of residents. Staff confirm they feel supported by management and have enough time to perform their duties.

1.7 Inventory and equipment

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

Team's recommendation
Does comply

The home uses documented systems and processes for ordering and maintaining appropriate goods and equipment. Staff are actively involved in trialling new equipment and use standard forms to comment on equipment and stock in use. Staff comments are evaluated and considered prior to purchase of equipment. There are schedules in place for the servicing and maintenance of equipment either by maintenance staff or external providers. Electrical equipment is tested and tagged as per schedule. There is a system in place for prompt attention to maintenance requests for items that require attention outside the scheduled check. Equipment faults and performance deficiencies are reported via non-conformance or hazard forms. The home monitors and evaluates inventory and equipment via resident and staff feedback and scheduled audits.

1.8 Information systems

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

Team's recommendation
Does comply

The home has processes to provide staff with sufficient and appropriate information to enable them to perform their roles. Regular audits, surveys, compliments, suggestion and complaints process and adverse events data provide the home with the information required to provide and monitor resident care and services. Current and archived resident and staff information is stored securely. A log is maintained of stored and destroyed files. Information held electronically is password protected and backed up on an external server. The home uses formal and informal processes to communicate with all relevant stakeholders. Residents and representatives are satisfied with the information provided to them before entering the home and on an ongoing basis. Staff are satisfied they have access to appropriate information to guide them in the delivery of care and services to residents.

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 demonstrates external services are provided at a standard that meets the home's needs and quality goals. Residents and staff are satisfied with externally provided services. Agreements with external suppliers include the home's expectations with regard to police checks, quality and safety. Service agreements are reviewed according to a documented process. Each department evaluates the suppliers they use with a supplier rating every six months. These reports are tabled at the Quality and Safety Committee meetings and an unacceptable rating initiates discussion with the supplier regarding their service and contractual requirements. The non-conformance system accompanies the supplier evaluation process and is used to report any difficulties with deliveries, goods, stock levels and quality.

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

The home has processes for regularly monitoring compliance with the Accreditation Standards and developing its continuous improvement system relating to health and personal care. Mechanisms for identifying improvements in clinical care include feedback and input from residents, representatives and staff, various audits, observations, survey results and adverse events. The plan for continuous improvement is monitored by the quality risk officer. Improvements are delegated to designated staff who follow-up required actions with specified timeframes. Improvement actions and initiatives are discussed at the Quality and Safety meetings. Residents, representatives and staff are satisfied that they can make suggestions, they receive feedback and that their suggestions are acted upon by the home.

Examples of improvement activities and achievements relating to health and personal care include:

- Staff identified the benefits of improving the care and services to palliating residents. A palliative care trolley was purchased and stocked with best practice products. Families and staff have commented that it has been convenient to have all the products within easy reach and that the range and quality of products was appreciated.
- Staff identified the benefits of utilising wound management guidelines as a reference tool in the management of chronic wounds. The home has the ability to photograph wounds to identify, monitor and document their progress. This has improved the consistency and monitoring of wound treatment and staff knowledge regarding wound care.
- Staff identified the benefits of developing and introducing a new bowel record summary chart for night duty staff to fill out and monitor residents' bowel records. The new chart has improved monitoring residents' bowel management. Staff report the new assessment tool is easy to use and is a more efficient recording tool.
- A Country Health SA initiative has identified the benefits of introducing a falls prevention program. An environmental risk assessment learning package containing a DVD with online learning was made available to staff. This has assisted staff to improve their knowledge of falls prevention and monitoring skills.

2.2 Regulatory compliance

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

Team's recommendation

Does comply

The home has systems to identify, monitor and communicate changes to relevant legislation, regulatory requirements, professional standards and guidelines in relation to health and personal care. The quality risk officer receives health and aged care legislative alerts through a peak external industry service. Updates are forwarded to the relevant managers and supervisors. Legislative alerts are tabled monthly at the Quality and Safety Committee and recorded on the plan for continuous improvement. Staff are informed about changes in legislation and regulations through the home's communication processes, and can access direct links to the appropriate websites. Staff are aware of their regulatory requirements relating to health and personal care. The home has processes to monitor staff and contractor registration requirements, medication administration and the provision of prescribed care and services under the Quality of Care Principles.

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

Team's recommendation
Does comply

The home demonstrates a commitment to develop and maintain staff knowledge and skills in relation to health and personal care. Staff are satisfied with the education information, opportunities and ongoing support to enhance their knowledge and skills. Examples of training completed by staff in relation to health and personal care in the last 12 months includes manual handling, advanced and basic life support, diabetes, incontinence management, wound care, falls prevention, dementia and medication management. Staff practice is monitored through performance appraisals, surveys and resident feedback. Residents and representatives are satisfied that management and staff have the appropriate knowledge and skills to perform their roles effectively

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

Team's recommendation
Does comply

Residents are complimentary regarding the clinical care and services provided and confirm their needs and preferences are understood and respected. Nursing staff establish care plans based on information from the assessment process and consultation with residents, representatives, medical officer and allied health professionals. Flow charts, risk assessments and monitoring records are used to further determine care needs. Nursing staff refer to the medical officer or appropriate allied health professionals as care needs change. Registered nursing staff use a documented process to review resident care on a regular basis, including review of medication management, allied health visits, medical officer visits and incidents. Open and frequent communication with family members is maintained where possible. The home is supported by two medical practices which provide 'on call' services as required. Clinical management staff meet regularly, internally and with other health service managers to discuss clinical outcomes and best practice information. Staff practices are monitored by direct observation, resident feedback and the appraisal process. Resident incidents are reported, collated and analysed to identify trends and plan appropriate strategies. Scheduled audits monitor and evaluate clinical care in conjunction with direct observation and monitoring of clinical incident data.

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 and representatives are satisfied they have access to appropriate specialised care. Specialised nursing care needs identified through the assessment process are documented on a specific care plan by registered nursing staff. Nursing staff consult with the medical officer, specialist services and allied health services as required. The home has access to a registered nurse at the adjacent hospital when there is no registered nurse on duty. Care provided by enrolled nurses, such as wound care, behaviour, pain and medication management is supervised and reviewed by registered nursing staff. Staff skills and knowledge is supported by an ongoing education program relevant to current resident care needs. The home evaluates specialised nursing care using the regular care review, feedback from residents and representatives, the scheduled audit process and clinical incident monitoring.

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 satisfied they are referred to appropriate specialists according to their needs and preferences. The need for referral to health specialists is identified by the assessment process and the regular care review. Assessments are requested and provided by allied health care providers in the fields of physiotherapy, podiatry, dietitian, speech pathology, audiology, optometry and dental care. The home maintains folders for communication and referral to regular visiting allied health services who record their visits in resident notes. The home has access to a diabetes resource nurse, community mental health services, wound management services, palliative care and continence advisory services. Regular care reviews and frequent communication with residents, representatives and allied health visitors monitor the effectiveness of the referral process.

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

Team's recommendation
Does comply

Residents are satisfied their medications are managed safely and correctly. Registered nursing staff assess the resident for assistance required with medication management. Medication is packed in dose administration aids and administered by enrolled or registered nursing staff. Care staff may administer 'as required' medication at night under the supervision of the registered nurse at the adjacent hospital. Residents who wish to self administer are assessed and reviewed regularly. The home has access to a medication imprest system through the co-location of a public hospital. Registered and enrolled staff complete an annual medication competency and care staff complete a credentialing process. Medication incidents and missed signatures are investigated

and monitored and appropriate counselling or education provided as required. Medications are stored securely, monitored for expiry dates and returned to the pharmacy when ceased. There are procedures and guidelines for nurse initiated medications and 'as required' medications are documented and monitored. Individual resident medication regimes are reviewed on a regular basis by registered nursing staff, the pharmacist and the medical officer including review of controlled substances ordered. Senior staff monitor and discuss the medication management system, incidents, best practice and audit results.

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

Team's recommendation
Does comply

Residents and representatives are satisfied the home manages their pain effectively. Residents' level of pain or discomfort is determined using assessment tools which include prompts for the assessment of pain in residents unable to verbalise pain or with cognitive deficit. 'As required' medications administered for pain are documented and evaluated. The registered nurse refers all concerns to the medical officer. The home supports the use of alternatives for pain management, including heat packs, massage, position changes, special support wedges or mattresses and the provision of supportive communication with the resident. Two staff members have been trained and assessed by the physiotherapist in therapeutic massage. The home evaluates resident comfort levels from feedback, regular care reviews, frequent observations and the audit process.

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

Team's recommendation
Does comply

On entry to the home and at scheduled review, registered nurses discuss and document wishes of residents and families in relation to terminal care and end of life directives. Residents and families are encouraged to exercise their rights and choices as plans are established within this domain. Medical officers are involved in discussion and planning. Religious and cultural beliefs and customs are documented and respected. Families are supported to remain with the resident during the end of life phase and a room is available for their privacy. Expert advice is available from palliative care services. The home is implementing a services wide initiative involving staff discussing, respecting and documenting resident choices regarding their care. The home has introduced a palliative care trolley containing best practice products, including warm towel equipment, dry shampoo, music, mouth care products and aromatherapy. Evaluation and monitoring is conducted using direct feedback from families, the audit process and the regular care review.

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

Team's recommendation
Does comply

Residents and representatives are satisfied with the home's management of their nutrition and hydration needs. Residents are assessed on entry and in scheduled care reviews for their nutritional requirements. Catering staff are supplied with dietary preferences and specific requirements. Special diets are prescribed, including diabetic, vitamised and supplemented meals and drinks. The menu is discussed with a dietitian and suggestions are implemented. Resident weights are monitored regularly and unacceptable weight gain or loss is treated in consultation with the medical officer and dietitian. Referrals to appropriate allied health professionals are made to assist in special care needs, such as, swallowing difficulties, diabetes and dietary needs. The speech pathologist visits the home regularly. Processes for monitoring and review include resident surveys, feedback from staff observation of residents at meal time, the scheduled care review and the clinical audit process.

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

Team's recommendation
Does comply

Residents are satisfied with the care provided in relation to skin integrity. The assessment process identifies risks to skin integrity, such as diabetes, mobility issues and incontinence. Care planning interventions include maintenance of mobility, skin creams, positioning and protective equipment or clothing. Wounds are assessed and monitored by registered nursing staff. Wound information, including the number and type of wounds, and infections is reviewed every month and staff are provided with education in wound management. Monitoring and evaluation processes include documentation and trending of wounds, infections and skin tears, the audit process and observation of staff practices.

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

Team's recommendation
Does comply

Residents and representatives are satisfied their continence needs are met and supported by the home's processes. Assessment and care planning processes include identification of assistance needed, mental and physical ability, habits, aids required and the development of an individualised toileting program. Specialist continence advice is available from a continence nurse. There are processes for the management of individual bowel regimes. Staff support residents with individual toileting programs and there is a system for monitoring that individuals are assisted to the toilet as per their program. The system is monitored by the regular care review by registered nurses, product usage, the audit process, monitoring urinary tract infections and feedback from residents and care staff.

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

Team's recommendation
Does comply

Residents and representatives are satisfied with the way the home manages challenging behaviours. There is a system for the assessment, care planning and regular review of behaviours. Behavioural and resistance to care incidents are reported in progress notes and staff record interventions used and their effectiveness. Re-assessment and appropriate referral is made for behaviours requiring further consultation and advice regarding strategies. The use of bed rails or any form of restraint follows an assessment of need, individual risk and the development of a plan in consultation with the resident, representatives and medical officer. Strategies implemented to assist in the management of behaviours include a leisure and lifestyle program, music, hand massage, walking and maintaining comfort levels. The program is evaluated by the regular care review, resident and representative feedback and monitoring of behaviour incidents.

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

Team's recommendation
Does comply

Residents and representatives are satisfied with the home's approach to maintaining their mobility and dexterity and the provision of aids to support them. The assessment process includes physiotherapy consultation, falls risk assessment, stick to stand measurement and mobility status. The home uses a dot system to assist staff in identifying each resident's mobility status. Care staff assist residents with their individual exercise programs developed by the physiotherapist and displayed in their rooms. Review of each resident's mobility is completed as per a scheduled program. Equipment is available to assist residents with their mobility and dexterity and to assist staff with the no-lift program. The home participates in a falls prevention program which includes staff education, falls prevention check lists, exercise programs and sensor mats. Falls are monitored and evaluated.

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

Team's recommendation
Does comply

Residents and representatives are satisfied with the home's approach to managing their oral and dental hygiene. The home has a process to assess and document the ability to complete self care and individual assistance required. There are processes for maintaining the cleaning, storage and replacement of tooth brushes. Residents have access to a visiting dentist who provides dental services on site. Assistance is provided in making the appointment and transport to an alternative dentist if the resident prefers and is able. Staff monitor residents' oral hygiene and appetite and the care review process includes review of oral and dental care.

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

Team's recommendation
Does comply

Residents and representatives are satisfied with the support the home provides to manage sensory loss. The home has implemented new assessment data and a sensory testing kit to assist nursing staff in the assessment of all five senses. Residents have access to visiting specialists, such as audiologist and optometrist, and there is a system for monitoring each resident's consultation with specialists and allied health services. Staff are guided by care plans which indicate individual needs in regard to sensory deficit and the implication for the resident, such as, loss of sensation or smell. Hearing aid batteries are replaced as per a schedule. The home provides a variety of sensory experiences, including gardens, indoor flowers, massage, music and a variety of activities. Sensory care needs are monitored and reviewed by registered nursing staff.

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

Team's recommendation
Does comply

Residents are satisfied they are supported to achieve natural sleep patterns. Relevant information regarding residents' sleep patterns is identified and individual needs and preferences to assist sleep are recorded on the care plan. Night sedation has been minimised wherever possible by implementing alternative strategies to assist residents to sleep, such as warm drinks, toileting programs, attention to comfort measures and the use of heat packs. Staff offer reassurance, warm drinks or position changes during the night for residents with sleep problems and record interventions in progress notes. The scheduled care review process includes review of progress notes and issues identified are reported to the medical officer.

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

Kapunda Homes has processes for monitoring compliance with the Accreditation Standards and developing its continuous improvement system relating to resident lifestyle. The home uses information from comments, complaints and suggestion forms, consumer feedback forms, audits, surveys, resident and staff input, meetings and activity evaluations to identify opportunities for improvement. Residents, representatives and staff are kept informed about the various activities in the home by staff, volunteers and various notices displayed. Resident feedback indicates their satisfaction with the activities offered both within the home and community.

Examples of improvement activities and achievements relating to resident lifestyle include:
- The clinical services coordinator identified the benefits of providing more choice for residents with the allied health services provided in the home. A female medical practitioner was approached and asked to consult in the home to provide more choice and control over the care residents receive. Resident feedback indicates they like the choice of medical practitioners, with two residents taking up this option.
- The clinical services coordinator identified the benefits of providing more emotional support for residents and staff in the home. An independent counselling service was approached to provide private counselling on an as needs basis. Residents are appreciative of the extra service made available to them but have not yet taken up this service.
- Residents identified they would like to celebrate Christmas dinner with staff members and their families. The home organised a Christmas dinner in December 2009. Resident and staff provided complimentary feedback. Resident feedback indicates they enjoyed the dinner and the interaction with staff on a more personal level. Due to the dinner being so successful for both residents and staff the home will consider introducing this as a annual event.

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

Team's recommendation
Does comply

The home has systems to identify, monitor and communicate changes to relevant legislation, regulatory requirements, professional standards and guidelines in relation to residents' lifestyle. The quality risk officer receives health and aged care legislative alerts through a peak external industry service. Updates are forwarded to the relevant managers and supervisors. Legislative alerts are tabled every month at the Quality and Safety Committee and recorded on the plan for continuous improvement. Staff are informed about changes in legislation and regulations through the home's communication processes, and can access direct links to the appropriate websites. Staff are aware of their regulatory requirements relating to resident lifestyle. This includes the compulsory reporting and documenting of elder abuse, protecting residents' privacy and maintaining the confidentiality of resident information.

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

Team's recommendation
Does comply

The home demonstrates a commitment to develop and maintain staff knowledge and skills in relation to resident lifestyle. Staff and volunteers have the appropriate experience to assist residents to retain their personal, civic, legal and consumer rights. Staff are satisfied with the education information, opportunities and ongoing support to enhance their knowledge and skills. Training completed by staff in relation to resident lifestyle includes leisure and lifestyle, cultural respect workshop, grief, elder abuse and respecting patient choices. Staff practice is monitored through performance appraisals, surveys and resident feedback.

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

Team's recommendation
Does comply

Residents and their representatives are satisfied with the level of emotional support provided on entry to the home and on an ongoing basis. Residents and their families are encouraged to visit the home prior to admission. On entry residents receive a card and flowers to welcome them. The resident's care plan incorporates information from the resident profile and social activity therapy assessment which generally identifies their emotional, spiritual, cultural, social and lifestyle preferences. These profiles are reviewed and generally updated regularly or as required. Care staff and volunteers assist residents to settle into their new environment by introducing them to other residents and providing one-to-one emotional support. Additional supports can include accessing religious ministers, counsellors, mental health services, pet therapy, hand massages, the use of soft toys and dolls and on-site memorial services. Residents are encouraged to maintain their links with family and local community groups and attend regular church services.

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

Team's recommendation
Does comply

Residents and their representatives are satisfied with the assistance provided by staff to assist residents to achieve their independence and maintain friendships and participate in the local community. The social activity therapy assessment, resident profile and other care assessment and review processes generally identify residents' needs, abilities, interests, preferences and family and community associations. Physiotherapy assessments combined with mobility aids and access to specialised equipment, assist residents to maintain their independence. Staff assist residents whilst respecting their right to refuse participation. Residents' families are encouraged to visit and participate in the activities offered and where possible, take residents to outside appointments. Local community clubs, groups and the local bank regularly visit the home. Lifestyle activities, including the use of volunteers, bus trips and the seniors' leisure activity centre, assist residents in maintaining friendships and links to the community. Annual surveys and audits monitor the effectiveness of residents' satisfaction.

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

Team's recommendation
Does comply

Residents are satisfied that the home respects their individual needs and preferences and that their privacy, dignity and confidentiality is maintained. Residents are accommodated in single rooms with en-suite bathrooms. All residents have access to a personal locked cupboard in their room. Staff assist residents in their activities of daily living by promoting and supporting their privacy needs through knocking on doors before entering and ensuring discretion at handover. Confidential information is stored securely and electronic information is password protected with appropriate access to staff. Staff and volunteers are informed of the home's privacy and confidentiality policies and sign a confidentiality form as part of their orientation to the home.

3.7   Leisure interests and activities
This expected outcome requires that "residents are encouraged and supported to participate in a wide range of interests and activities of interest to them".

Team's recommendation
Does comply

Residents and representatives are satisfied with the activities available and the support provided to assist residents to participate. On entry the social activity therapy assessment and resident profile generally identifies residents' interests and preferred activities. Noticeboards containing the day's events and activities are displayed in the home. Residents are encouraged and assisted to participate in individual and group activities through the home's extensive volunteer base. Activities include the popular seniors' leisure activity centre, the antique road show, sing-a-long, bingo, cooking and art and craft classes. Surveys and lifestyle program evaluations monitor residents' satisfaction with, and ongoing participation in the activities offered.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

Residents and their representatives are satisfied with the level of spiritual and cultural support offered. The home generally identifies residents' cultural and religious backgrounds and any practices that are of significance to them. Residents have access to one-to-one support from volunteers, staff and clergy/ministers of their choice. Cultural, religious and local significant days are identified and acknowledged and include Christmas, Easter, Mothers' Day, Fathers' Day, Australia Day, Valentines Day, Anzac Day and Shrove Tuesday. Church services are held weekly by local ministers and church members to provide spiritual comfort to residents. The home conducts a memorial service on-site to honour the memory of deceased residents. The home monitors and evaluates residents' spiritual and cultural needs through one-to-one support, feedback, observations and surveys.

3.9 Choice and decision-making

This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".

Team's recommendation

Does comply

Residents and their representatives are satisfied with the consultation, choice and support provided to make decisions around issues that affect their daily life. Information on residents' rights and responsibilities is included in the resident information book, the resident agreement and displayed in the home. Residents are encouraged to personalise their rooms, have a choice in their medical practitioner and activities of daily living. Individual discussions with volunteers, staff and management and various surveys assist the home in monitoring residents' satisfaction with the choices and decisions made available to them. Staff respect and understand their responsibilities in providing residents with the opportunity to make choices about the services they receive.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

Residents and representatives are satisfied with the information provided and the processes used to assist them to understand their rights and responsibilities, fees and charges and security of tenure. As part of the entry process the aged care liaison officer (ACLO) meets with residents and their representatives to explain the resident agreement. The ACLO assists residents and their representatives to understand their rights and responsibilities, security of tenure, fee structure and the available care and services to be provided. This information is documented in the resident agreement and information book. Residents and representatives are consulted verbally regarding any change in their accommodation. This consultative process is recorded in individual progress notes.

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

The home has processes for monitoring compliance with the Accreditation Standards and developing a continuous improvement system relating to the physical environment and safe systems. The home uses information from resident and staff meetings, adverse events, internal and external audits and worksite safety inspections to identify improvement opportunities. Residents, representatives and staff are kept informed about improvement actions and initiatives in the home through regular meetings, newsletters, notices and verbal feedback. Residents, representatives and staff are satisfied that they can make suggestions, they receive feedback and that their suggestions are acted upon by the home.

Examples of improvement activities and achievements relating to the physical environment and safe systems include:

- Staff identified the staff room required a lock on it to increase security and prevent wandering residents from entering. A key pad was installed in March 2010. Feedback from staff indicates the key pad has increased security and prevents residents from entering the staff room while they are on their meal breaks.
- The home identified the benefits of purchasing a probe thermometer which monitors and records the temperature of hot and cold foods. This has improved the recording and monitoring and staff knowledge and practices around food handling and safety.
- Residents identified they would like greater variety and a change for morning and afternoon tea. Residents were asked what they would like and a range of preferred foods was introduced. Resident feedback indicates they like the new selection and choice for morning and afternoon tea.
- Staff and residents identified that the front entrance to the home could be improved to make it more appealing and home-like. The main entrance wall was painted a feature colour and residents participated in making a feature mosaic that hangs in the centre of the wall. A throw rug and cushion covers were also made to go on the lounge. Stained glass windows were purchased and installed in 2009 as a result of a large donation to the home. Feedback from residents, family and staff has been complimentary. Comments from various stakeholders indicate the entrance has improved the appearance of the home as it now appears home-like.

4.2 Regulatory compliance

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

Team's recommendation

Does comply

The home has systems to identify, monitor and communicate changes to relevant legislation, regulatory requirements, professional standards and guidelines in relation to the physical environment and safe systems. The quality risk officer receives health and aged care legislative alerts through a peak external industry service. Updates are forwarded to the relevant managers and supervisors. Legislative alerts are tabled monthly at the Quality and Safety Committee and recorded on the plan for continuous improvement. Staff are informed about changes in legislation and regulations through the home's communication processes, and can access direct links to the appropriate websites. Staff are aware of their regulatory requirements relating to the physical environment and safe systems, including fire safety, food safety, occupational health and safety, and infection control.

4.3 Education and staff development

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

Team's recommendation
Does comply

The home demonstrates a commitment to develop and maintain staff knowledge and skills in relation to the physical environment and safe systems. Training needs in relation to the environment are identified through environmental audits, adverse events and performance appraisals. Staff are satisfied with the education information, opportunities and ongoing support to enhance their knowledge and skills. Educational training completed by staff in relation to the physical environment and safe systems includes manual handling, fire and emergency, infection control, occupational health and safety, chemical training and food safety. Residents and representatives confirm staff have the skills to support their needs.

4.4 Living environment

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

Team's recommendation
Does comply

Residents are complimentary regarding the comfort and safety of the living environment and the attention to individual needs and preferences provided by the home. The home provides single room accommodation with en-suite facilities. Lounge areas allow comfortable communal living and there are alternative lounges where residents can sit and enjoy the view of the fields or spend quiet time with families. The dining area provides a home-like dining experience with flower decorations on the tables and adequate room for residents' mobility aids. Well lit walking areas and well maintained garden areas add to the safe and comfortable ambience of the home. There is a process for reporting hazards and reports reviewed demonstrate staff are familiar with recognising and reporting a hazard. There are processes in place for the maintenance of the living areas, equipment and outdoor areas for safety and comfort. Vermin and pests are controlled by regular external contractor visits. Environmental inspections, audits, resident and staff feedback and regular maintenance, monitor and evaluate the living environment on a regular basis.

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 demonstrated it is working to provide a safe working environment that meets regulatory requirements. The home's occupational health and safety system is guided by the Country Health Hospital SA Inc. policy manual which has been implemented to provide consistency across all sites. Staff report hazards and incidents on standard controlled forms. The injury prevention consultant maintains the hazard register, collates incident data and reports to the Quality and Safety Committee who meet regularly. Hazard and incident trending identifies opportunities to improve practices and procedures and supports the implementation of new systems. Mandatory training days include occupational health and safety, manual handling, fire, infection control and chemical use. The health service has developed a 'Manual Handling and Plant Risk Identification and Assessment' folder which records manual handling and plant risks to pre-warn staff of potential hazards. New staff are orientated to the home's occupational health and safety manuals and safe work procedures. Material safety data sheets are maintained and spill kits are available where chemicals are used. Monitoring and evaluation of the system is conducted via scheduled audits, workplace inspections, policy and procedure review, hazard and incident monitoring and close observation of staff practices.

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 demonstrated established procedures for detecting and acting on fire, security and other emergency risks and incidents. A resident profile list with photo and relevant resident information is maintained for use in an emergency or in the event the resident is missing. Regular fire drills are conducted and evaluated and improvements required are documented and actioned, a recent example being updating staff knowledge and skill using two way radios. Fire procedures and floor plans are evident throughout the home. A contract for fire system maintenance is in place with an external provider, site visits are coordinated with the maintenance officer and records are maintained on site. The home conducted a mock evacuation and issues identified were actioned. Fire bags have been placed in all general areas. Staff receive regular fire training and are familiar with procedures in the event of a fire or emergency. The home has a current triennial fire inspection certificate. Fire and security systems are monitored and evaluated by inspections, drills, audits, staff feedback and regular observation of the environment.

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

Team's recommendation
Does comply

The home demonstrated an infection control program with procedures, practices and equipment which are effective in identifying and containing infection. The infection control coordinator has a standing agenda item at the Quality and Safety Committee meetings to address concerns or trends or to communicate infection control incidents, and to inform the home of current best practice. A collation and analysis report of infections is prepared every month and submitted to management meetings. The home has a vaccination program for residents and staff. Outbreak kits have been prepared. New staff have an infection control induction and all staff complete annual infection control training. Information is provided to representatives and visitors regarding food brought into the facility and the risk of visiting residents if unwell. The program is monitored by collation and analysis of all infections, monitoring staff practices and the audit process.

4.8 Catering, cleaning and laundry services
This expected outcome requires that "hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment".

Team's recommendation
Does comply

Residents and representatives compliment the home regarding the hospitality services, provided and confirm their needs and preferences are understood and respected. Nursing staff assess care needs and individual preferences. Scheduled reviews and regular communication with families inform the home of ongoing needs or changes in resident requirements. Residents are able to comment on catering, cleaning and laundry services through surveys, resident meetings, speaking with staff members or by completing a consumer feedback form. Catering staff make changes to the menu according to resident requests. The rotating menu provides a variety of meals with alternatives available for individual choice. Nursing staff inform catering staff of nutritional requirements and individual preferences. There are systems in place for updating resident needs with catering staff and suggestions made by the dietitian have been implemented. The home has an audited food safety program and staff are educated in food safety annually. Cleaning staff follow documented schedules and operating procedures and are aware of infection control practices. Observation of all areas indicated a well maintained environment.
There are processes and guidelines for laundry staff with regard to safe operating of equipment and infection control practices. Laundry hours are increased to accommodate increased need. Staff are educated in chemical safety, infection control and customer service. The home uses resident and representative feedback, the audit process and resident surveys to monitor and evaluate the services provided. Suppliers are monitored through the supplier rating system.