



Aged Care  
Standards and Accreditation Agency Ltd

## **Ginninderra Gardens Hostel**

RACS ID 2914  
23 Burkitt Street  
PAGE ACT 2614

Approved provider: Anglicare Canberra and Goulburn

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for one year until 24 August 2013.

We made our decision on 18 July 2012.

The audit was conducted on 19 June 2012 to 22 June 2012. The assessment team's report is attached.

The accreditation period will provide the home with the opportunity to demonstrate that it is capable of monitoring systems, evaluating the effectiveness of actions taken, and maintaining compliance with the Accreditation Standards.

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	Accreditation 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	Accreditation 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		Accreditation 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		Accreditation 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



Aged Care  
Standards and Accreditation Agency Ltd

# Audit Report

**Ginninderra Gardens Hostel 2914**

**Approved provider: Anglicare Canberra and Goulburn**

## Introduction

This is the report of a re-accreditation audit from 19 June 2012 to 22 June 2012 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents 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, resident 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 Accreditation 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

# Audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 19 June 2012 to 22 June 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. 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 1997.

## Assessment team

Team leader:	Carol Lowe
Team member/s:	Kathleen McDonagh

## Approved provider details

Approved provider:	Anglicare Canberra and Goulburn
--------------------	---------------------------------

## Details of home

Name of home:	Ginninderra Gardens Hostel
RACS ID:	2914

Total number of allocated places:	61
Number of residents during audit:	48
Number of high care residents during audit:	32
Special needs catered for:	12 place dementia specific unit

Street/PO Box:	23 Burkitt Street	State:	ACT
City/Town:	PAGE	Postcode:	2614
Phone number:	02 6123 9000	Facsimile:	02 6123 9093
E-mail address:	Nil		

## Audit trail

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

### Interviews

	Number		Number
Executive Care Manager	1	Residents/Representatives	10
Nurse Advisor	1	Consultant	1
Care Staff	5	Ancillary Staff	4
Maintenance Officer/Fire Officer	1	Aged Care Funding Instrument (ACFI)/ Client Liaison Officer	1
Care Manager	1	Chaplain	1
Registered Nurses	2	Pastoral Associate	1
Team Leaders	2	Pharmacist	1
Podiatrist	1	Physiotherapist	1
Diversional Therapists	2	Dietician	1
Continence Nurse (via telephone)	1	Company Representatives (cleaning/laundry and chemical company)	2
Roster Clerks	2	Administration Officer (accounts payable)	1
People and Culture Team Consultant	1	Infection Control Coordinator/Enrolled Nurse	1
Food Services Manager	1		

### Sampled documents

	Number		Number
Residents' files (including assessments, progress notes, care plans and associated documentation)	7	Medication charts	7
Resident agreements	5	Personnel files	10

### Other documents reviewed

The team also reviewed:

- Accident/incident reports
- ACT Health Department – certificate of registration for a food business
- ACT Health food audit on kitchens in hostel and main nursing home kitchen
- Annual fire safety statement
- Behaviour management including: behaviour assessments, behaviour monitoring charts, behaviour management plans, psychogeriatrician referrals and reports, Dementia Behaviour Management Advisory Service (DBMAS) referrals and reports

- Catering information including: individual cottage records on residents dietary preferences, temperature records for delivery, storage, re-heating and serving of meals and cleaning records for kitchens
- Cleaning records including: plan for cleaning, job description, safety data sheets (SDS) and communication book
- Clinical and special care day monitoring records
- Committees and forums folder – staff and resident meeting minutes, memos, appointment diaries and communication books
- Consolidated reporting register including: missing resident information, relevant policies and procedures
- Education records including: mandatory education and toolbox talks, competencies, training plan and education calendar for 2012
- Extra services information
- Fire detection system and sprinkler system log books
- Improvement log folder
- Infection control including: statistical data, hand washing competencies, audits and vaccination information
- Job descriptions and duty statements for a range of staff
- Maintenance records including service reports on equipment, preventative maintenance program
- Medication management including: medication incident reports, medication assessments and management plans, self medication assessments, clinical refrigerator monitoring records, drugs of addiction register and professional signatures register, medication audits ,medication reviews and insulin management plans
- Menus
- Mobility documentation including: physiotherapy assessments, mobility assessments, physiotherapy care plans, manual handling guide lines and physiotherapy referrals
- Newsletters – “Ginninderra Gardens” (residents, resident representatives and staff) and “Ginninderra Chatline” (site staff)
- Nutrition and hydration management including: dietician plan of action 2012, dietician reviews, food monitoring diaries, supplements lists, food preference lists and weight records
- Organisation chart
- Pain management including: pain assessments, pain management plans and evaluations
- Policy and procedure manuals
- Quality plan 2012-2014
- Resident lifestyle documentation including: lifestyle and ‘Key 2 Me’ assessments, lifestyle care plans, activities calendars, activities attendance records and activities evaluations
- Residents’ information handbook
- Roster information on computer and allocation sheets, folders with staff qualifications
- Service contracts with companies and suppliers and listing of service providers
- Staff handbook

- Wound management system including: wound assessments, wound management plans, photographic wound progress records and skin integrity reporting data

### **Observations**

The team observed the following:

- Activities in progress
- Care staff handover
- Equipment and supply storage areas including medical stores, medications, and secure storage of residents clinical files and archived documents
- Feedback forms and suggestion boxes
- Inspection tags on fire fighting equipment, exit signs, evacuation plans and colour coded emergency procedure flip charts in each cottage
- Interactions between staff and residents including staff assistance and supervision in the dining rooms during the midday meal service and medication administration
- Living environment – internal and external areas
- Noticeboards for resident and staff information in various locations



## 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 residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

#### 1.1 Continuous improvement

*This expected outcome requires that "the organisation actively pursues continuous improvement".*

#### Team's findings

The home meets this expected outcome

Ginninderra Gardens Hostel (the home) has a quality management system which also covers the co-located nursing home (Ginninderra Gardens Nursing Home). This system includes the use of a range of audits, surveys and improvement logs to gather ideas for further improvement. Focus groups are held with small groups of residents to gather feedback on the performance of the home in meeting residents' needs and wishes. Ideas are sourced from staff members through the use of the improvement logs and verbal suggestions raised through staff meetings. Audit results, improvement logs and any complaints are discussed at the care and lifestyle forum or hotel services forum. Feedback is provided on any improvement logs and audit results to ensure residents, their representatives and staff are kept informed. Positive feedback was received from residents, their representatives and staff on the improvements which are currently being undertaken. A sample of improvements relating to Standard One includes the following:

- In February 2012 the organisation reviewed the existing quality system and identified it was not effective in monitoring the home's performance or in identifying areas for improvement. Consultants were appointed and a new quality management system introduced which enables the home to monitor performance across clinical and non-clinical areas. This system includes the use of clinical indicators. The system enables management to clearly identify areas for improvement across the hostel and co-located nursing home. Continuous improvement is a standard agenda item across all meetings and forums. The executive care manager and nurse advisor advised that this system enables management to be proactive in implementing changes and improvements in the home.
- The consultants identified the home had no effective meeting structure. The committee structure was reviewed and new committees established. Terms of reference for these committees have been developed and information on the committee structure referred to all the relevant stakeholders (residents, resident representatives, staff and management). A calendar of meeting dates for the committees is in place and a standard agenda established. Information from the various meetings and audit results is discussed at the relevant forums to ensure improved communication to all the stakeholders.
- The management team have introduced uniforms for the staff. This is aimed at improving staff members' presentation; improve morale and identify staff members to visitors and residents. The introduction of uniforms is to provide staff with a "sense of belonging" as well as being aesthetically pleasing. Consultations have been held with staff and with various uniform suppliers on the styles and product. Fittings have been held with staff members and the new uniforms are being progressively introduced.
- New photograph identification badges have been introduced. These improve the identification of staff members as the badges can not be used by anyone other than the designated staff member. An added feature on the badge includes the expiry date for

their police check. The badges have a rounded edge and so will not provide a skin tear hazard for residents if they accidentally come into contact with the badge during care routines.

- The home has introduced improvement logs to enable residents, resident representatives and staff to raise suggestions for improvements. Each completed improvement log is allocated a number and placed on a register when it is received which enables management to track the improvements. The improvement logs are then referred to the care and lifestyle committee which in turn allocates them to relevant senior staff for action. The register identifies the areas in which the improvement logs are referred to in order to identify any possible trends.
- The catering staff roster is now being managed by the roster clerks. This provides improved management of the staff replacements for the hostel and co-located nursing home.

## **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

Information on changes in legislation or regulations is provided to the organisation through a commercial legislation update service. The information is received both electronically (email) as well as through the receipt of a hard copy format. Information is also received directly from government departments or agencies as well as through various industry organisations. The organisation has a committee which reviews the policy and procedures whenever legislative changes occur to ensure these are amended when required. Information on changes to legislation or policies is disseminated to relevant staff through education sessions (including external education sessions run by peak industry groups or government departments), memos or staff meetings. This was confirmed by staff members.

## **1.3 Education and staff development:**

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

### **Team’s findings**

The home meets this expected outcome

The home has a system that aims to ensure management and staff members have the appropriate knowledge and skills to perform their roles effectively. Training needs are being identified through a number of avenues and include observation of staff work practices, results of audits, and trends identified as a result of the analysis of incidents. A training needs survey has also been conducted with staff to gather their suggestions for future training courses. The home has an education program, which includes a range of in-services across the four Accreditation Standards. External training is accessible to staff as needed. Records of staff attendance at training sessions are maintained and processes are in place to monitor staff attendance at any education sessions deemed compulsory. Staff advised that they are being encouraged to develop their skills and increase their knowledge. Residents and resident representatives expressed satisfaction with staff knowledge and skills. Education sessions on governance, staff roles and responsibilities and clinical care have been provided to care staff.

#### **1.4 Comments and complaints**

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

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

The home meets this expected outcome

The home has systems to ensure residents and their representatives have access to internal and external complaint resolution mechanisms. This includes displaying information about the organisation's and Department of Health and Ageing Complaint Investigation Scheme at the front entrance to the home. Information on raising complaints is contained within the resident handbook as well as the resident agreement, which is provided to residents and their representatives as part of the entry process to the home. A review of documentation indicated all issues raised with the executive care manager have been, or are in the process of being completed. Residents meetings are held on a regular basis and provide a forum in which residents and their representatives can raise issues as well as be consulted by management. Residents and their representatives advised they are able to raise any concerns directly with the executive care manager.

#### **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 mission and vision statements are on public display at the front entrance as well as various locations around the home. Information is presented to residents, their representatives and to staff through key documentation such as the resident and employee handbooks, which are given to all residents and their representatives and staff on entry to the home or commencement of employment respectively. The executive care manager advised they discuss the organisation's mission and vision with prospective staff members during the interview process. This is to ensure all new staff members fully understand prior to accepting any position with the home. The mission and vision is also discussed further as part of the orientation program for new staff members.

#### **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 a system in place to ensure there are sufficient appropriately skilled and qualified staff members. The executive care manager advised residents' care needs as well as feedback from staff members are used in identifying the staffing level needs in the home. Interviews are held with all applicants to assess their suitability to work at the home. The home ensures police checks are current before the new staff member commences duty. A system is in place to ensure new staff are partnered with competent experienced staff and complete a buddy booklet as part of the orientation system. Residents and their representatives expressed their satisfaction with the care provided to residents by staff.

### **1.7 Inventory and equipment**

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

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

The home meets this expected outcome

The home has systems to ensure the home has adequate supplies of goods and equipment. Staff members advised they are provided with sufficient supplies of equipment and goods to provide appropriate care and good quality services to the residents. The executive care manager and nurse advisor said the home has access to a range of suppliers for equipment. New equipment is able to be purchased from these suppliers or trialled, if necessary, to ensure suitability prior to purchase. Staff advised that education on new equipment is provided to ensure safe usage. The home has a preventative and reactive maintenance program to ensure that all equipment is working effectively.

### **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

Information is disseminated to residents, resident representatives and staff through a variety of avenues including emails, newsletters, information displayed on notice boards, and discussions at meetings and education sessions. Handovers are used to pass on clinical information to staff members on different shifts. The home conducts toolbox talks during the day to discuss various topics of current relevance to clinical care. Documentation no longer required is archived on-site. An external organisation is contracted to provide archive storage and arrange secure destruction for documents no longer required at the home. Data on computers is routinely backed-up on external servers managed by the organisation. Access to the home's computers and data within the system is secured via password.

### **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 to ensure that externally provided services and goods meet specific requirements. The executive care manager advised that the organisation is currently reviewing contracts with suppliers. New formal agreements are entered into with suppliers which include the option to terminate agreements when ongoing poor performance is not rectified. Staff in various roles explained the procedures in place to manage any episodes of poor service or receipt of poor quality goods. Staff members interviewed on this topic advised that any equipment or goods supplied are good quality. Management and staff are generally satisfied with the arrangements in place with external service providers.

## Standard 2 – Health and personal care

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

### 2.1 Continuous improvement

*This expected outcome requires that "the organisation actively pursues continuous improvement".*

#### Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement regarding the continuous improvement system which exists in the home. Examples of recent improvements in relation to Standard Two include:

- In February 2012 the home was able to access the services of a clinical nurse practitioner in palliative care through Clare Holland House to improve clinical advice. As a result staff at the home are more aware of the services available and more proactive in seeking access the palliative care team to provide support and advice. The home has access to resources which are shared with the co-located nursing home. These include a syringe driver and mouth swabs as well as resources such as aromatherapy equipment, bed bath aids, candles and relaxing music. Clinical pathways have been developed to guide staff work practices in providing palliative care to residents. Pastoral care is also available for residents as needed. Positive feedback has been received from families of residents who have recently passed away.
- A medical clinic opened on-site in March 2012. The clinic has access to a practice nurse and dietician as well as other medical services. Residents have been provided with an option of retaining their previous doctor or transferring to the medical clinic. The registered nurse advised that residents clinical reviews are completed more promptly, the home has improved access to comprehensive medical reviews for the residents and residents have quicker access to a doctor. Positive feedback has been received by management on the clinic by residents and their representatives.
- Special care days have been introduced in March 2012. These are designated days each month in which each resident's clinical observations are taken. Consultations are also undertaken periodically to discuss residents care needs with family and management. The special care days are aimed at improving the monitoring of residents care needs.
- Medication management has been improved across the site. Improvements include the introduction of a new pharmacy service which has resulted in a faster and more accurate delivery of residents' medications. Schedule 8 medications are now included in the pre-packaged medication system. This has reduced the time for staff in giving out the medications. The home is also progressively introducing an online medication ordering system. Education is being provided to staff and a manual has been provided by the pharmacy as well as a quick guide for staff.
- As a result of feedback from a resident the home has introduced routine checks in the morning, prior to breakfast, for those residents who wish to have them.
- New electrically operated beds are being progressively introduced into the home for those residents who require them. Residents who brought their own bed when they moved into the home are being offered the option to replace their existing bed with a bed which can be raised or lowered.
- A new continence aid supplier has been appointed. The new company is providing improved services to the home and co-located nursing home through education to staff across all shifts as well as undertaking continence assessments for residents. As part of

the service the company will also provide a periodic audit to ensure the continence aids are meeting residents' needs appropriately.

## **2.2 Regulatory compliance**

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

### **Team's findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information regarding the organisation's system to ensure that the home complies with legislation and regulations relevant to residents' health and personal care. This includes ensuring that the registrations of the registered nurses are current. The home has access to the Australian Health Practitioner Regulatory Agency (AHPRA) website to verify current registrations of any registered care staff and any allied health practitioners.

## **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

For details of the home's system for ensuring that management and staff have the appropriate knowledge and skills to perform their roles effectively, please refer to expected outcome 1.3 Education and staff development. Examples of education sessions relating to Standard Two include behaviour management, depression, food supplements, clinical documentation, manual handling, clinical care, palliative care, continence management, skin care and dehydration as well as nutrition and hydration.

## **2.4 Clinical care**

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

### **Team's findings**

The home meets this expected outcome

The home has systems, processes, policies and procedures to ensure residents receive appropriate clinical care. Review of documentation shows a comprehensive program of assessments are completed when a resident moves into the home. Individualised care plans are formulated, reviewed and monitored by registered nurses on a three monthly basis or more often if required. Care is planned in consultation with the resident and their representative, the resident's medical practitioner and allied health professionals. Staff have a sound understanding of the clinical care process. The home has appropriate supplies of equipment and resources maintained in good working order to meet the ongoing and changing needs of residents. Residents and their representatives interviewed are satisfied with the clinical care provided and resident representatives state they are informed of changes in the resident's condition and care needs.

## **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

There are systems to ensure residents’ specialised nursing care needs are identified and met by appropriately qualified staff. Documentation and discussions with staff show residents’ specialised nursing care needs are identified when they move into the home and addressed in the care planning process. The care manager and registered nurses oversee clinical care and coordinate assessments on the residents’ specialised care needs. The home liaises with external health professionals including the local area health service to ensure residents’ specialised nursing care needs are met. Staff access internal and external education programs and there are appropriate resources and well maintained equipment to provide specialised nursing care. Residents and their representatives interviewed are satisfied with the specialised nursing care provided.

## **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

Documentation including resident files shows the home refers residents to external health professionals and any changes to care following specialist visits are implemented in a timely manner. Several allied health professionals visit the home on a regular basis including a physiotherapist, podiatrist, dietician, pathology services and members of the palliative care and mental health teams. Residents and representatives report management and staff ensure they have access to current information to assist in decision-making regarding appropriate referrals to specialist services. Residents and their representatives interviewed are satisfied with the way referrals are made and the way changes to care are implemented.

## **2.7 Medication management**

*This expected outcome requires that “residents’ medication is managed safely and correctly”.*

### **Team’s findings**

The home meets this expected outcome

Management demonstrates resident medication is managed safely and correctly. Staff deemed competent administer medication via a blister packaging system. A current pharmacy contract and locked storage of medication promotes safe and correct management of medication to residents. A photograph identifies each resident with their date of birth and clearly defined allergies on each medication chart. Pharmacy and medical officer protocols have been established in the home and staff practices are consistent with policy and procedures evidenced through audits and training. Staff advise they access internal and external education programs. Regular medication reviews are completed by a consultant pharmacist and medical incident data is collated as part of the quality clinical indicators and is reviewed and actioned by the executive care manager. Residents interviewed are satisfied their medications are managed in a safe and correct manner.

## **2.8 Pain management**

*This expected outcome requires that “all residents are as free as possible from pain”.*

### **Team’s findings**

The home meets this expected outcome

There are systems to ensure all residents are as free as possible from pain. Initial assessments identify any pain a resident may have and individual pain management plans are developed. Staff are trained in pain prevention and management. They use verbal and non-verbal pain assessment tools to identify, monitor and evaluate the effectiveness of pain management strategies. Documentation shows strategies to prevent and manage residents’ pain include attendance to clinical and emotional needs, analgesia and alternative approaches including massage and pressure relieving devices. Pain management measures are followed up for effectiveness and referral to the resident’s medical practitioner and other services is organised as needed. Staff regularly liaise with medical practitioners and allied health personnel to ensure effective holistic care planning. Residents and their representatives report residents are as free as possible from pain and that staff respond in a timely manner to their requests for pain control.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

There are systems to ensure the dignity and comfort of residents who are terminally ill is maintained within the scope and resources of the home. Residents may require relocation to a higher needs facility, dependent on their care needs. Documentation and staff discussions show the spiritual, cultural, psychological and emotional needs of residents are considered in care planning and pastoral care is provided as requested. The home holds palliative case conferences and accesses the services of the palliative care nurse practitioner attached to the area health service hospice. Resident and their representatives appreciate that palliative care services and end of life care is available within the resources of the home.

## **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

Documentation demonstrates residents’ nutrition and hydration status is assessed on entry to the home and individual needs including swallowing difficulties, sensory loss, special diets and individual preferences are identified and included in care planning. Appropriate referrals to the speech pathologist, dietician and dentist are made in consultation with the resident and representative and others involved in their care. The seasonal menu is reviewed by a dietician and provides residents with an alternative for the midday and evening meal. Residents are weighed monthly or more often if indicated. Weight loss or gain is monitored with referral to medical practitioners or allied health for investigation and treatment as necessary. Nutritional supplements, modified cutlery, equipment and assistance with meals are provided as needed. Staff are aware of special diets, residents’ preferences and special requirements including thickened fluids, pureed and soft food. Residents interviewed are happy with the frequency and variety of food and drinks supplied.



### **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

Residents’ skin integrity is assessed on entry to the home through the initial assessment process. Staff monitor residents’ skin care as part of daily care and report any changes in skin integrity to the registered nurses for assessment, review and referral to their medical practitioner or wound consultant as needed. Staff have access to sufficient supplies of appropriate equipment and resources to meet the needs of residents. Documentation reveals that staff receive ongoing training and supervision in skin care. This includes the use of specialist equipment such as lifting devices to maintain residents’ skin integrity. The homes’ reporting system for accidents and incidents includes skin integrity and is monitored monthly and included in the quality clinical indicators. Residents have access to a physiotherapist, physiotherapy assistant, podiatrist and other external health professionals. Residents and their representatives report staff pay careful attention to residents’ individual needs and preferences for skin care.

### **2.12 Continence management**

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

#### **Team’s findings**

The home meets this expected outcome

There are systems to ensure residents’ continence is managed effectively. Clinical documentation and discussions with staff show continence management strategies are developed for each resident following initial assessment. Care staff report they assist residents with their continence programs regularly and monitor residents’ skin integrity. Staff are trained in continence management including scheduled toileting, the use of continence aids, the assessment and management of urinary tract infections. Bowel management strategies include daily monitoring. Staff ensure residents have access to regular fluids, appropriate diet and medications as ordered to assist continence. There are appropriate supplies of continence aids to meet the individual needs of residents. Residents and their representatives state they are satisfied with the continence care provided to the 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 home has systems to effectively manage residents’ with challenging behaviours. Documentation and discussions with management and staff show residents’ behavioural management needs are identified by initial assessments and behaviour care plans formulated. The home has a cottage which can provide secure accommodation for residents with dementia. Behaviour management strategies include one-on-one and group activities which are regularly reviewed in consultation with the resident and/or representatives and other specialist services. Staff confirm they have received education in managing challenging behaviours and work as a team to provide care. The home has access to other health

professionals including the Dementia Behaviour Management Advisory Service and a visiting psychogeriatrician. Staff were observed to use a variety of management strategies and resources to effectively manage residents with challenging behaviours and to ensure the residents' dignity and individual needs were respected at all times. The home uses restraint only as a last resort to ensure resident safety. Resident and their representatives interviewed are satisfied with how challenging behaviours are managed at the home.

#### **2.14 Mobility, dexterity and rehabilitation**

*This expected outcome requires that "optimum levels of mobility and dexterity are achieved for all residents".*

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

The home meets this expected outcome

The home has systems for ensuring optimum levels of mobility and dexterity are achieved for each resident including comprehensive assessments, the development of mobility and dexterity plans and mobility programs. The home has a physiotherapist who visits the home on a weekly basis as well as an on-site physiotherapist assistant. Individual programs are designed by the physiotherapist and implemented by the physiotherapist assistant and care staff. These are designed to promote optimum levels of mobility and dexterity for all residents. Falls incidents are analysed and are monitored in the quality clinical indicators. Residents and their representatives report appropriate referrals to the physiotherapist and podiatrist are made in a timely manner. Staff are trained in falls prevention, manual handling and the use of specialist equipment. Assistive devices such as mobile frames walk belts, mechanical lifters and wheelchairs are available. The home is well lit with handrails on all corridors.

#### **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

There are systems to ensure residents' oral and dental health is maintained. Oral and dental health is assessed when a resident moves into the home and documented on resident care plans. A dentist and dental technician attend the home and provide basic dental care on site. Staff state they receive education in oral and dental care and assist residents to maintain daily dental and oral health. Swallowing difficulties and pain are referred to the medical practitioner or allied health services for assessment and review. Residents and their representatives' state residents are provided with appropriate diets, fluids, referral and equipment to ensure their oral and dental health is maintained.

#### **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

Sensory loss is assessed when a resident moves into the home and appropriate referrals are made to ensure residents' care needs are managed effectively. Specialist optometry and audiology days are organised at the home so all residents can access these services. The lifestyle staff have implemented programs and resources to assist residents' with sensory

stimulation including of taste, touch and smell. The library provides a selection of large print books that residents can access. Staff receive training in sensory loss and specialist equipment is maintained in good working order. Residents and their representatives report staff are supportive of residents' with sensory loss and promote independence and choice as part of daily care.

## **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

Residents' sleep patterns including a history of night sedation are assessed on entry to the home and sleep care plans are formulated. Lighting and noise is subdued at night. Residents' ongoing sleep patterns are reviewed and sleep disturbances monitored and appropriate interventions put in place to assist residents to achieve natural sleep. Staff report residents who experience sleep disturbances are assisted with toileting and fluids as requested and assessed as needed. Residents and their representatives are satisfied with the way residents' sleep is managed.

## Standard 3 – Resident lifestyle

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

### 3.1 Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement regarding the continuous improvement system which exists in the home. Samples of recent improvements in relation to Standard Three include the following:

- The home has recently introduced a “Golden Oldies” activities program in cottage two, a secure dementia specific cottage, to provide appropriate activities to the residents. The program is aimed at integrating personal care with leisure and lifestyle activities. A program of activities continues into the evening. Equipment is left for the care staff to continue the activities program on the weekend. Three sessions are planned for each day and staff are able to pick from different activities. The activities staff are developing various sensory boxes as part of the Montessori program which is aimed at providing residents with tactile and sensory stimulation. Training is currently being provided on the Montessori program for key staff. Four staff members are to attend an off-site education program conducted by the Dementia Behaviour Management Advisory Service. The course will run one day per week for approximately five to six weeks.
- A pay television service has been introduced at the home in the main activities room as well as the co-located nursing home. Connection was established on 11 May and provides residents with access to a range of movie and sport channels as well as the National Geographic channel and a news service channel. This improves residents’ access to entertainment.
- The organisation reviewed the resident handbook in mid April 2012 to ensure that it accurately reflected current requirements. The client liaison officers have reissued the handbook to residents.
- An orientation program for volunteers was held in early May 2012 to provide information to new volunteers. As part of this process the volunteers were provided with information on the organisation, their roles and responsibilities as volunteers to ensure their personal safety. New volunteers completed the relevant paperwork for their police checks ensuring they are routinely updated as required.
- The organisation has undertaken the renovation and reopened the Palatte Café in March 2012. The café provides an area for residents and their visitors to sit and chat whilst having a coffee and snack. The café, which is physically located in the nursing home, is open to residents from the hostel. A set of chairs and tables have been purchased to provide seating for the café.
- As the result of a request from residents the menu is now being written on the blackboards which are located in each of the five cottages. Residents are now able to know in advance what they are having for the meals each day.

### **3.2 Regulatory compliance**

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

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

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information regarding the home's system to ensure compliance with legislation and regulations relevant to residents' lifestyle. The organisation has an agreement with an external company to manage and ensure resident agreements are updated when changes to relevant legislation are identified. The home maintains relevant registers such as a mandatory reporting register.

### **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

For details of the home's system for ensuring that management and staff have the appropriate knowledge and skills to perform their roles effectively, please refer to expected outcome 1.3 Education and staff development. Education sessions are focusing on nurturing a team approach to person centred care. Sessions include communication, attitudes, roles and responsibility, enabling/empathy as part of the CARE approach. Daily toolbox talks have included topics relevant to resident lifestyle topics such as emotional support. An education session to care staff on cultural issues has been provided by a Hindu priest. Specialist external education has been provided for relevant staff on changes to the accommodation bonds to ensure they are aware of the current requirements.

### **3.4 Emotional support**

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

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

The home meets this expected outcome

The home has effective systems in place to ensure each resident receives initial and ongoing emotional support. This includes orientation to the home, staff and services for new residents and their families, visits from the pastoral team, resident and relatives meetings, involvement of family in the activity program and a newsletter. Emotional needs are identified through the residents' 'Key 2 Me' assessments, case conferencing, one-to-one support and family involvement in planning of care. Residents are encouraged to personalise their living area and visitors including pets are encouraged. Residents interviewed are satisfied with the way they are assisted to adjust to life at the home and the ongoing support they receive from the home.

### **3.5 Independence**

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

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

The home meets this expected outcome

The home ensures residents are assisted to maintain maximum independence, friendships and participate in all aspects of community life within and outside the home. There is a range of individual and general strategies implemented to promote independence that includes activities programs and mobility equipment for resident use. Community visitors, volunteers and entertainers are encouraged and arranged as needed. The environment encourages residents, their representatives and their friends to participate in activities. Documentation, staff practice and resident and representative feedback confirms residents are actively encouraged to maintain independence.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

The home has systems to ensure privacy and dignity is respected in accordance with residents' individual needs. The assessment process identifies each resident's personal, cultural and spiritual needs, including the resident's preferred name. Information pertaining to privacy, dignity and confidentiality is contained in the resident and staff handbooks. Permission is sought from residents for the disclosure of personal or clinical information and the display of photographs. Staff education promotes privacy and dignity. Residents are accommodated in single rooms and lockable storage is available to all residents. Staff handovers and confidential resident information is discussed in private and resident files are securely stored. Staff practices respect privacy and dignity of the resident. Residents and their representatives are satisfied with how privacy and dignity is managed at the home.

### **3.7 Leisure interests and activities**

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

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

The home meets this expected outcome

The home demonstrates that residents are encouraged and supported to participate in a wide range of interests and activities. Residents' specific needs, interests and preferences are assessed on entry and on an ongoing basis. Ginninderra Gardens has four diversional therapists and an activities officer and provides integrated activities within the hostel and the co-located nursing home. The activities program includes monthly bus outings, daily exercises, entertainers, bingo, male specific activities and monthly cultural celebrations. Ongoing evaluation of the activities program ensures the group and individual programs provided to residents are appropriate and reflect any change in residents' conditions. Representatives are informed of programs through display of the activities program on noticeboards and the resident and representatives meetings are held monthly. Residents are invited to make suggestions and have input into the activities program. Residents are given

the choice of whether or not to take part in activities. The results of interviews, document review and observations confirm residents are satisfied with the activities provided to them.

### **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 ensures residents' cultural and spiritual customs, beliefs and preferences are recognised and valued. Cultural and spiritual needs are assessed when a resident moves into the home. The home has a chaplain and an Anglican pastoral associate and ministers of various denominations visit the home. Regular Anglican and Catholic services are conducted. Residents are encouraged to maintain cultural and spiritual links in the community. For residents from a culturally and linguistically diverse background, the lifestyle officers ensure communication cards and appropriate activities are available for them. The home's resident population includes residents from various cultures and a monthly cultural celebration is held. The celebrations include food, music, digital video discs, national dress and families are encouraged to participate. Culturally significant days such as Christmas, Easter, Mothers' Day, Fathers Day, Australia Day, ANZAC Day, Chinese New Year and resident birthdays are also celebrated. Residents and their representatives report staff are respectful of residents' spiritual and cultural needs.

### **3.9 Choice and decision-making**

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

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

The home meets this expected outcome

The home can demonstrate that each resident and/or their representative participate in decisions about the services of the home. Residents are able to exercise choice and control over their lifestyle through consultation around their individual needs and preferences. The management have an open door policy that results in continuous and timely interaction between the management team, residents and their representatives. Resident and representative meetings and surveys occur regularly to enable residents to discuss and provide feedback about the services provided by the home. Residents state that they are satisfied with the support of the home relative to their choice and decision making processes.

### **3.10 Resident security of tenure and responsibilities**

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

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

The home meets this expected outcome

The home ensures residents have secure tenure within the residential care service and residents understand their rights and responsibilities. The home manages security of tenure within the framework of Anglicare ACT's policies and procedures which cover topics such as admission, discharge, fees and charges. This ensures all potential and new residents and their representatives are provided with current information through a consistent process. A

resident agreement is offered to each resident, and there is a process for providing updates and changes to information on security of tenure and rights and responsibilities to residents and representatives. The charter of residents' rights and responsibilities is included in the resident agreement, the resident handbook and displayed in the home. Residents and their representatives indicate that they are satisfied with the information the home provides regarding security of tenure and residents rights and responsibilities.



## **Standard 4 – Physical environment and safe systems**

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

### **4.1 Continuous improvement**

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

#### **Team’s 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. A sample of recent improvements in relation to Standard Four includes the following:

- The home has a portable bag which contains identification badges for residents in each cottage. These badges are to be worn in the event of an emergency evacuation from the home. The bag is stored in the cabinet at the main entrance. These badges are routinely checked and updated each week to reflect the residents who are at the home. An automatic reminder has been set up in the computer calendar system to provide a reminder to check the badges on a weekly basis. There is an ACT wide emergency response plan in place; this includes agreements with two facilities to provide emergency accommodation in the event of a full evacuation from the site.
- The home has reviewed and improved the menu to include a weekly lunch time barbecue and hot morning teas with the introduction of sausage rolls, party pies and quiches.
- A new cleaning and laundry company is managing services at the home and co-located hostel. They commenced operations at the home six weeks ago. A thorough spring cleaning of the residents’ rooms and common areas has been undertaken including washing windows in rooms and corridor areas. The company representative advised the company, in consultation with the home have determined a program for the cleaning of the hostel. A program for the spring cleaning includes the use of specialist cleaners attending the home to conduct these tasks. This is intended to enable the cleaners to continue with the normal routine cleaning. The company is also managing the laundry service. The main laundry has been reorganised. Unlabelled clothing was placed on trestle tables in the main activity room to enable residents and their representatives an opportunity to reclaim any garments. Laundry staff have access to a labelling machine to label residents clothing. New laundry trolleys are currently being trialled and shelving has been removed from the clean laundry section to provide additional storage arrangements for the trolleys.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s system to ensure compliance with legislation and regulations relevant to the physical environment and safe systems. This regulatory system includes compliance with work health and safety requirements, the routine inspection of the fire alarm and fire fighting equipment as well as compliance with the ACT Health Department registration requirements for a food

business. The home has reviewed work, health and safety requirements and appointed additional staff members to undertake the role of work, health and safety at the site.

#### **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

For details of the home's system for ensuring that management and staff have the appropriate knowledge and skills to perform their roles effectively, please refer to expected outcome 1.3 Education and staff development. Education sessions include fire safety for staff and residents, infection control and food safety. The home has reviewed work, health and safety requirements and appointed additional staff members to undertake this role across the site. These representatives have attended training to enable them to conduct various environmental audits across the site (hostel and co-located nursing home).

#### **4.4 Living environment**

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

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

The home meets this expected outcome

The home has systems to ensure a safe and comfortable environment for residents. A maintenance folder is located at the reception desk at the main entrance to the hostel. This is used to alert the maintenance staff of any work required. The maintenance officer advised they check this folder on a regular basis and organise any repair work. Qualified tradesmen are contacted for any necessary repairs of the building or equipment when needed. A program of planned preventative maintenance ensures the buildings and grounds are well maintained and equipment is routinely serviced. A regular meeting is held with the executive care manager and maintenance officer to review any outstanding works. Residents are encouraged to bring in items of personal memorabilia to decorate and personalise their rooms.

#### **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 members are working together to provide a safe working environment. Hazards are reported to management for rectification action. Resident and staff accidents and incidents are reported and reviewed to identify any possible action to prevent or reduce any reoccurrence. Work, health and safety forms part of the orientation program for new staff members and is included as part of the ongoing education of staff. Environmental safety is being monitored through a program of audits. Staff interviewed demonstrated an understanding of the home's safety practices and of their role in maintaining a safe working environment. This was confirmed through the observation of staff work practices throughout the site visit.

#### **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 in the home. As part of the home's safety system there are external contractual arrangements for the routine maintenance of the fire fighting equipment and internal fire alarm system. A random check on various pieces of fire fighting equipment around the site, confirmed they are inspected on a regular basis. Staff advised that fire safety is included as part of the orientation sessions for new staff members as well as part of the mandatory education program. Staff members were able to provide a consistent response on the procedures to be followed in the event of a fire. Key information on a range of emergency situations is located in each cottage in a flip chart format to provide staff members with a quick reference in the event of emergency situations. Information was provided to residents at a resident meeting on the procedures to be followed in the event of the fire system being activated. Written information in large print has also been provided in each resident's room to provide them with a regular reminder of the procedures to be followed.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home has an infection control program, which includes the routine collection of statistical data on infections. This data is brought to the care and lifestyle forum for analysis to identify any trends which may be occurring. The quality program has audits across the home including laundry, cleaning and kitchen areas which incorporate infection control monitoring aspects. Staff members confirm education is provided to ensure safe work practices. Staff members advised the home ensures that there is a supply of personal protective equipment such as gloves and hand sanitising gel. Staff work practices across a range of duties were observed during the site visit to minimise the risk of cross infection.

#### **4.8 Catering, cleaning and laundry services**

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

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

The home meets this expected outcome

The home has systems to manage the hospitality services provided to residents. Information on residents' dietary needs and preferences is obtained on entry to the home and referred to the kitchen. A food safety system ensures the temperature of the food through the delivery, storage, cooking and serving processes is monitored. The home has a program for the routine cleaning of all areas of the home to ensure the home is well maintained. This process includes a spring cleaning program to manage larger tasks such a high cleaning and windows. Residents clothing is managed by care staff in the small laundries in each cottage. Heavily soiled items are transported to the on-site laundry which manages the laundering of

linen and residents clothing from the co-located nursing home. Residents spoke favourably about the meals, laundry and cleanliness of the home.