



**Australian Government**  

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**Australian Aged Care Quality Agency**

## **Kingston Gardens Aged Care**

RACS ID 3233  
201 Clarke Road  
SPRINGVALE SOUTH VIC 3172

**Approved provider: Aged Care Services 10 (Kingston Gardens) 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 12 December 2019.

We made our decision on 24 October 2016.

The audit was conducted on 20 September 2016 to 21 September 2016. 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 care recipients, 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:

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.

<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: Care recipient lifestyle

**Principle:**

Care recipients 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.

<b>Expected outcome</b>	<b>Quality Agency decision</b>
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 Care recipient security of tenure and responsibilities	Met

### 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.

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

**Kingston Gardens Aged Care 3233**

**Approved provider: Aged Care Services 10 (Kingston Gardens) Pty Ltd**

## **Introduction**

This is the report of a re-accreditation audit from 20 September 2016 to 21 September 2016 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 20 September 2016 to 21 September 2016.

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>	Bradley McKenzie
<b>Team member:</b>	Colette Marshall

## Approved provider details

<b>Approved provider:</b>	Aged Care Services 10 (Kingston Gardens) Pty Ltd
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## Details of home

<b>Name of home:</b>	Kingston Gardens Aged Care
<b>RACS ID:</b>	3233

<b>Total number of allocated places:</b>	72
<b>Number of care recipients during audit:</b>	69
<b>Number of care recipients receiving high care during audit:</b>	60
<b>Special needs catered for:</b>	Care recipients living with dementia.

<b>Street:</b>	201 Clarke Road
<b>City:</b>	SPRINGVALE SOUTH
<b>State:</b>	VIC
<b>Postcode:</b>	3172
<b>Phone number:</b>	03 9549 5333
<b>Facsimile:</b>	03 9549 5344
<b>E-mail address:</b>	<a href="mailto:julie.reed@acsagroup.com.au">julie.reed@acsagroup.com.au</a>

## Audit trail

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

### Interviews

Category	Number
Facility manager	1
Clinical care coordinator	1
Registered nurses	4
Quality managers	3
Enrolled nurses	2
Care staff	5
Lifestyle	2
Administration assistant	1
Care recipients	11
Representatives	4
Maintenance staff	2
Catering staff	2
Laundry staff	1
Cleaning staff	1
Physiotherapist	1
Medical practitioner	1

### Sampled documents

Category	Number
Care recipients clinical files	10
Care recipients lifestyle care plans	6
Medication charts	8
Personnel files	5

### Other documents reviewed

The team also reviewed:

- Assessment documentation
- Audit documentation

- Care recipient and staff information handbooks
- Cleaning and laundry records
- Clinical documentation and charting
- Clinical handover documentation
- Continuous improvement documentation
- Dietary documentation and menus
- Emergency preparedness information
- External contractor information
- Fire services records
- Food safety certification and related documentation
- Human resource management documentation
- Incident reports and analysis
- Internal comments and complaints documentation
- Lifestyle documentation
- Maintenance program documentation
- Mandatory reporting register
- Material safety data sheets
- Meeting minutes
- Mission, vision and values statements
- Occupational health and safety documentation
- Peak body information
- Pest control records
- Police certificate, statutory declaration and nursing registration documentation
- Policies, procedures and flowcharts
- Risk assessments
- Rosters
- Satisfaction survey documentation



- Staff education documentation and tracking mechanism.

## **Observations**

The team observed the following:

- Activities and entertainment in progress
- Archive area
- Cleaning in progress
- Displayed accreditation information
- Equipment, supplies and storage areas
- External complaints information brochures and posters
- Fire equipment, signage, lighting and evacuation kits
- Infection control equipment, spill kits and waste disposal
- Interactions between staff and care recipients
- Living environment and courtyard
- Meal and refreshment services in progress and assistance to care recipients
- Noticeboards and information displays
- Secure clinical areas
- Short group observation conducted in 'dementia/high care area'
- The charter of care recipients' rights and responsibilities – residential care (displayed).

## 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

Management, with the support of the organisation, actively pursues continuous improvement across the Accreditation Standards. Organisational initiatives, local management goals stakeholder feedback and results of internal reviews inform the continuous improvement process. Management incorporate improvement ideas into the plan for continuous improvement using corrective action requests or priority action work plans. Various meeting forums, information noticeboards and memoranda keep key personnel and other stakeholders informed. Care recipients, representatives and staff are satisfied the organisation actively pursues continuous improvement.

Examples of improvements relevant to Standard 1 include:

- Management discussed the organisation's Better Practice initiative aimed at supporting the personal and professional development of staff in the workplace. The organisation acknowledges that while the aged care sector can be a rewarding working environment for staff in many ways, it also presents many unique challenges. The initiative offers staff the services of a trained psychologist who can assist individuals to build resilience and enhance their abilities to manage stressors in the workplace and in their personal lives.
- Management identified an opportunity to improve their system for archiving care recipients' information. The new system sees information entered into a spreadsheet where individual care recipients are allocated a unique identifier for quick reference and easy retrieval of information. Management said the new system saves time and is easy to use.
- The organisation identified an opportunity to formally recognise staff at their Kingston Gardens home for their loyalty and commitment to the service and to aged care more broadly. The organisation realised that a staff recognition program has the potential to impact many aspects of business from staff morale, to productivity, engagement, retention and overall discretionary effort. Staff who have been with the service more than five years attended a luncheon where they received thanks and a service badge which they wear proudly on their uniform. Feedback from staff around the recognition process was positive.

## 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, with the support of the organisation, have systems to ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines in relation to the Accreditation Standards. The organisation receives relevant information from government, industry and professional associations, and updates policies, procedures and associated documentation accordingly. Local management inform care recipients, representatives and staff of changes relevant to their position or tenure through established communication processes. Management and staff demonstrated awareness of their obligations in relation to regulatory compliance.

Examples of regulatory compliance relevant to Standard 1 include:

- Information on the internal and external complaints systems is available to care recipients and representatives.
- Management ensured the notification of all stakeholders about the re-accreditation audit within the required timeframe.
- There is ongoing monitoring of professional registrations through the Australian Health Practitioners Registration Agency.
- Confidential documentation is stored and archived securely.

### 1.3 Education and staff development

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

#### **Team’s findings**

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively. There is a comprehensive education program incorporating compulsory and elective training including topics relevant to the Accreditation standards. A range of training modalities are utilised including learning packages, online training, practical observation, competencies, face to face and attendance at external courses. There is an organisation wide program for compulsory training, orientation and other topics. The home undertakes an education needs analysis yearly and develops specific training relevant to the home. Staff requests, care recipient needs and results of incident and audit data also inform the education program. A training register database is used to record and monitor staff attendance and there is a process to follow up non-attendance at compulsory training. Staff expressed a high level of satisfaction with the education program at the home including the opportunity to attend external courses.

Examples of recent education opportunities relevant to Standard 1 include:

- bullying and harassment
- documentation
- LGBTI awareness in aged care.

### 1.4 Comments and complaints

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

#### **Team’s findings**

The home meets this expected outcome

Care recipients and representatives have access to internal and external complaints systems. Information regarding comments and complaints is on display in the home, contained in information packages and provided to care recipients as part of their tenancy agreement. Stakeholders can provide feedback at meetings, through surveys and by speaking directly with staff and management. The availability of a locked suggestion box provides an avenue for giving feedback confidentially. Care recipients and representatives are aware of the ‘Have Your Say’ feedback process and feel satisfied they are able to raise any concerns with staff and management.

## 1.5 Planning and leadership

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

### **Team's findings**

The home meets this expected outcome

The organisation's vision, mission and slogan statements are on display within the Kingston Gardens home and consistently recorded in documentation available to all stakeholders.

## 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

There are appropriately skilled and qualified staff to ensure care and service delivery is in accordance with regulatory requirements, the organisation's philosophy and the current needs of care recipients. Local management follow established recruitment and selection processes which consider training provider standards, qualifications, reference checks and police clearance. New employees sign a contract and undertake an orientation program.

Staff performance is monitored through observations, competency testing and annual appraisals. Staff have access to internal and external education opportunities and all staff attend compulsory training. Senior management monitor the staff roster and can adjust staff numbers in response to increased care recipient acuity. Staff feel supported and care recipients and representatives are satisfied with the care they receive.

## 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 sufficient supplies of appropriate goods and equipment to provide quality service delivery. Key personnel monitor stock levels and order goods through established preferred suppliers. Goods are stored safely in secure areas and there are cleaning programs and maintenance schedules to ensure equipment remains in good repair. There are processes to trial new products and equipment and for ensuring staff receive appropriate education prior to using new items. Staff, care recipients and representatives are satisfied with the quantity and quality of supplies and equipment available.

## 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

Management and staff have access to information that is accurate and appropriate to their roles. Care recipients and representatives are provided with information on entry to the home, including a handbook and care recipient agreement. Ongoing information is provided through noticeboards, care consultations and meetings. Processes to keep staff informed include position descriptions, policies and procedures, education, meetings and memoranda. Staff and management report the paper based clinical documentation system provides relevant information for the provision of care. Key data is routinely collected, analysed and results made available to relevant staff. Confidentiality and security of staff and care recipient information is maintained. Archived material is stored securely pending destruction. Staff, care recipients and representatives said they are kept informed of the home's operations.

## 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

Organisational processes ensure all externally sourced services meet residential, operational and service quality goals. Corporate procurement personnel negotiate external contractors based on their suitability to deliver services to care recipients over multiple sites. Local management retain the ability to access local contractors according to established processes. In consultation with local staff, the organisation oversees and reviews the provision of external services to ensure compliance with contracted obligations. At the site level, contractors register their arrival at the home and receive induction and orientation as necessary. Staff have access to preferred supplier contacts for out of hours maintenance assistance. Management, staff and care recipients are satisfied with the services provided by external contractors.

## 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

There is a system to support continuous improvement in relation to care recipients' health and personal care. Refer to expected outcome 1.1 Continuous improvement for details of the home's continuous improvement system.

Examples of improvements relevant to Standard 2 include:

- Following a review of incidents relating to skin integrity and wounds, management have commenced a skin care project. The project has seen a renewed focus on education for all staff relating to awareness of skin integrity issues and advanced training for more senior staff in the use of wound products. Since implementation of the project, there has been a reduction in the incidence of skin tears in the home.
- Following an increase in the incidence of urinary tract infections in the home, management implemented a continence management and hygiene project. The project has seen all staff receive education regarding improved hygiene techniques and the appointment of staff continence champions as go to resources when incontinence issues are identified. In the past three months the incidence of urinary tract infections has reduced.

## **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 organisation has a regulatory compliance system. Refer to expected outcome 1.1 Regulatory compliance for details of the home’s overarching compliance system.

Examples of regulatory compliance relevant to Standard 2 include:

- Registered nurses plan and supervise the delivery of specialised nursing care.
- Medications are stored and managed according to legislative requirements.
- Staff and management are aware of their responsibilities in the event of the unexplained absence of a care recipient.

## **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

Management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of care recipient health and personal care. For a description of the education system, refer to expected outcome 1.3 Education and staff development.

Examples of recent education opportunities relevant to Standard 2 include:

- continence care
- diabetes
- medication management
- palliative care
- skin and wound 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

Care recipients receive clinical care appropriate to their needs and preferences. There is a system for completing assessments and care plans on entry to the home and on a regular basis. There is a monthly care review process and care plan evaluation to ensure care recipients needs and preferences are recorded to meet changing needs and clinical conditions. A registered nurse is responsible for the development and evaluation of clinical care and review of care plans. Consultation with the care recipient, their representative, medical practitioners and other health specialists occurs. Communication of care occurs through verbal and written handover, care plans and treatment schedules. Clinical incidents are monitored and evaluated and relevant health specialists review clinical care outcomes. Care recipients and representatives are satisfied with how clinical care is provided.

## 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. A range of specialised nursing care is provided at the home and relevant assessments and care plans are completed according to individual care recipient needs. Evaluation of care and review of care plans occurs on a regular basis or as care needs change. Registered nurses undertake all aspects of care in relation to specialised nursing care in consultation with medical practitioners and a range of other health specialists. There is access to specialised external consultants including palliative care, aged mental health and psychiatric services. Care recipients and representatives are satisfied with how specialised care is undertaken.

## 2.6 Other health and related services

*This expected outcome requires that “care recipients are referred to appropriate health specialists in accordance with the care recipient’s needs and preferences”.*

### **Team’s findings**

The home meets this expected outcome

Care recipients are referred to appropriate health specialists in accordance with their assessed needs and preferences. Medical practitioners visit care recipients regularly and on an as needs basis and other health specialists provide services on site including physiotherapy, podiatry, nutrition and speech pathology. Dental, hearing, and eye care services are provided on site or care recipients attend outside appointments according to their choice and preference. Referral to medical specialists outside the home occurs as needed and information regarding changes to treatment and care is available. The local hospital in reach service visits the home and this includes the services of a geriatrician.

Care recipients and representatives are satisfied with the home's process for referral to health specialists according to 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

Care recipients' medication is managed safely and correctly. Qualified nurses undertake or supervise medication administration and competency training occurs on an annual basis. Medications are stored securely and staff have access to policies and procedures. Medical practitioners assess and monitor care recipient medication requirements and an independent pharmacist completes a medication review for all care recipients on an annual basis.

Medications administered on an as needs basis are recorded and there is evaluation of medication effectiveness. Monitoring of medication incidents occurs and review is undertaken accordingly. Multidisciplinary medication meetings are held to monitor and evaluate the medication system. Care recipients and representatives are satisfied with how staff undertake medication administration.

## **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 as free as possible from pain. Assessment and care planning processes include assessment of pain history, the presence of pain and effectiveness of current or previous therapies. Assessment tools include verbal and non-verbal signs of pain. Staff use a range of pain management strategies including heat packs, massage and analgesia. A physiotherapist undertakes individualised pain management programs for care recipients with chronic pain. Nursing staff and medical practitioners monitor pain and the effectiveness of analgesia and other treatments on a regular basis. Care recipients and representatives are satisfied with the home's approach to pain management.

## **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 comfort and dignity of terminally ill care recipients is maintained. Advanced care plans outline care recipient choices for end of life care and palliative care plans define care needs and preferences including comfort and dignity measures. Consultation with the care

recipient, representative, medical practitioner and other health specialists occurs to allow effective care provision. Staff consult specialised palliative care services to assist with care planning as required. Lifestyle staff provide emotional support for care recipients and their families and religious and pastoral care representatives attend the home when requested. Staff have resources for the provision of palliative care and described measures they undertake when caring for terminally ill care recipients, including comfort and dignity measures.

## **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

Care recipients receive adequate nourishment and hydration and there are effective processes to support care recipients’ choice and preference. Assessment of nutrition and hydration needs includes dietary requirements, medical conditions, personal preferences and allergies. Care recipients at risk of nutrition and hydration problems are identified through specific assessments, weight monitoring and observation of eating patterns. There is a system for referral to the dietitian or speech pathologist according to care recipient needs.

There are effective communication processes to advise catering staff of care recipient dietary plans, including variations. Staff provide a range of supports including nutritional supplements, specialised diets and assistive devices according to care recipient’s needs.

Care recipients and representatives are satisfied with the provision of nutrition and hydration and the assistance provided by staff during meal and refreshment services.

## **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

Care recipients’ skin integrity is consistent with their general health. Skin care plans outline care recipients individual care needs and includes assessment of nutrition, continence and mobility status. Staff monitor the condition of care recipients’ skin during routine care and maintain skin integrity through the application of moisturisers, limb protectors and use of pressure relieving devices. Registered nurses monitor wound care treatment and healing rates and there are care processes to minimise skin tears and pressure injuries. The home has a system to monitor the incidence of skin injuries and wounds through monthly reports and benchmarking data. Care recipients and representatives are satisfied with how staff attend to skin care.

## 2.12 Continence management

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ continence is managed effectively. Assessments include triggers and health conditions which may affect continence and care plans outline individual supports to maintain or restore continence. Ongoing monitoring of care recipients needs occurs, with changes initiated as required. The continence aid supplier provides advice and support including staff education. Optimal bowel health is promoted through appropriate dietary intake, use of medication therapies and monitoring is undertaken. Care recipients and representatives are satisfied with how staff manage continence and maintain privacy and dignity when providing assistance.

## 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 effectively. Behaviour assessments and care plans outline individual triggers and effective intervention strategies. Evaluation of the effectiveness of behaviour care plans occurs in consultation with medical practitioners and referral to a geriatrician or aged psychogeriatric services occurs as required. The lifestyle program includes activities for care recipients with dementia related illness which are personalised to enhance the quality of life and wellbeing for each care recipient. Care recipients and representatives are satisfied staff manage behaviours in a caring and supportive manner.

## 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

Optimum levels of mobility and dexterity are achieved for all care recipients. A physiotherapist assesses all care recipients on entry to the home and on a regular basis thereafter. Assessments include falls risks, mobility and dexterity capabilities and existing musculoskeletal problems. Care plans outline interventions such as mobility aids, falls prevention strategies and daily exercise regimes to maximise care recipients ability to be active and maintain mobility. The environment is modified to aid independent mobility for care recipients using assistive equipment. Care recipients are reviewed after a fall by the physiotherapist and there is a range of falls prevention equipment in use. Falls data is collected and analysed and prevention strategies are revised accordingly. Care recipients and representatives are satisfied mobility and dexterity is encouraged and staff provide suitable assistance.

## 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

Care recipients’ oral and dental health is maintained according to needs and preferences. Assessments include eating and swallowing difficulties and existing dental conditions. Care plans outline individual care requirements including care of teeth and dentures, and modified dietary requirements. Staff encourage care recipients to maintain independence with their dental care and provide assistance as required. Dentists visit the home and care recipients attend outside appointments if they choose. Care recipients and representatives are satisfied with the level of oral and dental care provided by staff.

## 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

Care recipients’ sensory losses are identified and managed effectively. Sensory assessments and care plans outline individual care recipient needs. Sensory needs are incorporated into nutritional and skin care regimes and participation in interests and activities. Referral to other health specialists such as speech pathologists, audiologists and optometrists occurs as required. Staff check the working condition of aids and assist care recipients in using devices such as hearing aids and glasses on a daily basis. Care recipients and representatives are satisfied with the attention given to care recipients’ sensory needs.

## 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

Care recipients are assisted to achieve natural sleep patterns. Sleep assessments provide staff with information to assist with promoting natural sleep and providing comforts and support based on individual choice and preferences. Staff utilise a variety of methods to promote sleep and consult with the care recipients’ medical practitioner if medication is required. Care recipients said the home is quiet at night and staff provide assistance as needed and according to their preferences.

## 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

There is a system to support continuous improvement in relation to care recipient lifestyle. Refer to expected outcome 1.1 Continuous improvement for details of the continuous improvementsystem.

Examples of improvements relevant to Standard 3 include:

- The organisation has supported the home to increase awareness among staff regarding the emerging needs of the Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) peoples in aged care. The clinical manager attended a seminar regarding the subject that highlighted key considerations such as privacy and dignity, choice and decision-making, intimacy and sexuality and general discrimination themes affecting those identifying as LGBTI within aged care. Upon return from the seminar the clinical manager presented an awareness education session to staff which was well attended and received. Management said the organisation is committed to ensuring high quality, culturally appropriate aged care for all LGBTI people.
- In response to a request from a care recipient, management implemented a ‘clock wall’ to embrace cultural diversity. There is now a wall in the home which boasts a number of clocks adjoined with the country’s name and precise time of that country. Feedback from care recipients and representatives has been positive.

### 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 organisation has a regulatory compliance system. Refer to expected outcome 1.1 Regulatory compliance for details of the home’s overarching compliance system.

Examples of regulatory compliance relevant to Standard 3 include:

- Displayed in the home is the Charter of care recipients’ rights and responsibilities – residential care.
- There are processes to ensure staff practice is consistent with maintaining the confidentiality and privacy of care recipient information.
- Management maintain a register for the mandatory reporting of elder abuse incidents according to legislative requirements.
- Management offer agreements to all care recipients that specify care, services, rights, responsibilities and security of tenure information.

### 3.3 Education and staff development

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

#### **Team’s findings**

The home meets this expected outcome

Management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of care recipient lifestyle. For a description of the education system, refer to expected outcome 1.3 Education and staff development.

Examples of recent education opportunities relevant to Standard 3 include:

- Alzheimers Australia dementia course
- elder abuse
- leisure activities for dementia care.

### **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 and lifestyle staff identify care recipients' emotional support needs in adjusting to living in the home and on an ongoing basis. Staff assess the care recipients' social, religious and cultural requirements soon after entry and a care plan is developed in consultation with them and their representatives. Care recipients receive orientation to the home and are introduced to staff and fellow care recipients. Lifestyle staff can facilitate religious, pastoral and community visitor support should such services be requested or considered beneficial to the care recipient. Two friendly canines call Kingston Gardens home during the day and provide companionship to those who enjoy their company. Care recipients feel supported by staff in adjusting to their new environment and on an ongoing basis.

### **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

Assessment processes identify each care recipient's preference to participate in activities of interests to them, retain ongoing community associations and friendships, and maintain their civic responsibilities. Staff assist care recipients to maintain their independence and provide opportunity for them to contribute meaningfully to life within the home. Staff provide a focus for various municipal activities including visits from community visitors and religious representatives. Management can facilitate access to various forms of culturally specific media including newspapers, radio and television. Care recipients assessed as capable and autonomous are encouraged to access local community amenities independently and therefore retain as much independence as possible. Care recipients and representatives are satisfied with the support of their independence.

### **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

Care recipients' right to privacy, dignity and confidentiality is recognised and respected. Management provide care recipients with information about their right to privacy on entry to the home and seek consent from individuals to display their photographs and names. There are sitting rooms for care recipients to receive their guests, read a book or simply relax. Care recipients' information is stored securely and discussed discretely. Staff



displayed awareness of strategies to maintain care recipients' privacy, dignity and confidentiality and management monitors these aspects of care. Care recipients and representatives expressed satisfaction with the home's treatment of their privacy, dignity and confidentiality.

### **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

Care recipients are encouraged and supported to participate in individual and group activities according to their preferences. The lifestyle team identifies care recipients' leisure and lifestyle interests as they settle into the home. The monthly activity calendar offers a range of activities such as happy hour, exercises and bingo. Special cultural days and events are also celebrated. Care recipients enjoy bus outings and staff can assist individuals to engage with the community visitors scheme. There is an activities program designed for care recipients living with dementia or other cognitive impairment. The lifestyle team evaluates the effectiveness of activities by completing individual attendance and participation records. Care recipients and representatives expressed satisfaction with the lifestyle program.

### **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

Management and staff value and foster care recipients' cultural and spiritual lives. Staff identify care recipients' cultural and spiritual needs on entry to the home and this information is found in care plans. A facts page with information specific to the care recipient's country of origin accompanies individual care plans. The home is very multicultural with many care recipients identifying as Russian, Serbian and Vietnamese. Within the home are staff that are bilingual and can support communication with care recipients. Staff have access to multicultural resources and there is external complaints information available in various languages. Clergy and pastoral care personnel visit care recipients as requested and church services take place in the home regularly. Care recipients and representatives are satisfied with the way management and staff support and embrace different cultures.

### **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

Management and staff support care recipients and representatives to participate in decisions about the care and services they receive. Management provide information detailing the care and services available to care recipients when they move into the home and this information is included in care recipient information packages and agreements. Staff consult with care recipients and representatives about their needs and preferences across all aspects of care and detail this information in the care plan. Care recipients and representatives participate in regular meetings and there are opportunities for feedback through formal consultation with management and the 'Have Your Say' system. Care recipients and representatives are satisfied with the opportunities for choice and decision making at the home.

### **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

Management follow established consultation processes to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. Prior to and upon entry to the home, care recipients and representatives receive an information pack. Following consultation, management offer a residential agreement which specifies care and services, comments and complaints, rights and responsibilities and other relevant information. Ongoing discussions occur to ensure all parties concerned understand the terms of tenure. Care recipients and representatives are aware of their rights and responsibilities and feel their tenure at the home is secure.

## **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

There is a system to support continuous improvement in relation to the physical environment and safe systems. Refer to expected outcome 1.1 Continuous improvement for details of the continuous improvement system.

Examples of improvements relevant to Standard 4 include:

- Management, in conjunction with care recipients, identified an opportunity to improve a number of internal lounge furnishings. A range of new furnishings were purchased including raised coffee tables and attractive and comfortable lounge settings. Care recipients spoke positively of the new and comfortable furnishings.
- As part of an organisational wide occupational health and safety review, management reviewed their internal processes for risk assessment and management. Areas reviewed were identified as common occupational health and safety issues which staff are presented with on a regular basis. Management said these improvements have resulted in enhanced staff and care recipient safety.

### **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 organisation has a regulatory compliance system. Refer to expected outcome 1.1 Regulatory compliance for details of the home’s overarching compliance system.

Examples of regulatory compliance relevant to Standard 4 include:

- Staff have access to current material safety data sheets and chemicals are stored safely.
- The home complies with annual essential services maintenance requirements.
- There is a system to ensure ongoing compliance with fire safety regulations.
- The home’s food safety program is up to date and third party kitchen audits occur.

### **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

Management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of physical environment and safe systems. For a description of the education system, refer to expected outcome 1.3 Education and staff development.

Examples of recent education opportunities relevant to Standard 4 include:

- chemical safety
- fire and emergency
- food safety
- infection control
- manual 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

Management and staff actively work to provide a safe and comfortable environment consistent with care recipients’ care needs. Each care recipient has a single room with a private ensuite. There is safe access to clean, comfortable and well-maintained communal, private, dining and outdoor areas with sufficient and appropriate furniture. Management monitor the safety of the home via stakeholder feedback, environmental audits, preventative maintenance processes and the incident reporting system. Cleaning regimes and reactive maintenance processes ensure a comfortable and functional environment for care recipients and staff. Provision of equipment such as mobility aids and call bells enhances care recipients’ safety. Care recipients and representatives feel safe and secure in their surroundings.

#### **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

Management are actively working to provide a safe working environment that meets regulatory requirements through their occupational health and safety program. Measures used to identify and mitigate risks in the workplace include incident reporting, environmental audits and preventative and reactive maintenance systems. Local management have access to organisational resources to support staff in the event of a workplace injury and to facilitate their safe return to work. Staff have input into ensuring environmental safety through a health and safety representative and by participating in dedicated meetings. Management review reported incidents and staff understand the process they need to follow should they sustain an injury in the workplace. Staff undertake compulsory training and use equipment that minimises the risk of injury. Staff said management support 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 organisation has systems to minimise fire, security and emergency risks. Emergency management policies guide staff practice, evacuation plans are on display throughout the home, and emergency exits are clearly marked and free from obstruction. Secure doors release in the event of an emergency. An evacuation kit contains equipment and a current list of care recipients. Specialist contractors regularly monitor and maintain fire and safety equipment and undertake independent fire inspections. Fire and emergency training is mandatory for all staff upon commencement and on an ongoing basis. Security measures include keypad access to the home, closed circuit television cameras and locked storage areas. Staff are aware of their responsibilities in the event of an emergency and care recipients feel safe and secure in the home.

#### **4.7 Infection control**

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

##### **Team's findings**

The home meets this expected outcome

There is an effective infection control program. Infection surveillance is undertaken and results are evaluated by key clinical staff and discussed at relevant meetings. Policies and procedures including outbreak procedures are available for staff to follow. Hand hygiene, personal protective equipment and appropriate waste disposal systems are available throughout the home. Care recipients are assessed and monitored for the risk of infection

and medical practitioners and nursing staff monitor responses to treatment. There is a planned pest control program and catering, cleaning and laundry procedures follow infection control guidelines. There is a food safety program and a current external audit certification. Cleaning schedules are adhered to and environmental audits are undertaken. Vaccinations are offered to care recipients and staff.

#### **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

Hospitality services enhance care recipients' quality of life and the staff's working environment. Meals and snacks are prepared fresh on site in accordance with the home's food safety program. Care recipients dietary information and preferences is available for catering staff to follow and a rotating menu offers care recipients meal and beverage choices. Alternative meal choices are available with snacks and fresh fruit provided. Linen and care recipients' personal clothing are laundered in-house and there are processes to label care recipient clothing to minimise lost property. Cleaning services are completed according to set schedules and procedures. Care recipients and representatives are satisfied with the quality of hospitality services provided at the home.