



**Australian Government**

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**Australian Aged Care Quality Agency**

**Kankinya Nursing Home**

RACS ID 2984  
48 Archibald Street  
LYNEHAM ACT 2602

**Approved provider: Bunyundah Nominees Pty Ltd**

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 16 June 2018.

We made our decision on 14 April 2015.

The audit was conducted on 10 March 2015 to 11 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.

<b>Expected outcome</b>	<b>Quality Agency decision</b>
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.

<b>Expected outcome</b>	<b>Quality Agency decision</b>
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



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**Australian Aged Care Quality Agency**

# **Audit Report**

**Kankinya Nursing Home 2984**

**Approved provider: Bunyundah Nominees Pty Ltd**

## **Introduction**

This is the report of a re-accreditation audit from 10 March 2015 to 11 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 10 March 2015 to 11 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

<b>Team leader:</b>	Hiltje Miller
<b>Team member/s:</b>	Janice Stewart

## Approved provider details

<b>Approved provider:</b>	Bunyundah Nominees Pty Ltd
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## Details of home

<b>Name of home:</b>	Kankinya Nursing Home
<b>RACS ID:</b>	2984

<b>Total number of allocated places:</b>	80
<b>Number of care recipients during audit:</b>	77
<b>Number of care recipients receiving high care during audit:</b>	77
<b>Special needs catered for:</b>	n/a

<b>Street/PO Box:</b>	48 Archibald Street
<b>City/Town:</b>	LYNEHAM
<b>State:</b>	ACT
<b>Postcode:</b>	2602
<b>Phone number:</b>	02 6247 3988
<b>Facsimile:</b>	02 6247 3267
<b>E-mail address:</b>	<a href="mailto:enquiries@kankinya.com.au">enquiries@kankinya.com.au</a>

## Audit trail

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

### Interviews

Category	Number
Director of Nursing	1
Assistant director of Nursing	1
Registered nurses	4
Care staff	7
Accredited Pharmacist	1
Continenence Co-ordinator	1
Occupational Therapist	1
Administration manager	1
Catering staff	1
Chef	1
Care recipients/representatives	20
Safety officer	1
Housekeeper	1
Diversional Therapist	1
Art Therapist	1
Physiotherapist Aid	1
Laundry staff	1
Cleaning staff	2
Maintenance staff	2

### Sampled documents

Category	Number
Care recipients' files	14
Summary/quick reference care plans	8
Wound charts	10
Medication charts	17
Personnel files	5
Care recipient agreements	7

## Other documents reviewed

The team also reviewed:

- Clinical care: advanced health directives/palliation, behaviour monitoring and management, restraint authority, bowel, blood glucose level monitoring, dietary needs/preferences, continence management, meals and drinks, weight monitoring, wound management/dressings, dietician and speech therapist reviews, care plans, manual handling guides, treatment sheets, incident reports, pain assessments and pain strategy evaluation forms
- Comments and complaints: comments and complaints forms and register
- Education records: orientation program, education survey, calendar, attendance and evaluations.
- External service provider schedule and records
- Fire security and other emergencies: fire safety equipment service records, audits, fire panel monitoring records, emergency flip charts, resident evacuation information and identification, emergency disaster plan, sign in and out registers
- Food safety program: manual, food and equipment temperature records, sanitising of fruit and vegetables and kitchen cleaning logs.
- Hospitality: cleaning, laundry and catering schedules and records
- Human resources: staff handbook, application for employment, staff orientation, position specification and description, confidentiality statements, performance appraisals and staff rosters
- Infection control: manual, outbreak management information, vaccination programs, reporting log, infection control reports and pest control records
- Information systems: policies, procedures, newsletters, phone lists, doctors book, handover sheets, communication books, resident information package and handbook
- Leisure and lifestyle: lifestyle assessments and care plans, activity evaluations, monthly activity calendar, schedule of special events, photographs of activities
- Maintenance: preventive, corrective, preferred suppliers' list, thermostatic mixing valve reports, electrical testing and tagging records and equipment service reports
- Medication management: drugs of addiction register, medication care plans, medication incidents, self-administration assessment, medication advisory committee meeting minutes, medication refrigerator temperature records
- Organisational charts, strategic plan and operational plan
- Quality: continuous improvement program, audits, hazard/incident reports, risk assessments and key performance indicator reports
- Regulatory compliance: criminal history checks, professional registrations, mandatory reporting register and reporting guidelines and resident agreements



- Service provider self-assessment for re-accreditation
- Staff communication: memoranda, meeting schedule and minutes and handbook
- Workplace, health and safety: policy, committee meeting members and minutes and incident reports.

## Observations

The team observed the following:

- Activity program on display; residents participating in activities and activity resources
- Archive storage
- Cleaning equipment colour coded, chemicals in use and storage
- Equipment and supply storage areas
- Equipment available and in use for manual handling such as lifters, hand rails, ramps, walk belts, pressure relieving, limb protecting and mobility equipment
- Fire and emergency equipment and resources
- Infection control resources: food safety, hand hygiene equipment, waste management, outbreak management kit, sharps waste disposal containers, personal protective equipment, colour coded equipment, infection control resource information
- Information on display: Aged Care Quality Agency re-accreditation site audit, vision, philosophy and values, comments and complaints, advocacy services and charter of resident's rights and responsibilities
- Interactions between staff, residents and representatives
- Living environment and staff work areas
- Menu displayed
- Safety data sheets, spills kits
- Secure storage of medications, locked medication trolleys, medication refrigerators and medication rounds, emergency medications
- Short small group observations in the activities lounge.
- Visitors sign in/out books

## 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 manager and staff actively identify, action, communicate and evaluate continuous improvement across the Accreditation Standards. Opportunities for improvement are identified from stakeholders by feedback/complaints, meetings and audits. Improvements are communicated to stakeholders in written reports and discussed at meetings. The manager monitors the effectiveness of the continuous improvement system. Care recipients, representatives and staff reported having opportunities to make suggestions and receiving feedback on current improvements.

Examples of recent improvements implemented in relation to Accreditation Standard One include:

- The manager and educator noted staff were often having difficulty completing the yearly mandatory education requirements in a timely manner. Mandatory education was reviewed and the delivery changed from many individual sessions to one half-day, paid training session, for all staff covering all the requirements. The manager stated staff attendance at compulsory education has improved and staff feedback was positive about the half-day session.
- Review of the staff orientation program identified opportunity to enhance the experience for new staff. The new two day program commenced in May 2014. Management and staff informed us the updated program is more formalised, comprehensive and consistent in approach and information delivery than the previous program.

## 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

Management is informed of regulatory changes by industry peak bodies and regulatory agencies. In response to changes, policies and practices are amended with support from external consultants. Management communicate these regulatory changes to staff by memoranda, meetings and education. The systems for monitoring regulatory compliance include audits, benchmarking, observation of staff practices and feedback. Care recipients and representatives are informed of regulatory matters relevant to them by notices, meetings and individual correspondence.

Examples of regulatory compliance related to Accreditation Standard One include:

- Care recipients and representatives were informed of the re-accreditation audit. Care recipients and representatives interviewed during the audit were aware of the process.
- Criminal history record checks are carried out for all staff and volunteers.
- Management ensures all stakeholders have access to internal and external comments and complaints processes.

## 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

The documentation and interviews provided evidence that management and staff have appropriate knowledge and skills to perform their roles effectively. The education program is developed from the annual staff needs analysis, resident needs, quality improvement systems and organisational requirements. The education program covers all four Accreditation Standards, including Accreditation Standard One, Management systems, staffing and organisational development. Staff also have access to relevant external education opportunities and are supported to obtain formal qualifications.

We noted staff education relevant to Accreditation Standard One included: orientation, continuous improvement, accreditation updates, performance management and communication/teamwork. In addition staff have been supported to attend external courses relating to specialist roles, for example Certificate IV in Aged Care and Bachelor of Science - Nursing.

## 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

The home has policies and processes to support stakeholders to access internal and external complaints mechanisms. The complaints register and associated documentation demonstrates issues are investigated, analysed and responded to in a timely manner.

Complaints are evaluated through the home's quality forums. There is a system for making confidential complaints and meeting minutes showed there are opportunities to raise concerns. Care recipients, representatives and staff informed us they are aware of how to make complaints/suggestions. They stated management is approachable and responsive regarding any issues or concerns.

## 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 home's vision, values, mission statement and philosophy are communicated to stakeholders. These statements are published in the staff and resident handbooks and are on display in the home. A strategic plan and an operational plan have been developed to communicate the organisational direction as well as the home's future directions. The home's commitment to quality is demonstrated in the pursuit of continuous improvement activities.

The philosophy of care is promoted through documentation, staff education and practices.

## 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

A human resource system had been established to ensure appropriate staffing levels and skill mix for quality service provision aligned with the care recipients' needs and the demands of the home's daily routine. The processes include position descriptions, recruitment, orientation, staff rosters, on going staff development and performance management. There are also processes to monitor and ensure staffing levels operate according to the care recipients' changing needs. We noted staff have appropriate qualifications and continue to develop their knowledge and skills by attending specific education relevant to their job descriptions.

## 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

There are policies and procedures for ensuring there are adequate supplies of goods and equipment available for quality service delivery. The home has an overall purchasing system of preferred suppliers designed to ensure desired standards are met. A stock control and ordering system is in operation, with staff having specific responsibility for designated areas of inventory monitoring and ordering. The home also has clear procedures for purchasing necessary equipment for use in various functional areas and in response to residents' needs. We observed storerooms, staff areas, clinical areas, laundry and kitchen to be well equipped and well maintained. Staff advised there are adequate supplies and equipment for them to perform their roles effectively. A routine and preventive maintenance program is in operation to ensure equipment is maintained.

## 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's information technology system, documentation and publications ensure management and staff have access to current policies, procedures and information relevant to their role in the home. Orientation of new staff, a staff handbook, information on noticeboards, memoranda, handover, education and meetings are mechanisms to ensure current information is available to staff. Electronic information is backed up and password protected with access appropriate to position. There are systems for archiving and documentation destruction to ensure confidentiality of staff and residents' information.

Management monitors the effectiveness of the information system through meetings, audits and verbal feedback. Care recipients, representatives and staff stated they are kept well informed in matters of importance to them.

## 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 has a contract management system to ensure externally sourced services are provided in a way that meets needs and service quality goals. A range of contractors and external service providers operate within formalised agreements covering care recipient services, fire systems and various building maintenance and services. Service agreements encompass the home's requirements/expectations for quality service provision, relevant insurances and criminal history checks. The management and staff of the home monitor the performance of external service providers and take appropriate action in order to ensure that

services are provided at the desired level of quality. The home also relies on feedback from care recipients and representatives to assess the quality of service providers. Management reported there are good working relationships with the external service providers and services are being provided at required levels.

## 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 an overview of the home's continuous improvement system.

Examples of recent improvements implemented in relation to Accreditation Standard Two include:

- In response to the implementation of the Wellness and Lifestyle program and the current needs of care recipients a physiotherapist aide position was established in June 2014. This position implements physiotherapy plans and exercise programs for care recipients. Management and staff stated this has enhanced care recipients' participation in exercise and increased their mobility and independence. The physiotherapist aide activities have also assisted with care recipients' pain and behaviour management.
- The manger and educator reviewed the staff dementia education program and identified it needed to be more specific to care recipients' current needs. A comprehensive, six hour, person centred dementia support program was developed and implemented. The program is mandatory and all staff are allocated time to attend six scheduled sessions (each session is one hour in duration). The sessions delivered in February and March 2015 have enabled staff to complete the program and it will be offered annually. Management and staff stated the new dementia program provides a consistent approach and covers all aspects of dementia care relevant to care recipients at the home. The previous program was sporadic and had a generic approach to dementia management.
- Concerns raised at the relatives' meeting (food wastage and difficulty maintaining some residents' weight) identified the need to review catering processes. In consultation with a dietician the catering staff developed a new menu. This focused on nutrient density of food and improvement of soft and puree diets for care recipients with swallowing difficulties. Management stated the new menu provided more suitable food choices for the care recipients' current needs and resulted in less wastage of food. Care recipients and representatives' feedback at meetings was positive about the menu changes.

## 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

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s systems.

Examples of regulatory compliance related to Accreditation Standard Two include:

- A record is kept of the current registration of registered nurses.
- There are procedures to ensure notification of unexplained absences of residents is reported to the Department of Social Services according to legislation.
- Registered nurses are responsible for care planning and evaluation of care recipients’ care.

## 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

The home’s comprehensive approach to education and staff development, outlined in expected outcome 1.3 Education and staff development, encompasses all four Accreditation Standards including Accreditation Standard Two.

We noted staff education relevant to Accreditation Standard Two included: dementia course, pain assessment, basic wound care and skin tear management, nutrition in aged care, and palliative care.

## 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 nursing home provides care recipients with appropriate clinical care through initial and ongoing assessments, care planning and evaluation processes. The home has systems that enable care recipients/representatives to exercise control over the care they receive and to provide input into care recipients’ care planning. The registered nurses review and evaluate care recipient’s individual plans of care every three months or when required. Relevant staff are informed of any alterations/exceptions to the usual care required by the care recipient at handovers, case conferences, meetings, verbally and through communication diaries. Care



recipients' weights, vital signs and urinalysis results are recorded monthly or as ordered by the medical officer. An accident and incident reporting system is in place for the reporting of care recipient incidents, such as falls, skin tears and behaviours of concern. Staff demonstrate knowledge of care recipients' care needs ensuring their clinical care is being met. All care recipients and representatives interviewed are satisfied with the timely and appropriate assistance given by care staff.

## **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

Care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff, with medical officer input when required. The home has adequate staffing skill mix to ensure care recipients' specialised nursing care needs can be met by appropriate qualified and skilled personnel. This includes registered nurses input into assessment, management and care planning. The home currently provides specialised nursing care for care recipients requiring diabetic management, wound care, catheter care and pain management. Staff are provided with education in specialised nursing procedures with competency/skills based assessments in place. Staff confirmed they have access to adequate supplies of equipment for the provision of specialised nursing care needs. Care recipients and representatives are satisfied with the level of specialised nursing care offered by nursing, medical and/or other health professionals and related service teams.

## **2.6 Other health and related services**

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

### **Team's findings**

The home meets this expected outcome

Staff interviews, progress notes, medical notes, pathology, allied health and hospital discharge information demonstrates timely referrals for care recipients are arranged with appropriate health specialists as required. The registered nurse has regular access to a physiotherapist, podiatrist, speech pathologist, audiologist, optometry, community clinical nurse consultants and a palliative care team. Regular review and evaluation of care recipients' health and well-being and referrals are carried out by the registered nurses in collaboration with care staff and doctors. Effective monitoring is achieved through handover of key care recipient information to relevant staff. When required, care recipients' medical officers are alerted and consulted. Care recipients and representatives stated care recipients are referred to the appropriate health specialists in accordance with their needs and 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 processes to ensure care recipients’ medication is managed safely and correctly. These include policies and procedures, regular pharmacy deliveries, the secure storage of medications and internal/external audits. Staff administer medication using a prepacked medication system and the registered nurses oversee the home’s medication management system and processes. All prescribed medications are recorded in a medication profile. Review of care recipients’ medication profiles show current medical officers’ orders are recorded and information includes medication identification sheets, care recipients’ photographic identification and the care recipients’ allergy status. Staff administer controlled drugs in accordance with legislated guidelines and regulatory compliance. All staff who administer medications are assessed according to the home’s medication policy through skill based assessments on an annual basis or as required. Care recipients and representatives said they are satisfied with the home’s management of care recipients’ medication.

## 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

All care recipients are assessed to identify their pain history and presence of pain. Strategies for alleviating and/or to minimise and manage pain levels are documented in the resident’s care plan and provided to staff. Pain re-assessments are completed to determine the effectiveness of interventions and care plans are updated as required. A multidisciplinary approach involves the care recipients’ medical officer, nursing staff, physiotherapist, occupational therapist, soft tissue therapist, recreational activities officer and a pain management program. Staff are knowledgeable about the many ways of identifying care recipients who are experiencing pain. Pain management strategies include pharmacological reviews, various non-pharmacological interventions and treatment in liaison with care recipients’ medical officers. Care recipients are repositioned, assisted with movement and exercise, given gentle heat therapy, massage, and are involved in distraction therapy. Care recipients say the care provided at the home relieves their pain or it is managed so they are comfortable.

## 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 a suitable environment and culture to ensure the comfort and dignity of terminally ill care recipients is maintained. Where possible, care recipients’ end of life wishes (advance care plans) are identified and documented on entry to the home or at an appropriate

time thereafter and through case conferencing. The home has access to an external palliative care community team that provides specialised care planning to ensure care recipient comfort. The home has specialised clinical and comfort devices to ensure and maintain resident palliation needs and preferences. External clergy are available to provide emotional and spiritual support and arrangements. Staff receive ongoing education and describe practices appropriate to the effective provision of palliative care. Care recipients and representatives said the home's practices maintain the comfort of 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 processes to provide care recipients with adequate nourishment and hydration. Care recipients are assessed for swallowing deficits and other medical disorders, allergies, intolerances, food likes and dislikes, as well as cultural or religious aspects relating to diet. Provision is made for care recipients who require special diets, supplements, pureed meals and thickened fluids or extra meals and snacks throughout the day. The information is recorded on a care recipient's nutrition and hydration form and sent to the kitchen. Care recipients are provided with assistance at meal times and assistive cutlery and crockery are available. When changed needs of a care recipient's dietary requirements are identified, the care recipient is re-assessed with care plans being updated and information forwarded to the catering staff. The home monitors nutrition and hydration status through staff observations and recording of care recipients' weights with variations assessed, actioned and monitored. Care recipients are referred to a dietician and/or speech pathologist when problems arise with nutrition. Care recipients and representatives are satisfied they are able to have input into menus and care recipients' meals.

## **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. Initial assessment of the resident's skin condition is carried out along with other assessments relating to and influencing skin integrity. Care recipients have access to nutritional support, podiatry, hairdressing and nail care according to their individual needs and choices. Maintenance of skin tears, skin breakdown and required treatments are documented, reviewed and noted on wound care charts. The home's reporting system for accidents and incidents affecting skin integrity is monitored monthly and is included in clinical indicator data collection. The home has a range of equipment in use to maintain care recipients' skin integrity. Care staff help to maintain care recipients' skin integrity by providing regular pressure care, by applying skin guards and by using correct manual handling practices. Care recipients and representatives are satisfied with the skin care provided to care recipients and report that staff are careful when assisting care recipients with their personal care activities.

## 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 for identifying, assessing, monitoring and evaluating care recipients’ continence needs to ensure their continence is managed effectively. Processes are in place for the distribution of care recipients’ continence aids and informing staff of care recipients’ continence aid needs. Care recipients are assisted and encouraged to maintain or improve their continence level in a dignified and supportive manner. Care staff have access to adequate supplies of continence aids to meet care recipients’ needs and they provide care recipients with regular toileting programs as indicated. Bowel management programs include daily monitoring and various bowel management strategies. For example: regular drinks, aperient medications if necessary and a menu that contains high fibre foods such as fresh fruit and vegetables and a variety of fruit juices. Infection data, including urinary tract infections, is regularly collected, collated and analysed. The home’s continence supplier provides ongoing advice and education for staff and care recipients. Feedback from care recipients and representatives shows satisfaction with the continence care provided to care recipients.

## 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 needs of care recipients with challenging behaviours are managed through consultation between the care recipients and representative, staff, medical officers and allied health professionals. Care staff and the lifestyle officer implement a range of strategies to effectively manage care recipients with challenging behaviours. The care recipients’ challenging behaviours are monitored and recorded with referrals made to their medical officer and/or external health specialists as appropriate. Staff are able to recognise the triggers and early warning signs exhibited by some care recipients and put in place appropriate strategies to manage behaviours. The team observed the environment to be calm and care recipients well groomed. Care recipients’ representatives said staff manage care recipients’ challenging behaviours well.

## 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

Care recipients are assisted to maintain their mobility, dexterity and independence for as long as possible. Clinical assessments on entry identify the assistance required by care recipients for transferring and mobility. All care recipients’ mobility status and falls risk is assessed by a registered nurse when the care recipient moves into the home, after a fall and as their needs change. This is followed by a physiotherapy and/or occupational therapist review when they

are next at the home. Individual treatments include massage, heat treatments, soft tissue therapy and exercises. Falls prevention strategies include the completion of risk assessments. Interventions noted include group exercises and the provision of specialised equipment such as mobility aids, bed sensors, ramps and handrails. Staff are able to discuss individual care recipients' needs and were seen assisting care recipients to mobilise within the home. Care recipients and representatives said they are satisfied with the program and assistance they receive from staff.

## **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 systems to ensure care recipients' oral and dental health is maintained. Care recipients' dental needs are identified through assessment and consultation with the care recipient/representative on a care recipient's entry to the home and as their needs change. Appropriate dental health is planned and staff are informed of the care recipients' needs.

Staff from the ACT dental health program provided training to staff in oral and dental health. The care recipient's medical officer is consulted if there are any needs and referral may be made to a specialist, dentist or dental technician if needed for further assessment or treatment. Ongoing care needs are identified through care recipient feedback, staff observation of any discomfort, or reluctance to eat and weight variances. Care recipients are encouraged to maintain their oral and dental health with staff providing physical assistance and prompts where necessary. Care recipients and representatives said they are satisfied with the oral and dental care provided to care recipients.

## **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 assesses care recipients' eyesight and hearing initially on entry and on an ongoing basis. Other sensory assessments for touch, smell and taste are undertaken when assessing care recipients' nutritional needs, dexterity and interest in activities. These are documented on care recipients' care plans to prompt and instruct staff on how to care and engage care recipients appropriately. An optician and optometrist visit the home for vision assessment and fitting of glasses. The home's activity program features activities to stimulate care recipients' sensory functions. Staff described group as well as individual activities, which encourage active participation from care recipients with sensory deficits.

Staff said they employ various strategies to assist care recipients with sensory deficits. These include positioning, utilising and adapting materials and equipment to enhance care recipient participation, adapting the environment to ensure it is conducive to maximising care recipients' enjoyment and participation in the chosen activity. Care recipients and representatives said they are satisfied with the home's approach to managing care recipients' sensory losses.

## 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 assists care recipients to achieve natural sleep patterns through a sleep assessment, care planning, choice of time for going to bed and rising, and staff support at night. Staff are able to explain the various strategies used to support care recipients’ sleep. For example: offering warm drinks or snacks, appropriate pain and continence management, comfortable bed, repositioning and night sedation if ordered by the medical officer. Care recipients can use the nurse call system to alert the night staff if they have difficulties in sleeping. Care recipients stated they sleep well at night. Care recipients and representatives are satisfied with the home’s approach to care recipients’ sleep management.

## 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 an overview of the home’s continuous improvement system.

Examples of recent improvements implemented in relation to Accreditation Standard Three include:

- Care recipients’ feedback from meetings identified they enjoyed gardening however it was difficult with plants at ground level. In response to this feedback the diversional therapist organised the installation of raised garden beds. Staff stated the raised garden beds have increased care recipients engagement in the garden. We observed care recipients watering the plants and enjoying the raised garden beds.
- Staff noticed some care recipients needed an activity after lunch to manage their behaviours. Management purchased an ice-cream trolley decorated with a dotty skirt and music to engage care recipients. The ice-cream round commenced in December 2014 and there has been positive feedback from care recipients and visitors to this initiative. It has also provided an opportunity for reminiscence by care recipients.
- Care recipient feedback identified the activity program could be individualised to meet the needs of younger residents. Staff evaluated and updated the activities and interests of the younger care recipients. Outdoor activities were identified as a need and weekly cycling was introduced in November 2014 for a younger care recipient. Management stated the care recipient enjoys the individualised activity and the exercise has assisted with managing behaviour.

### **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

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s systems.

Examples of regulatory compliance with Accreditation Standard Three include:

- A resident agreement is offered to care recipients to meet legislative requirements. Information provided by the home has been updated to include changes to legislation on 1 July 2014 in relation to rates and accommodation bonds.
- The home has systems to meet their regulatory requirements regarding compulsory reporting of alleged and suspected assaults and/or abuse of care recipients.
- Information is provided to care recipients and representatives regarding care recipients’ rights and responsibilities.

### **3.3 Education and staff development**

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

#### ***Team’s findings***

The home meets this expected outcome

The home’s comprehensive approach to education and staff development, outlined in expected outcome 1.3 Education and staff development, encompasses all four Accreditation Standards including Accreditation Standard Three care recipient lifestyle.

We noted staff education relevant to Accreditation Standard Three included: privacy and confidentiality, consumer directed care, a man’s view of leisure, mandatory reporting of elder abuse and resident advocacy services.

### **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

Care recipients and their representatives are provided with information prior to and on arrival at the home to assist in adjusting to life in the home. Each care recipient is welcomed to the home by the Director of Nursing and orientated by the diversional therapist. Staff ensure care recipients are introduced to each other and other staff and explain daily happenings at the



home. Staff encourage care recipients to join in with social activities as they feel comfortable to do so. Care recipients are able to bring in personal items to decorate their rooms. Family members are encouraged to visit whenever they wish and say they feel welcomed by staff.

Staff interviewed reported knowledge of strategies used for meeting individual care recipients' emotional needs. Care recipients say they are happy living at the home and the staff are kind and caring. Evaluation of settling in the home is undertaken as part of a case conference and on an ongoing basis. Observations of staff interactions with care recipients during the re-accreditation audit showed warmth, respect and laughter.

### **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 systems to assist care recipients to achieve maximum independence, maintain friendships and participate in the community. Clinical assessments identify the independence level of care recipients and the amount of assistance they require on a daily basis to complete their usual activities. A range of individual and general strategies are in place to promote independence including the provision of services and equipment, an activities program and regular mobility and exercise regimens. Staff assist with mobility and leisure activities that actively seek the involvement of care recipients and promote mobility and independence. The home welcomes visitors and care recipients are encouraged to participate in activities outside the home whenever possible. Care recipients/representatives say they are satisfied with the assistance the home provides in relation to care recipients' independence and continuing participation in the life of 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 systems to ensure privacy and dignity is respected in accordance with care recipients' individual needs. The assessment process identifies each care recipient's personal, cultural and spiritual needs, including the care recipient's preferred name.

Permission is sought from care recipients for the disclosure of personal information and the display of photographs. Staff education promotes privacy and dignity and staff sign confidentiality agreements. Staff handovers and confidential resident information is discussed in private and care recipients' files are stored securely. There are areas available within the home where care recipients, relatives and friends can meet privately. We observed staff being respectful of care recipients' privacy and dignity as they attended to their care needs. Care recipients/representatives are satisfied with how privacy and dignity is managed at the home.

### **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 systems to ensure care recipients are encouraged and supported to participate in interests and activities of their choice. The individual interests and preferred activities of care recipients are identified on entry. Each care recipient has an individualised care plan that identifies specific resident care needs. Information obtained from care recipient meetings and one-on-one discussions is also used to plan suitable group and individual activities. The activity program is displayed and includes a wide range of options such as physical exercise, mental stimulation and general social interaction. Activity programs are evaluated via care recipient and representative feedback, meetings and review of activity attendance records. Care recipients and representatives told us there are a variety of activities provided and whilst they are encouraged to participate their decision not to do so is respected.

### **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 systems through which care recipients' cultural and spiritual needs are valued and fostered including the identification and documentation of care recipients' interests, cultural needs, and religions. The menu is flexible and can accommodate the preferences of care recipients from culturally and linguistically diverse backgrounds when required. Specific cultural days such as Australia Day, St Patricks Day, Anzac Day and Christmas and Easter are commemorated with appropriate festivities. Care recipients' birthdays are recognised and celebrated. Freedom of choice with religious and cultural beliefs is respected. Pastoral care is delivered by various religious denominations providing services. This is also personalised through one to one contact. Care recipients and representatives are satisfied with the home's approach to the cultural and spiritual program and the support provided to care recipients.

### **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 encourages care recipients to exercise choice and control over their lifestyle through participation in decisions about the services each care recipient receives. Care recipients are able to describe many examples of where they are encouraged by staff to make their own decisions. This includes use of preferred name, personal care regimes and diet preferences, bed times and whether to participate in activities. Staff were observed providing

care recipients with choices in a range of activities of daily living. There are mechanisms for care recipients and representatives to participate in decisions about services including, access to management, care recipient and relative meetings, case consultations and complaint processes. Where care recipients are unable to make choices for themselves, management said an authorised decision maker is identified for the care recipient. Care recipients' choices are recorded where relevant and are accommodated whenever possible. Care recipients and representatives say they speak up without hesitation and the home enables care recipients to make choices of importance to them.

### **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 processes to ensure care recipients have security of tenure within the home and understand their rights and responsibilities. On entry care recipients and representatives receive a resident agreement and handbook. The resident agreement sets out the standard requirements under the relevant legislation, including security of tenure. Management discuss the information in the agreement with each care recipient and representative. The Charter of residents' rights and responsibilities is displayed in the home. Care recipients and representatives indicated awareness of their rights and responsibilities and security of tenure at the home.

## 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 an overview of the home’s continuous improvement system.

Examples of recent improvements implemented in relation to Accreditation Standard Four include:

- The home’s safety committee and the falls interest group identified the need to develop a risk assessment template to support a systematic process for managing risk. In June 2014 a validated risk assessment tool was implemented using a quantitative framework rather than qualitative approach. The risk assessment tool has been implemented and utilised to assess risk for smoking, behaviour and outings. Management stated the new risk tool provides a consistent approach to risk assessment and a robust decision making process.
- In response to journal articles on current infection control practices the manager purchased disposable vomit bags. Management and staff stated the disposable bags improve infection control procedures for staff and care recipients.
- The service provider identified an opportunity to increase bed numbers and extend services at the home to accommodate care recipients living with early to mid-stage dementia. The new extension has been completed and officially opens on 13 March 2015.

## 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

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s systems.

Examples of regulatory compliance with Accreditation Standard Four include:

- Fire safety equipment is being inspected, tested and maintained in accordance with fire safety regulations
- The home has a food safety program.
- Chemicals are correctly stored

## 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

The home’s comprehensive approach to education and staff development, outlined in expected outcome 1.3 Education and staff development, encompasses all four Accreditation Standards including Accreditation Standard Four - physical environment and safe systems.

We noted staff education relevant to Accreditation Standard Four includes: fire and emergencies, manual handling, chemical handling, infection control, risk assessment and safe food handling.

## 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

Care recipients and representatives expressed their satisfaction with the living environment and stated they feel safe in the home. There are communal areas and a courtyard garden area for care recipients and representatives to enjoy. The home has an effective security system and heating/cooling to maintain a safe and comfortable environment. The recipients’ rooms are personalised with items from their homes. There are corrective and preventative maintenance programs and a regular cleaning schedule to maintain the environment. The safety and

comfort of the living environment is monitored through environmental inspections, audits, incident/accident reports, care recipient and representative feedback and staff observations.

#### **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

There are policies and practices to provide a safe working environment for staff aligned with regulatory requirements. The home has a dedicated work health and safety officer. The work health and safety committee has representation from care and service areas throughout the home. Staff are trained in manual handling, work health and safety and fire awareness and evacuation procedures during their orientation and then with annual updates. The home has appropriate equipment, resources and a maintenance program to support staff to safely deliver services. The home monitors the environment and the work health and safety of staff through workplace inspections, regular audits, hazard reporting, incident/accident reporting and observations by the management and staff. The home has a return to work program to support staff if they have an injury at work. We observed staff using safe work practices and they stated management is actively providing a safe working environment.

#### **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 is fitted with appropriate fire and safety systems and these are regularly monitored and maintained to minimise emergency risks. There are resources including an evacuation plan and information backpacks to assist staff to evacuate care recipients if needed. Staff stated they have received education and know how to respond to fire and other emergencies. Care recipients and representatives stated they feel safe in the home and know what to do on hearing the 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 an infection control policy and program co-ordinated and reviewed by the assistant director of nursing. There is mandatory infection control education for staff across all care and service areas of the home. The infection control program includes: an outbreak management plan and kit, a food safety program, a vaccination program for care recipients and staff, pest control program and waste management. We observed adequate hand washing facilities and personal protective equipment throughout the home and appropriate staff practices. The quality data includes monitoring and identification of infection trends and results

of audits and clinical indicators are discussed at meetings. Staff demonstrated they have a good knowledge and understanding of infection control practices relevant to their work area.

#### **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 hospitality services meet the needs and preferences of the residents and working requirements of the staff. The catering staff deliver services aligned with a food safety program. There is a process to assess residents' dietary preferences and special requirements and regularly update this information to the catering staff. Cleaning and laundry services are provided according to schedules and infection control guidelines. Laundry services are provided on-site and there are processes to minimise and manage lost clothing. These services are monitored by the manager and evaluated by the home's quality system. Care recipients and representatives informed us they are satisfied with the hospitality services.