



Australian Government

Australian Aged Care Quality Agency

Karingal Gardens

RACS ID 2697
9 Bligh Street
TAREE NSW 2430

Approved provider: Bushland Health Group Limited

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 04 August 2018.

We made our decision on 03 July 2015.

The audit was conducted on 02 June 2015 to 04 June 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



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Audit Report

Karingal Gardens 2697

Approved provider: Bushland Health Group Limited

Introduction

This is the report of a re-accreditation audit from 02 June 2015 to 04 June 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 02 June 2015 to 04 June 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of two registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 2014.

Assessment team

Team leader:	Hiltje Miller
Team member/s:	Fay Bushell

Approved provider details

Approved provider:	Bushland Health Group Limited
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Details of home

Name of home:	Karingal Gardens
RACS ID:	2697

Total number of allocated places:	100
Number of care recipients during audit:	91
Number of care recipients receiving high care during audit:	91
Special needs catered for:	40 dementia specific

Street/PO Box:	9 Bligh Street
City/Town:	TAREE
State:	NSW
Postcode:	2430
Phone number:	02 6592 0010
Facsimile:	02 6551 0792
E-mail address:	errol.curran@bushlandhealth.com.au

Audit trail

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

Interviews

Category	Number
Director of Nursing	1
Deputy Director of Nursing	1
Registered nurses	5
Enrolled nurses/team leaders	4
Care staff	15
Doctor	1
Catering staff	4
Leisure and Lifestyle Officers	5
Care recipients/representatives	16
Quality and Compliance manager	1
Nurse Practitioner	1
Volunteers	1
Pastor	1
Laundry staff	2
Cleaning staff	2
Maintenance staff	2

Sampled documents

Category	Number
Care recipients' files	12
Summary/quick reference care plans	13
Wound charts	19
Medication charts	10
Personnel files	5

Other documents reviewed

The team also reviewed:

- Catering – NSW Food Authority licence and report, meal/drink preferences, seasonal menus, food safety manual, temperature monitoring records, audits and results, kitchen cleaning schedule, menu on display
- Cleaning and laundry –cleaning schedules, work procedures, protocols for infection control and other specialised procedures
- Clinical care: End of life forms, restraint authority, bowel charts, blood glucose level monitoring, dietary needs/preferences, continence management, meals and drinks, weight monitoring, wound management/dressings, dietician and speech therapist reviews, mobility and pain physiotherapist documentation including assessments, care plans, manual handling guides, treatment sheets, incident reports and pain assessments
- Comments and complaints: comments, complaints, feedback and other documentation
- Continuous improvement documents: Computerised program for continuous improvement, quality improvement action sheets, satisfaction survey results – resident, staff.
- Education – education calendar, staff training needs survey, attendance records mandatory education, skills and competency assessments
- Fire safety – annual fire safety statement, equipment inspection and testing reports, emergency evacuation plans and disaster contingency plan, other emergencies flip chart, emergency procedures manual
- Human resource documentation including orientation schedule position descriptions, recruitment program, new employee pack, staff handbook, code of conduct.
- Infection control material: infection control benchmarking, vaccinations records for residents, pest control reports
- Information processes : Electronic communication systems including clinical care, handbooks, residents' information package and audit folder, newsletters, notices, memorandums, diaries and communication books, meeting calendar and minutes including residents/relatives, WHS, maintenance, clinical care and other staff meetings
- Inventory and equipment and external services : approved supplier program, service provider schedules, contracts and service agreements
- Maintenance records : routine work requests and reports, preventative maintenance plan
- Mandatory consolidated reporting registers for alleged or suspected elder abuse and missing persons incidents
- Medication management: drugs of addiction register, medication care plans, medication incidents, medication refrigerator temperature records
- Planning and leadership: organisational charts

- Policies and procedures – electronic and selected hardcopies, guidelines, flowcharts and forms
- Regulatory compliance documentation: staff and volunteers police checks, peak body and government update bulletins
- Residents list
- Secure of Tenure: residents' information package, handbook and agreements, consent forms
- Self-assessment report with information about each Accreditation Standard
- Work health and safety – notices, workplace incident records, return to work program, environmental inspection reports, electrical equipment risk assessment, WHS and injury management policies.

Observations

The team observed the following:

- Activities, entertainment and exercises in progress, activity program on display; residents participating in activities and activity resources
- Annual fire safety certificate (on display)
- Charter of Residents' Rights and Responsibilities displayed
- Chemical Storage
- Cleaning in progress including use of equipment, trolleys and wet floor signage boards
- Communication systems
- Complaints mechanisms including: posters and brochures, external complaints mechanisms and advocacy brochures, improvement forms
- Continuous improvement suggestions box
- Daily menu displayed on notice boards
- Electric beds and pressure relieving mattresses in use
- Equipment and supply storage rooms including clinical, medication and linen stock in sufficient quantities and equipment available and in use for manual handling such as lifters, hand rails, ramps, walk belts, pressure relieving, limb protecting and mobility equipment
- Fire instructions, fire safety equipment, emergency evacuation bag
- Gardens designed for people with dementia
- Hairdressing room

- Infection control items: hand washing stations, hand sanitiser dispensers around the home, contaminated waste bin, colour coded cleaning equipment, sharps containers, personal protective equipment, outbreak kits, spills kits.
- Interactions between staff and residents, daily distribution of water jugs and glasses to resident rooms, medication administration, staff answering call bells in a timely manner.
- Living environment – internal and external
- Manual handling and mobility equipment in use and in storage
- Material safety data sheets, waste disposal systems
- Medication round in progress
- Menu displayed
- Mission and Values of the organisation and the Charter of Residents' Rights and Responsibilities displayed
- Noticeboards with information brochures on display for residents, visitors and staff
- Notices of impending Accreditation site audit on display throughout the home
- NSW Food Authority Certificate displayed
- Shift handover
- Short group observation in Banksia wing
- Sign in and out books
- Staff practices and courteous interactions with residents, representatives, visitors and other staff
- Staff work areas (including clinic/treatment/staff room, reception and offices)
- The dining environments during midday meal service, morning and afternoon tea, including resident seating, staff serving/supervising, use of assistive devices for meals and residents being assisted with meals in their rooms
- The organisation's mission and philosophy statement on display

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has an effective system for actively pursuing continuous improvement across all four Accreditation Standards. The quality improvement program includes activities to monitor, assess, action, review and evaluate the home's processes, practices and service delivery.

Suggestions and ideas for improvement are initiated by all stakeholders through meetings, audit results, feedback, surveys and verbal discussion. Discussion combined with management and organisational initiatives contribute to the development of the continuous improvement plan to action improvements. Activities which support quality improvement include regular residents/representatives, quality and infection control committee and staff meetings; and internal and external audit programs. All stakeholders are provided with feedback on improvement actions taken as appropriate.

Examples of improvements in relation to Accreditation Standard One include:

- The home has recently revamped membership of its quality and infection control committee to increase staff involvement in the ongoing quality improvement of the home. The panel of the quality committee includes staff from all disciplinary areas of the home. The quality committee meeting aims to enhance staff involvement in the ongoing quality improvement of the home. Staff indicated that the new initiative is a positive move and will strengthen team work and enhance staff working morale overall.
- The home is planning to implement an electronic attendance system to all facilities across the organisation. The system will eliminate paper based daily attendance sheets and to assist staff rostering and finalising pay for staff in a timely manner. Management discussed the implementation of the new system with all staff and will take into account flexible working arrangements that staff need. The new system is not fully automated but it will be operating on suitable parameters allowing staff to maintain flexible working arrangements when required. Staff and management provide positive feedback to this planned new introduction.
- The home implemented vacant shift requesting and filling via mobile phone short message service (SMS). Staff receive vacant shift detail via SMS, they can respond to their supervisor accordingly. SMS Confirmation of the vacant shift will be sent to the staff who responds first to the request. Positive feedback has been received from both

management and staff which indicate that the system helps to maintain full complement of staff in every shift.

- The home has recently commenced four new entrant employees on Certificate III Aged Care traineeships. Trainees are employed full time with a mix of training onsite and at TAFE. This initiative was undertaken with an eye to future staffing needs.
- The home has recently introduced the aged care channel online so staff have flexibility in attending their training needs from any location either on or off site. This improvement has been well received by staff.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

There are systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Head office staff, peak body and association memberships, legislative updates and Department of Social Services information ensures management receive updates of all legislation and regulations. Staff are informed of regulations, professional standards and guidelines in the staff handbook, at orientation and through annual compulsory education sessions. Updated information is made available through memoranda, meetings and education sessions. Head office staff ensure policies, procedures and forms are up to date. Monitoring of compliance includes scheduled audits, staff skill assessments and observation of staff practices. Staff demonstrated awareness of current legislation.

Examples of compliance relating to Accreditation Standard One include:

- There is a system to ensure all staff, volunteers and contractors, as necessary, have current national criminal history certification.
- A review and update of policies in response to legislative changes, such as for privacy and for reportable incidents, have been completed and are current.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

There are systems to ensure management and staff have appropriate knowledge and skills to effectively perform their roles. Staff are encouraged and supported to attend education programs internally and externally covering the four Accreditation Standards. Skill assessments are conducted at orientation and as necessary. Staff learning and development needs are established and the annual education calendar is planned to include compulsory topics. Staff feedback is collated for annual staff training needs analysis. In-service sessions

are developed in response to resident care needs, legislative changes, audit results and analyses of clinical indicators. Staff development is supported through traineeships and certificate program education. Training and education is offered on site in small groups, one-on-one, and through audio-visual resources. Staff participation is monitored, recorded where training programs are evaluated. Residents and representatives interviewed are satisfied staff are providing appropriate care for residents' needs.

Examples of education and training attended over the last year in relation to Accreditation Standard One include: orientation, code of conduct, aged care funding instrument (ACFI), privacy policy, understanding accreditation, documentation, teamwork and Certificates III in Aged Care Work, bullying and harassment and the document management system.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has internal and external feedback and complaint mechanisms available to all residents/representatives. During the admission process, all new residents are made aware of feedback mechanisms and advocacy services outlined in the resident handbook, the agreement and brochures. Feedback forms and brochures for accessing external complaints and advocacy services are readily available, and a suggestion box is centrally located.

Satisfaction surveys are conducted and resident meetings provide forums for feedback and updates on actions taken in relation to resident initiated issues. Complaints reviewed indicate issues are acknowledged, investigated and feedback is given to complainants. Complaints are handled confidentially and are registered and analysed monthly. The information management system links all identified issues to the continuous improvement program. Staff demonstrated awareness of complaint procedures. Residents/representatives said if they have any concerns they do not hesitate to raise them with staff and are generally satisfied with the resolution.

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

Documentation and interviews with management and staff confirm a commitment to quality within the home. The organisational vision, mission and values statements are documented in the staff code of conduct, staff and resident handbooks and values statements are displayed. The Charter of residents' rights and responsibilities is on display and is included in the resident agreement received on entry. The home's operations are supported by administrative staff and this support, combined with audit and quality management programs, ensures an ongoing commitment to quality care for residents.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has skilled and qualified staff sufficient to deliver appropriate levels of care to residents. Staff are recruited in consideration of resident needs and a minimum certificate III qualification is preferred for care staff. A criminal history certification is obtained prior to employment and is monitored for renewal. All new staff complete a comprehensive orientation program supported by a mentor and work buddy shifts. Staff sign to acknowledge confidentiality of information. Position descriptions, duty lists, handbook, policies and procedures inform staff of care and service delivery requirements. Staff practices are monitored through observation, skill assessments, annual performance and development reviews, feedback and audit results. Staff rosters are adjusted according to workloads and registered nurses rostered in every shift and there are supports on call at all other times. Casual staff are available to cover staff leave requirements. Staff said they enjoy working at the home, they work as a team and mostly have sufficient time to complete shift duties.

Residents and representatives expressed satisfaction with care provided by staff and residents said they are generally assisted when necessary in a timely manner.

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 systems and processes to order and have available stocks of goods and equipment appropriate for quality service delivery. The home in line with the organisation has a comprehensive inventory and maintenance management system. Stock levels are managed, maintained and ordered by staff in the home. All storage areas viewed showed there are adequate supplies, stock is rotated and relevant items are stored appropriately in locked storage areas. Preferred suppliers are used and services are regularly monitored and evaluated. Processes are in place for the replacement of unsuitable goods. The maintenance program assists in monitoring equipment and identifying replacement needs. Staff training is conducted in the use of any new equipment. Staff and residents interviewed said there are adequate supplies of goods and equipment available for use.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Effective systems to provide access to current information for all stakeholders are available. Feedback, audits and survey results provide information to management about the home's

performance. Staff are informed by the handbook, position descriptions and duty lists and have access to current policies, flowcharts, procedures and forms. Updated information for staff is available through verbal handover, care documentation, communication books, emails, memos, noticeboards and meetings. All staff have access to electronic and hard copy policies and flowcharts. Key staff have access to management electronic systems. A resident agreement, information pack and handbook inform residents and representatives and updated information is provided through meetings, noticeboards and verbal communication. Residents and representatives interviewed believe they are kept informed and up to date. There are policies and procedures for confidential storage, electronic back up and appropriate management of all records in the home.

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 systems and processes to ensure external services are provided to meet the care and service needs of residents. The approved suppliers program is managed by the organisation and the home through service agreements or contracts. Service agreements/contracts include specifications of service delivery, qualifications, insurance, criminal history certificates and registration details as appropriate. All work performed is monitored for quality and staff provide feedback to management regarding the effectiveness of services. Staff are satisfied with the quality of services provided by external suppliers and the processes in place to ensure services meet both the home and residents' needs.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement, for information regarding the continuous improvement system which exists in the home. Staff suggestions, feedback of resident incidents, such as falls, skin tears, behaviours, and medication contribute to improvements in relation to Accreditation Standard Two, Health and personal care. Some examples of improvements over the last year include:

- The home is in partnership with a local university and is approved to participate in a 12 month fellowship program Dementia Dynamic Toolkit. Through this fellowship program, the home has access to group of experts and mentors providing ongoing supports to assist and enable the home to integrate Dementia Dynamic Toolkit into workplace strategically. Staff and management provide positive feedback; express their support and commitment in learning and implementing the approach of person centred care that the Dementia Dynamic aims at implementing the toolkit into practice.
- The home advocates for bedrail minimisation program providing factsheet on risks relating to use of bedrail to all residents and their relatives. Aligning with their advocacy, the home purchased 33 new floor bed and additional floor mattresses for all residents with high fall risk. Residents and relatives provide positive feedback for the initiative that the home implemented.
- The home uses a new type of fluid thickener which is a ready-made product. This has improved the overall process of medication administration. The new liquid thickener is well received by the residents who like the taste better than previous one. This has also helped to reduce the catering staff time to prepare liquids.

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 with Accreditation Standard Two include:

- Medication storage, the home has a system to manage medication administration. Staff practices and competencies are currently being reviewed and monitored for ongoing compliance.
- There is a system to manage unexplained absences of residents in accordance with regulatory requirements.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development, for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. A range of education and training sessions have been attended during the year in relation to health and personal care. Some of the topics include: catheter care, pain management, medication management, oral care, continence management, antibiotics use, diabetes, dementia care, behaviour management, wound care, clinical skills, nutrition and hydration and stress management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home provides residents with appropriate clinical care through initial and ongoing assessments, care planning and evaluation processes. The home has systems that enable residents/representatives to exercise control over the care they receive and to provide input into residents' care planning. The Deputy Director of nursing and registered nurses review and evaluate residents' 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 resident at handovers, case conferences, meetings, verbally and through communication

diaries. The home has ready access to a nurse practitioner, who is employed by Karingal Gardens, which covers Primary health and Palliative nursing care for the residents.

Residents' 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 resident incidents, such as falls, skin tears and behaviours of concern. Staff demonstrate knowledge of residents' care needs ensuring that residents' clinical care is being met. All residents/representatives interviewed are satisfied with the timely and appropriate assistance given to residents by care staff.

2.5 Specialised nursing care needs

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

Team's findings

The home meets this expected outcome

Residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff, with medical officer input when required. Karingal Gardens has adequate staffing skill mix to ensure residents' specialised nursing care needs can be met by appropriately qualified and skilled personnel. This includes a nurse practitioner and registered nurse input into assessment, management and care planning for residents. The home currently provides specialised nursing care for residents requiring diabetic, behaviour, wound care management, catheter, PEG feeds and pain management. Staff are provided with education in specialised nursing procedures. Staff confirmed they have access to adequate supplies of equipment for the provision of residents' specialised nursing care needs. Residents/representatives are satisfied with the level of specialised nursing care offered to residents by nursing, medical and/or other health professionals and related service teams.

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

Staff interviews, progress notes, medical notes, pathology, allied health and hospital discharge information demonstrates timely referrals for residents are arranged with appropriate health specialists as required. The Deputy Director of nursing and registered nurses have regular access to a physiotherapist, podiatrist, speech pathologist, optometry, community clinical nurse consultants and a palliative care team. Regular review and evaluation of residents' health and well-being and referrals are carried out by the deputy director of nursing and registered nurses in collaboration with care staff and doctors.

Effective monitoring is achieved through handover of key resident information to relevant staff. When required, residents' medical officers are alerted and consulted.

Residents/representatives stated residents are referred to the appropriate health specialists in accordance with residents' 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

Karingal Gardens has processes to ensure residents’ 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 deputy director of nursing, nurse practitioner and registered nurses oversee the home’s medication management system and processes. All prescribed medications are recorded in the paper based medication chart. Review of residents’ medication profiles show current medical officers’ orders are recorded and information includes medication identification sheets, residents’ photographic identification, allergies and medication allergy status. The home’s has a medication advisory committee that ensures safe medication practice is carried out at the home. All staff who administer medications are assessed according to the home’s medication policy through initial skills based assessment or as required. Residents/representatives said they are satisfied with the home’s management of residents’ 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 residents 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 involving the residents’ medical officer, nursing staff and recreational activities officer supports the resident’s pain management program. Staff are knowledgeable about the many ways of identifying residents who are experiencing pain. Pain management strategies include pharmacological reviews, various non-pharmacological interventions and treatment in liaison with residents’ medical officers. Residents are repositioned, assisted with movement and exercise, given gentle heat therapy, massage, and are involved in distraction therapy.

Residents 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 residents is maintained. Where possible, residents’ end of life wishes are

identified and documented on entry to the home or at an appropriate time thereafter, through case conferencing and the assessment process. The home has specialised clinical and comfort devices to ensure and maintain resident palliation needs and preferences. The local clergy visit and are available to provide emotional and spiritual support. Staff receive ongoing education and describe practices appropriate to the effective provision of palliative care.

Educational resources are available for staff including the palliative approach toolkit to ensure that staff have the knowledge to manage the care needs of residents. There is also a palliative care interest group that meets regularly. Residents/representatives said the home's practices maintain the comfort of terminally-ill residents.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

The home has processes to provide residents with adequate nourishment and hydration. Residents 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 residents who require special diets, supplements, pureed meals and thickened fluids or extra meals and snacks throughout the day. The information is recorded on a resident's nutrition and hydration form and sent to the kitchen. Residents are provided with assistance at meal times and assistive cutlery and crockery are available. The home monitors nutrition and hydration status through staff observations and recording of residents' weights with variations assessed, actioned and monitored. Residents are referred to a dietician and/or speech pathologist when problems arise with nutrition.

Residents/representatives are satisfied they are able to have input into menus and residents' meals.

2.11 Skin care

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

Team's findings

The home meets this expected outcome

The home has a system to ensure residents' 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. Residents 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. Karingal Gardens' 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 residents' skin integrity. Care staff help to maintain the residents' skin integrity by providing regular pressure care, by applying skin guards and by using correct manual handling practices.

Residents/representatives are satisfied with the skin care provided to residents and report that staff are careful when assisting residents with their personal care activities.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has a system for identifying, assessing, monitoring and evaluating residents’ continence needs to ensure their continence is managed effectively. Processes are in place for the distribution of residents’ continence aids and informing staff of residents’ continence aid needs. Residents 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 resident’s needs and they provide residents 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 residents. Feedback from residents/representatives shows satisfaction with the continence care provided to residents.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The needs of residents with challenging behaviours are managed through consultation between the resident/representative, staff, medical officers and allied health professionals. Care staff and the lifestyle officers implement a range of strategies to effectively manage residents with challenging behaviours. The residents’ 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 residents and put in place appropriate strategies to manage behaviours. The team observed the environment to be calm and residents well groomed. Residents’ representatives said staff manage residents’ 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

Residents are assisted to maintain their mobility, dexterity and independence for as long as possible. Clinical assessments on entry identify the assistance required by residents for transferring and mobility. Resident’s mobility status and falls risk is assessed by a registered nurse when the resident moves into the home, after a fall and as their needs change. This is followed by a physiotherapy review if necessary. Individual treatments include massage, heat treatments 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, ramps and handrails. Staff are able to discuss individual residents' needs and were seen assisting residents to mobilise within the home. Residents said they are satisfied with the program and assistance they receive from staff.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

The home has systems to ensure residents' oral and dental health is maintained. Residents' dental needs are identified through assessment and consultation with the resident/representative on a resident's entry to the home and as their needs change.

Appropriate dental health is planned and staff are informed of the residents' needs. The resident'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 resident feedback, staff observation of any discomfort, or reluctance to eat and weight variances. Residents are encouraged to maintain their oral and dental health with staff providing physical assistance and prompts where necessary.

Residents/representatives said they are satisfied with the oral and dental care provided to residents.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

The home assesses residents' eyesight and hearing initially on entry and on an ongoing basis. Other sensory assessments for touch, smell and taste are undertaken when assessing residents' nutritional needs, dexterity and interest in activities. These are documented on residents' care plans/summary care plans to prompt and instruct staff on how to care and engage residents appropriately. The home's activity program features activities to stimulate residents' sensory functions. Staff described types of group and individual activities which encourage active participation from residents with sensory deficits. Staff said they employ various strategies to assist residents with sensory deficits. These include positioning, utilising and adapting materials and equipment to enhance resident participation, adapting the environment to ensure it is conducive to maximising residents' enjoyment and participation in the chosen activity. Residents/representatives said they are satisfied with the home's approach to managing residents' sensory losses.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

The home assists residents 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 residents’ 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. Residents can use the nurse call system to alert the night staff if they have difficulties in sleeping. Residents state they sleep well at night. Resident/representatives are satisfied with the home’s approach to residents’ 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 information regarding the continuous improvement system which exists in the home. Resident/representative meetings, surveys and feedback about lifestyle and activities contribute to suggestions for improvement in relation to Accreditation Standard Three, Care recipient lifestyle. Some examples of recent improvements include:

- The home sponsored all recreational activities staff to attend Spark of Life workshop. The workshop aims to assist activities and lifestyle professionals equip with skills and have access to relevant resources to plan and deliver activities suitable for residents with dementia and all other residents. Staff and management provide positive feedback in attending the workshop. Staff explained that they are looking forward to utilise and adapt knowledge received from the workshop to assist in planning and delivering lifestyle and activities suitable for the residents.

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:

- All new residents receive a resident agreement and handbook which include information about security of tenure, residency rights and financial payment options.
- There is a system for compulsory reporting in accordance with regulatory requirements.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development, for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. A range of education and training sessions have been attended during the year in relation to resident lifestyle. Some of the topics include: privacy and dignity, residents' rights, elder abuse and mandatory reporting and reportable incidents.

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

Residents/representatives are provided with information prior to and on arrival at Karingal Gardens to assist in adjusting to life in the home. Staff ensure residents are introduced to each other and other staff and explain daily happenings at the home. Staff encourage residents to join in with social activities as they feel comfortable to do so. Residents 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 residents' emotional needs. Residents say they are happy living at the home and the staff are kind and caring. Observations of staff interactions with residents 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

Karingal Gardens has systems to assist residents to achieve maximum independence, maintain friendships and participate in the community. The home-like environment provides a welcome place for visiting resident representatives with residents being afforded opportunities to exercise independence and choice on a daily basis. A range of individual and general strategies are implemented to promote independence, including the provision of services and equipment for resident use, a leisure activity program and regular mobility and exercise regimens. Participation in the local community is promoted through outings and visiting entertainment. Residents can have radios, telephones and televisions in their rooms. Staff describe strategies to maintain residents' independence in accordance with individual abilities. Residents say they are encouraged to maintain their independence and contact with the local community.

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

Management and staff of the home protect the privacy and dignity of residents and ensure the confidentiality of residents' personal information. Residents sign consent forms for the release of information to appropriate parties and staff sign confidentiality agreements. The home's environment promotes privacy in the provision of single rooms and comfortable outdoor areas for residents. Shift handovers are conducted away from the hearing of residents and visitors to the home. Staff demonstrate an awareness of practices which promote the privacy and dignity of residents. These include closing resident doors and window curtains when providing personal care. Residents say staff are polite, respect their privacy, knock on doors prior to entering and close doors and curtains during care provision.

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 residents are encouraged and supported to participate in interests and activities of their choice. The individual interests and preferred activities of residents are identified on entry. Each resident has an individualised care plan that identifies specific resident care needs. Information obtained from resident meetings and one-on-one discussions is also used to plan suitable group and individual activities. The activity program is displayed and includes a range of options such as physical exercise, mental stimulation and general social interaction. Activity programs are evaluated via resident feedback, meetings and review of activity attendance records. Residents 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 residents' cultural and spiritual needs are valued and fostered including the identification and documentation of residents' interests, cultural needs, and religions. The menu is flexible and can accommodate the preferences of residents from culturally and linguistically diverse backgrounds when required. Specific cultural days such as Australia Day, Anzac Day, Christmas and Easter are commemorated with appropriate festivities. Residents' 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.

Residents/representatives are satisfied with the home's approach to the cultural and spiritual program and the support provided to residents.

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 residents to exercise choice and control over their lifestyle through participation in decisions about the services each resident receives. Residents 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 residents with choices in a range of activities of daily living. There are mechanisms for residents/representatives to participate in decisions about services including, access to management, resident meetings, case consultations and complaint processes. Where residents are unable to make choices for themselves, management said an authorised decision maker is identified for the resident. Residents' choices are recorded where relevant and are accommodated whenever possible. Residents/representatives say they speak up without hesitation and the home enables residents 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 is able to demonstrate that residents have secure tenure within the home and understand their rights and responsibilities. Relevant information about security of tenure and

residents' rights and responsibilities is provided in the residents' agreement and the handbook. This is discussed with prospective care recipients and their representatives prior to and on entering the home. The Charter of Residents' Rights and Responsibilities is displayed and included in publications. Residents/representatives interviewed state they are kept informed about matters of importance to them, they feel secure of residency within the home and they confirmed an awareness of their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement, for information regarding the continuous improvement system which exists in the home. In relation to Accreditation Standard Four, Physical environment and safe systems, improvements are initiated as a result of internal and external audits, infection surveillance, staff and resident/representative feedback. Some examples of recent improvements include:

- Complementary to residents and relatives’ feedback on food preferences, the home implemented a log to record amount of food left over/wastage to capture residents’ likes and dislikes of food. Food services staff record amount of food left over for each residents, the information is collated and analysed by the food services manager to determine residents’ food preferences. The information is also used to determine production needs as well as to manage performance of the relevant approved suppliers. Residents and relatives are satisfied with provision of meals and generally have no further suggestions.

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:

- Annual compulsory education is provided for fire safety and a current fire safety statement meets regulatory requirements.
- A food safety program and a current NSW Food Authority licence for vulnerable persons are held.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development, for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. The home is currently in the process of reviewing the food safety plan. A range of education and training sessions have been attended during the year in relation to the physical environment and safe systems. Some of the topics include: manual handling, infection control, first aid, fire safety, safe food handling and chemical 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

The home has systems to provide a safe and comfortable environment consistent with residents' care needs. Residents are accommodated in single rooms with ensuites and have access to outdoor areas. All residents have access to nurse call alarms. There is a central dining room on each floor with various sitting and lounge areas available for use with family and friends. Preventative maintenance schedules ensure the safety of the internal and external environment and equipment. Daily maintenance requests are actioned. Audits and environmental inspections monitor the internal and external environments and staff monitor residents' rooms for clutter. Corridors are fitted with handrails and outside paved and garden areas were observed to be well maintained. Residents/representatives stated they are satisfied with the maintenance and comfort of the environment provided at the home.

4.5 Occupational health and safety

This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's findings

The home meets this expected outcome

The home has a system to ensure management and staff are actively working together to provide a safe working environment that meets regulatory requirements. Work, Health and Safety (WHS) training is given to all staff during orientation and annually. The WH&S system involves audits, inspections, accident and hazard reporting procedures and risk assessments are conducted. Policies, procedures and notices inform staff. An employee assistance program and a return to work program are available if required. Preventative and corrective maintenance programs ensure equipment is in good working order and the environment is safe. An external supplier provides chemicals and chemical safety education is given. Safe

work procedures and practices were observed and staff said they have attended relevant education and demonstrated awareness of WHS 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 findings

The home meets this expected outcome

The home has systems; to minimise fire, security and emergency risks include regular maintenance checks of fire-fighting equipment, alarms and systems by an external company and weekly internal audits. Fire and emergency policies, procedures and notices inform staff and emergency procedure flipcharts are accessible in all areas. An emergency procedure manual including a disaster contingency plan is available. Resident identification data, an emergency evacuation bag, evacuation plans, notices, signage and emergency exits free from obstruction were observed. Fire-fighting equipment inspection and testing is current and an annual fire safety statement is held. The home has a fire sprinkler system. Staff interviewed are aware of procedures and have attended compulsory fire training.

Preventative processes include environmental audits and appropriate electrical appliance testing. Security measures for the home include lock up procedures and alarm systems.

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 effective infection prevention and control program. Staff demonstrated awareness of standard precautions and the availability of personal protective equipment and colour coded equipment was observed in all areas. Infection control training and hand washing assessments are completed at orientation and staff have access to guidelines and procedures. Staff practices are monitored and infection surveillance data is collected and analysed monthly. A food safety program, cleaning schedules and laundry practices follow infection control guidelines. External providers are used for pest control and waste management services. Outbreak management resources are available and hand wash basins, hand sanitising gels, sharps' containers and spill kits are accessible. An influenza vaccination program is available for residents and staff are encouraged to be vaccinated.

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

Procedures, policies, and duty lists are in place for hospitality services and staff demonstrated practices are conducted in accordance with infection control and WHS guidelines. Feedback about services is given by residents through surveys, meetings and verbally. Residents and

representatives stated they are satisfied with hospitality services available for residents. Meals are cooked-chilled by central kitchen providing all 3 facilities with provision of 5 days shelf-life and get re-thermalised on site. Identified food preferences, allergies and special dietary needs are communicated to catering staff. Residents are consulted about menus and their preferred daily choices. There is a food safety program and the home was recently awarded an 'A' rating by the NSW Food Authority. Cleaning staff are in attendance daily and follow schedules for residents' rooms and communal areas. All areas were observed to be clean. All personal items and linen are laundered off site at the central laundry for all three facilities. Appropriate storage and sufficient supplies of linen were observed.