



Aged Care
Standards and Accreditation Agency Ltd

Karingal Gardens

RACS ID 2697

9 Bligh Street PO Box 950

TAREE NSW 2430

Approved provider: Bushland Health Group Limited

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 4 August 2015.

We made our decision on 18 June 2012.

The audit was conducted on 15 May 2012 to 17 May 2012. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

Expected outcome	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

Karingal Gardens 2697

Approved provider: Bushland Health Group Limited

Introduction

This is the report of a re-accreditation audit from 15 May 2012 to 17 May 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 15 May 2012 to 17 May 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:	Jennifer Morrow
Team member/s:	Patricia Affleck-Mooney

Approved provider details

Approved provider:	Bushland Health Group Limited
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Details of home

Name of home:	Karingal Gardens
RACS ID:	2697

Total number of allocated places:	100
Number of residents during audit:	100
Number of high care residents during audit:	100
Special needs catered for:	Dementia specific 40

Street/PO Box:	9 Bligh Street PO Box 950	State:	NSW
City/Town:	TAREE	Postcode:	2430
Phone number:	02 6592 0000	Facsimile:	02 6551 0792
E-mail address:	errol.curran@bushlandhealth.com.au		

Audit trail

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

Interviews

	Number		Number
Accounts manager	1	Domestic services manager	1
Administration assistant	1	Endorsed enrolled nurses	6
Care staff	10	Laundry staff	2
Catering staff	1	Maintenance manager	1
Cleaning staff	3	Nurse practitioner	1
Clinical manager	1	Quality manager	1
Director of corporate services	1	Registered nurses	2
Human resources manager	1	Resident activities officers	2
Catering services manager	1	Resident support officer	1
Deputy director of nursing	1	Residents/representatives	26
Director of care	1	Visiting chaplain	1
Diversional therapist coordinator	1	Volunteers	3

Sampled documents

	Number		Number
Foot care plans and treatment sheets	10	Physiotherapy assessments and programs	6
Meal evaluation charts	3	Resident agreements	3
Medication charts	15	Residents' files	10
Pain charts	5	Wound care directives	4
Personnel files	13	Wound treatment sheets	4

Other documents reviewed

The team also reviewed:

- Accreditation self assessment
- Activities program and calendars
- Advanced care directives
- Allied health and specialist medical referrals and associated documentation
- Audits and audit reports
- Clinical referral pathways
- Consolidated record of reportable incidents
- Continuous improvement plan, logs, action plans, surveys, annual audit schedule, audit results and benchmarking

- Contractor service agreements and other documentation
- Education documentation
- Fire safety documentation
- Human resource documentation
- Incident/accident statistics and analysis
- Infection control graphs and summary
- Intranet communication and information systems
- Job descriptions and duty statements
- Kitchen documentation
- Letters and cards of appreciation
- Manual handling instructions
- Meeting schedules, agenda, and minutes
- Mission, philosophy and commitment to quality statements
- Newsletters and promotional brochures
- Occupational health and safety documentation
- Policies, procedures, flow-charts and organisational chart
- Property services, preventative maintenance programs, maintenance request books, asset register, pest control service book
- Purchasing documentation
- Recruitment policies and procedures
- Resident surveys
- Resident welcome information and resident handbook
- Restraint policy and associated documentation
- Restricted and dangerous drug registers
- Staff handbook and induction package
- Staff memoranda
- Visitors and contractors 'sign-in' books

Observations

The team observed the following:

- Activities in progress
- Annual fire safety statement
- Charter of resident rights and responsibilities'
- Chemical storage and waste disposal areas
- Cleaners' rooms and trolleys, colour coded equipment, wet floor signage
- Communication systems
- Contaminated waste disposal
- Equipment, supplies and storage areas

- Fire detection system, suppression equipment, signage, and emergency evacuation kit
- Gardens and courtyards
- Hairdressing salon
- Hospitality services in operation
- Interactions between staff and residents, representatives and visitors
- Living environment
- Lunch-time meal service and morning/afternoon tea services in progress
- Material safety data sheets, spill kits, sharps containers, waste disposal systems, out of order tags
- Medical officers in consultation with nurse practitioner
- Medication round and safe storage of medications
- Notices, posters, brochures/pamphlets, forms and other information on display for staff, residents and representatives
- Nursing handover report
- Personal protective equipment and hand-washing/sanitisation facilities
- Resident one-to-one activities and group exercises taking place
- Sharps containers, spill kits and outbreak management supplies
- Staff practices
- Staff room and work areas
- Video surveillance camera

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

Karingal Gardens actively pursues continuous improvement across the four Accreditation Standards. The quality systems utilise a variety of qualitative and quantitative methods to identify opportunities for improvement within the home. Included are audits, surveys, meetings, suggestions, concerns and complaints, and accident/incident reporting. Areas identified as requiring improvement are actioned, monitored and evaluated. Feedback is provided to interested persons verbally, through discussions at meetings, the receipt of meeting minutes, reports, education, memoranda, notices and action plans. The home has an organisational committee which monitors and encourages continuous improvement. Staff told the team about the systems for continuous improvement and improvements made throughout the home. Residents/representatives confirm that they have input into the improvements and are aware of improvements being made.

Some results achieved relating to Accreditation Standard One, Management systems, staffing and organisational development include:

- The organisation introduced a new electronic clinical and personal care documentation program. In order to ensure clinical and personal information is conveyed effectively, the system was implemented in stages together with extensive staff education. Staff training was designed to cater for and meet varying levels of computer literacy. The home now has electronic progress notes, forms, charts, care plans and medication management. Staff report more timely access to clinical information, enabling "improved delivery of required actions to the residents". In addition the home's continuous improvement systems have identified areas of the program that require upgrading and these have been conveyed to the designers of the software for further attention.
- Attracting the "right fit" of people working in aged care has been an industry wide challenge. The home in collaboration with other providers in the region devised a strategy to attract a wide range of persons from varying backgrounds and stages of life, but without former aged care experience. Training provided, has allowed the home to mould the new employees to the high standards and practices unique to each facility. Residents and staff reported the very enthusiastic trainees have already contributed significantly to the care and service delivery at Karingal Gardens, and have been retained as permanent employees post graduation.

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

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Regulatory information is sourced through subscription to peak bodies, Department of Health and Ageing updates and industry newsletters. The management team also check relevant websites. Received information may be communicated within the home through memos and meetings. Staff education is implemented as appropriate and orientation/induction procedures are updated as needed. Policies and flow charts are updated when needed. Staff interviewed displayed knowledge and understanding of a number of regulatory requirements.

Examples of the home’s monitoring and compliance with legislation and guidelines relevant to Accreditation Standard One, Management systems, staffing and organisational development include:

- Processes are in place to inform residents/representatives about the dates of this Accreditation site audit.
- The home provides information to residents/representatives and staff about internal and external complaints mechanisms.
- All staff, volunteers, community visitors and external service providers undergo criminal record checks and a register is in place to monitor ongoing compliance

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 range of mechanisms to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. Each position within the home has a documented position description which is used to identify the skills and qualifications required during the recruitment and selection processes. New employees undergo an orientation as well as induction to the home and are ‘buddied’ with an experienced member of staff to provide support and guidance. Regulatory required education is mandatory for staff, and management have a system for monitoring staff compliance. Staff development needs are identified through performance appraisals, audit results, competency assessments, observation and feedback from residents and staff. All staff interviewed stated they participate in and are supported to attend education within the home and externally.

Examples of education that has occurred relevant to Accreditation Standard One, Management systems, staffing and organisational development include:

- Accreditation, standards and quality improvement
- Compulsory reporting
- First aid training
- Information technology and

- Mentoring and leadership training

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

Residents/representatives and other stakeholders have access to an effective complaints mechanism both internally and externally to the organisation. Residents/representatives are advised of the internal compliments and complaints processes, external complaints mechanisms and advocacy services on entry to the home. Relevant information, including the charter of resident rights and responsibilities is included in the resident handbook and is on display within the home. Residents/representatives are encouraged, through an open door policy, to approach management with their issues and concerns. Management maintains a centralised register of complaints which includes details of actions taken, feedback provided to the complainant, and complaint outcomes. Residents/representatives and staff stated they are confident in using the home's complaints mechanisms and complaints are addressed promptly and appropriately.

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 corporate vision, mission, and philosophy are clearly documented and included in both the resident and staff handbooks. They are also displayed in the entry foyer and common areas of the home. The home has effective mechanisms for communication, planning and review, and integration of services. For example, there are high levels of stakeholder consultation, robust committee and reporting systems, as well as strategic planning and budget processes that underpin the provision of services. Interviews with residents/representatives confirmed that management and staff behaviours are consistent with the home's values.

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

Management has effective systems to ensure there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with the Accreditation Standards and the home's philosophy and objectives. Staff are provided with duty statements and position descriptions. They are supported to undertake ongoing training and professional development relevant to their roles. New staff undertake formal orientation and are 'buddied' with experienced staff for mentoring and on the job training. Staffing and skill levels are monitored regularly and adjusted in response to changing resident care needs.

Registered nurses are employed to work over the 24 hour period to supervise and direct care; they are supported by enrolled nurses. Staff interviewed indicated they are confident that they have the relevant knowledge and skills to do their jobs. Residents/representatives interviewed by the team said that generally response times by staff are satisfactory and that staff provide good care.

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 adequate stocks of equipment and goods to provide quality service delivery to residents. New equipment is assessed for occupational health and safety and may be trialled prior to purchase. Preventative and reactive maintenance of equipment is implemented by the home's building services officers, and by external contractors. The home uses preferred suppliers, and responsibilities for ordering medical, catering and other supplies are clearly allocated within the home. Staff interviewed by the team said the home has adequate levels of equipment and supplies to provide quality resident care and that maintenance and repairs are completed promptly.

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

Interviews, documentation review and observation confirm that the home has effective information systems to provide access to current information to all stakeholders. Information for residents is provided on entry to the home in a comprehensive information pack that contains the resident's handbook and resident agreement. Information systems within the home for residents' include resident meetings, newsletters and information placed on the noticeboards. Staff have access to policies, procedures, job descriptions and duty lists and sign a privacy statement on employment. Care staff report updated information is available from the communication book, progress notes, handover, emails, staff memos, verbal discussion and staff meetings. The home routinely collects information through audits, surveys, documentation of incidents/accidents, medication incidents and infection rates. The information is analysed, actioned and communicated within the framework of relevant meetings. The home maintains the confidentiality of information by securely storing resident files which are only accessible by staff. All staff have password protected access to the computer system.

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 ensures that external services are provided in a way that meets the home's needs and quality standards by having an approved list of suppliers of external services, and

maintaining service agreements with the majority of the external providers. Details of licences, insurances, and chemicals used where appropriate are maintained. Food product suppliers have agreements which specify quality, freshness and transportation requirements to meet the food safety standards. A contractors' visitor book is in place. Records of service calls and service reports are maintained. Performance of external service providers in the home is monitored. The home has a detailed list of external providers and services, and procedures are in place for after hours contact. Residents/representatives and staff interviewed by the team are satisfied with services offered by external contractors.

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 for further information including a description of the overall system of continuous improvement.

Management demonstrated results that show improvements in health and personal care and their responsiveness to the needs of residents, representatives and other stakeholders.

Some results achieved relating to Accreditation Standard Two, Health and personal care include:

- The home has employed a nurse practitioner to provide greater clinical leadership to the care team. Management applied for government funding for the project, with the approval of the grant announced last December. The nurse practitioner has introduced care pathways and flowcharts to provide standard guidelines to be followed clinical issues such as; resident pain management, on return of a resident from hospital, if a resident is not eating/drinking, respiratory care and falls management. Staff report improved clinical practices, greater clinical leadership and rapid access to primary health care for residents. Residents are being reviewed by the nurse practitioner within ten minutes of a request being made, Monday to Friday.
- The home has implemented an electronic medication system to improve medication management. Medication policies and procedures have also been uploaded into the electronic clinical and personal care documentation program. Hard copies of the policies and procedures are still available to staff in the event of a power outage. The supplying pharmacist also has remote secure access to resident details such as medicare and pension numbers. This has resulted in improved electronic storage of faxed records and medication charts between the pharmacy and facility. Staff involved in administering medications report that they are pleased with the changes.
- A sensory garden has been created for the use of residents in the secure dementia units, to assist with behavioural management. The garden includes fragrant plants, wide walkways, a water feature, raised garden beds and a clothesline for resident use. The residents enjoy spending time in the garden, with a volunteer providing additional escorted resident walks each Tuesday.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

Examples of regulatory compliance with Accreditation Standard Two, Health and personal care include:

- The home monitors registrations and authority to practice for registered and enrolled nurses working within the home, and other health and related service personnel.
- The home has a system in place to ensure it meets the regulatory requirements for the reporting of unexplained absences of residents.
- The storage, administration and record keeping of drugs of addiction (Schedule 8) is implemented according to legislation and regulations.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors the results to ensure management and staff have appropriate skills and knowledge to effectively perform their roles.

Examples of education and training related to Accreditation Standard Two, Health and personal care include:

- Dementia care
- Diabetes management
- Medication management - diabetes
- Pain management

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 a system to ensure residents’ clinical care needs are identified and met through assessment, planning and consultation. Care plans are developed after assessment by the nurse practitioner and registered nurses in consultation with residents/representatives. Reassessment of clinical need occurs when residents’ condition or care needs change. Care plans are reviewed and updated on an ongoing basis to ensure they reflect the current care

needs and preferences of residents. Staff are informed of changes to residents care needs through handover processes, care documentation, and incident management systems. Staff practices are guided by policy, procedure, duty statements, supervision, education and feedback mechanisms. Management monitor staff practices and tools used to assess, plan and evaluate clinical care through observation, feedback systems, and auditing tools. Residents/representatives are satisfied with the clinical care provided at the home

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

The home has a system to ensure residents’ specialised nursing care needs are identified and met by appropriately qualified staff. This includes assessment, development of a care plan, and consultation with the nurse practitioner, appropriate health specialists, the resident and their representative. Care plans contain strategies to meet relevant needs and are reviewed regularly. Registered and enrolled nurses are available to deliver specialised care, and provide education, direction and support to care staff as required. A review of records and interviews with staff indicates external specialists are accessed and treatment recommendations are documented and acted upon. Residents/representatives confirmed they 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

Interviews with residents and staff, and a review of relevant clinical documentation confirmed the home has a system for referring to appropriate health specialists in accordance with the residents’ needs and preferences. A review of clinical records and interviews with staff demonstrated that some health specialists visit the home and some are accessed in the community. Staff demonstrated an understanding of the referral system including preparing residents for appointments, providing escorts and arranging transport. Clinical records show recommendations and treatments made by specialists are implemented at the home. Residents/representatives confirmed they are satisfied with the assistance provided for them to see appropriate health specialists

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

The home has a system that ensures residents’ medications are managed safely and correctly. This includes assessment of residents’ medication needs, development and regular review of medication care plans. All medications are prescribed by the resident’s attending medical officer. Supply of medications by a contracted pharmacy and medication review by a pharmacist occurs. Administration of medication is attended by registered and enrolled nurses; care staff that have been trained and had competency assessment are also able to

provide residents with medication if necessary. The home has introduced a computerised system to record medication administration; this is monitored by management and staff through internal auditing. An incident management system ensures practice and delivery of medication is safe and correct. Observations undertaken during the reaccreditation assessment confirmed medications are stored and administered appropriately. Interviews, review of medication documents and observation of practices confirmed medications are managed safely and correctly. Residents interviewed stated they are satisfied with the manner in which staff manage their medications.

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

Residents interviewed stated their pain is managed appropriately and they are kept as free as possible from pain. The home has a pain management system that includes identifying residents' pain on entry to the home and on an ongoing basis. Consultation with the resident, representatives, medical officer, and nurse practitioner occurs to ensure assessed needs are met by the provision of medication and alternative strategies. Development of individualised care plans occur. Regular review and evaluation of the effectiveness of pain management strategies include monitoring charts and progress notes. Documentation confirmed that alternative methods of pain relief are offered in combination with pharmaceutical methods. Documentation and resident interviews indicated these measures are effective in addressing and managing residents' pain. Staff interviewed expressed a sound understanding of the home's policy on pain management and knowledge of alternatives. Residents stated they are satisfied with the manner in which staff manage their pain

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

The home has systems to ensure that palliative care needs are managed effectively and sensitively in consultation with residents/representatives and the medical officer. Review of documentation and interviews with staff show the needs of residents receiving palliative care are assessed, and planned strategies are implemented. Residents are able to complete an advanced care directive in consultation with the nurse practitioner and their medical officer if they wish. Registered nurses manage residents' pain and comfort care needs and are supported by the nurse practitioner who has the ability to review and prescribe medication as necessary. Staff receive regular education about the palliative care needs of residents and have access to health professionals for advice and assistance. Staff interviewed expressed sensitivity and understanding of the needs of palliating residents. Emotional and spiritual support is provided by visiting religious representatives as requested by residents. Residents/representatives are encouraged to participate in case conferences and discussions relating to end of life decisions.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home’s system to ensure residents receive adequate nourishment and hydration includes assessment on entry to the home. Residents’ needs such as allergies, weight, swallowing difficulties, cultural and religious belief are identified. Preferences for food and drink are communicated and provided. Care plans are developed and residents’ needs are reviewed on an ongoing basis. Documentation reviewed showed that weights are monitored and evaluated against the resident’s general health status. Referral to speech pathologists and dieticians are made when required. Observation of lunch time activities revealed staff are available to ensure residents receive appropriate assistance, assistive devices and individual dietary requirements are provided. Residents have input into menu planning through residents’ meetings, comments and complaints mechanisms and informal discussions with staff. Review of documentation and discussions with staff, residents, and representatives show that residents are offered choice of meals. Residents said that they were happy with the choice and quality of the meals.

2.11 Skin care

This expected outcome requires that “residents’ skin integrity is consistent with their general health”.

Team’s findings

The home meets this expected outcome

The home has systems and practices to ensure that each resident's skin integrity is protected and skin care is appropriate for their needs. Staff report to the registered nurses any alterations to individual resident’s skin integrity. This is followed up and monitored through clinical indicators including incidents and accidents, skin tears, rashes, bruising, wounds, infections and pressure ulcers. All staff interviewed displayed a good understanding of the measures required to maintain and improve residents’ skin integrity. This included regular attention to personal hygiene, continence management, nutritional intake, regular repositioning, the use of limb protection devices, and pressure relieving mattresses. Review of documentation demonstrates that residents’ skin integrity is monitored and wound care requirements are managed. Residents/representatives said they were satisfied with the way staff provide 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

The home has systems to ensure that residents’ continence is managed effectively. There is initial continence assessment of the resident’s needs on entry to the home in consultation with residents/representatives, followed by the development of care plans. A toileting program is developed, with equipment needs identified and continence aids provided as required. Care staff said they assist residents with their toileting regime and monitor elimination on a daily basis. Staff receive training and supervision in the management of continence and the use of continence aids. Staff reported and observation confirmed the home has sufficient stock of continence aids and bed linen to meet the needs of the

residents. Staff were observed being considerate of residents' privacy and dignity at all times. Residents/representatives said they were satisfied with the way residents' continence needs were managed.

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. On entry to the home, assessment and monitoring is used to identify behaviours and 'triggers' that may lead to challenging behaviours. Plans of care are developed in consultation with representatives, then implemented and reviewed. Residents are referred to medical officers and psychogeriatricians for ongoing clinical review. Interviews indicated residents' preferences and needs as well as any known triggers for challenging behaviours are well known by care staff. Behaviour related incidents are recorded and addressed in a timely manner. Staff receive ongoing education in behaviour management and work as a team to provide care. The activity staff provide programs suitable for residents with a wide range of behaviours. Residents/representatives said they are satisfied with the care staff provide to minimise the impact of other residents on them.

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's management and staff can demonstrate residents' mobility and dexterity needs are assessed on entry and as their needs change. Documentation and discussions with staff show all residents are assessed for mobility, dexterity and transfers. Therapy and exercise programs are developed by a physiotherapist and implemented by staff. All staff are trained in falls prevention, manual handling and the use of specialist mobility and transfer equipment. Residents are encouraged to attend group exercise classes conducted by the activity staff. Assistive devices such as mobility frames, walk belts, mechanical lifters and wheelchairs are available. Falls incidents are documented, analysed and benchmarked to guide care, equipment purchases and practice decisions. Residents said they are encouraged as much as possible to remain independent and mobile, however assistance is available when and where required.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

The home has strategies to maintain residents' oral and dental health. Documentation shows that residents' oral and dental health is assessed when they move into the home and individual plans are developed, regularly reviewed and evaluated to meet the changing needs of the resident. Documentation shows diet and fluids are provided in line with residents' oral and dental health needs. Specialist advice for residents with swallowing

problems is sought as needed. Dental appointments and transport are arranged in accordance with residents' and representatives' needs and preferences. Staff have received education in oral and dental care. Residents/representatives said staff provide assistance with oral and dental care as required, or as requested

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

The home has systems in place to identify and effectively manage residents' identified sensory losses. Management strategies are implemented, regularly reviewed and evaluated in consultation with the residents and representatives and referral to specialist services is arranged as needed. The team observed the environment to have adequate lighting; rooms and corridors were free from clutter. Staff education includes topics on sensory loss. Staff said they use a variety of strategies to manage sensory loss, including appropriate communication techniques, offering condiments at meal times and testing sensitivity to temperature daily before showering or providing heat packs. Activities are planned to take into consideration residents with sensory loss, and staff were observed to be aware of residents who have impaired senses. Residents said they are assisted with activities if required, including reading and bingo. Residents said that staff are attentive to their individual needs, including the care of glasses and hearing devices.

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 interviewed stated they are able to achieve sufficient sleep. Staff interviewed report residents are assisted to settle for the night. Interviews and documentation reviewed indicate if residents' wake, a range of strategies such as offering food or drink, assistance with continence needs, pain management and reassurance are used to assist them back to sleep. Residents who require medications to assist them to sleep have it provided for them. Documentation reviewed confirmed the home has a system to assess sleep patterns on entry to the home in consultation with the resident and their representative, a care plan is developed and reviewed. Residents interviewed said they sleep well and were generally not disturbed at night by other residents.

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 for further information including a description of the overall system of continuous improvement.

Management demonstrated results that show improvements in health and personal care and their responsiveness to the needs of residents, representatives and stakeholders.

Some results achieved relating to Accreditation Standard Three, Resident lifestyle includes:

- A review of the palliative care program identified a need for residents/representatives and staff to have an avenue to debrief and express their grief. The home implemented an annual Remembrance Day service, with two held to date. Past residents’ families are invited to attend the service and morning tea is catered. Feedback has been positive, with suggestions for future services noted and actioned.
- Themed days were introduced at the beginning of the year and as a result of resident requests, ‘Clown Days’ are now held on a regular basis. Activity staff dress as clowns with a clown dog also in attendance. They conduct ‘fun’ activities with the residents, such as swatting bubbles with a fly swat or catching bubbles with a net. A bubble machine is used and the residents are also able to blow bubbles. Staff have reported that residents diagnosed or identified as having depression or pain have benefited most from the introduction of the laughter therapy.
- A parents and tots group has recently been introduced at the home, with four sessions held to date. The children have a supervised play time in the dementia specific unit, and then are brought into the mainstream area to allow for interaction with other residents. Positive feedback has been received from residents and the parents attending the sessions.

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

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

Examples of regulatory compliance with Accreditation Standard Three, Resident lifestyle include:

- The organisation has considered the implications of the Aged Care Amendment (Security and Protection) Bill 2007 and has developed policies and processes to minimise

instances of elder abuse. A consolidated mandatory reporting register is ready for use should any allegations of abuse be made. To ensure staff awareness of the legislation all staff receive education on elder abuse procedures during their orientation and annually.

- To ensure confidentiality of residents' personal information all records are securely stored.
- The Charter of residents' rights and responsibilities is displayed in the home

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors the results to ensure management and staff have appropriate skills and knowledge to effectively perform their roles.

Examples of education and training related to Accreditation Standard Three, Resident lifestyle include:

- Person centred care
- Privacy and dignity
- Sexuality and the older person
- The home has provided support for an activities officer to complete their Certificate IV in leisure and health, and currently supporting them to study for a Diploma of leisure and health.

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 systems to ensure residents receive support in adjusting to life in the home and on an ongoing basis. Interviews with staff and review of documentation shows support is provided prior to the resident moving into the home and on an ongoing basis after entry. On entry, consultation with resident/representatives includes the explanation of services available at the home and a scheduled appointment with the resident support officer six weeks post entry. An information pack is provided and a tour of the home is conducted. Review of resident files confirmed residents' emotional needs are monitored and staff provide support to residents who require it. Observations of staff interactions with residents showed warmth, respect, empathy and understanding. Residents interviewed told the team they are very satisfied with the way they were assisted to adjust to life in the home and are assisted on an ongoing basis.

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

Residents stated they are satisfied with the opportunities available to them to participate in the life of the community. Residents advised that they are encouraged to entertain their visitors at the home and that residents may go out independently or with family and friends. Staff facilitate resident participation in the local community, for example, through the arrangement of regular bus trips. Residents may have their own phones installed to keep in contact with family and friends. Many community groups visit the home, including service clubs, entertainers, special interest groups and school children. Residents use mobility aids to ambulate around the home. Regular exercise sessions assist residents to maintain their mobility levels and independence. Review of resident files showed residents are actively encouraged to maintain independence in areas such as decision-making, personal hygiene and attendance at activities. Residents are able to decide whether they wish to remain on the electoral roll and assistance is provided to them to vote if they wish to do so.

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

Interviews with residents/representatives confirmed that their privacy, dignity and confidentiality are respected and staff practices are based on a resident's individual preferences. Resident records are securely stored. Staff address residents in a respectful manner by their preferred names. Residents care plans and progress notes provide evidence of consultation with them about their preferences for the manner in which care is provided. Staff were observed to knock on residents' room doors before entering. Many residents enjoy the services of a visiting hairdresser who works in a salon on-site. Residents said they are happy with laundry services and their clothes are returned in a good condition. The team observed that residents who are reliant on staff for their dressing and grooming requirements are well presented and dressed appropriately for the weather.

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

Residents expressed high levels of satisfaction with the recreational activities staff and activity program. An activity therapy assessment is completed on entry with the resident/representative and development of a care plan and life story occurs. The monthly activity programs take into account residents preferred activities and significant cultural days. The program includes a mix of group and individual activities. Residents who have difficulty self-initiating activities and those who prefer not to join in with others are provided with one-to-one time with lifestyle staff and volunteers. Lifestyle staff are responsive to the feedback provided at resident meetings, through surveys and during informal discussions. There is a

focus on activities suitable for the residents' interests and capabilities with programs that are aimed to improve independence and memory. The program includes regular bus outings, concerts, craft, card games, sing-a-longs, afternoon teas, external entertainers and celebration of special events. The leisure and lifestyle staff maintain participation records for each resident to identify levels of interest in the activities provided. The diversional therapy coordinator analyses this data when preparing the annual 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

Residents reported they are very satisfied with the support provided for their cultural and spiritual needs. The individual requirements of residents to continue their beliefs and customs are identified in the assessment process on entry. Current residents at the home are a mix of indigenous and English speaking backgrounds. Cultural and spiritual needs are considered when planning clinical care. Specific cultural days such as Australia Day, St. Patrick's Day, Anzac Day, Christmas and Easter are commemorated with appropriate festivities. Residents and representatives expressed appreciation for the efforts of staff to entertain and please the residents on these occasions. Resident's birthdays are celebrated. A visiting Chaplain holds services at the home and residents/representatives and staff are invited to attend these if they wish to do so. There are resource libraries available for staff with information about different nationalities and their customs and practices.

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

Residents reported they are very satisfied with the choices available to them at the home. Care routines are arranged following discussions between staff and residents or representatives. The menu provides choices for each meal. Residents' choice of general practitioner and allied health services is respected. Participation in group activities is the choice of the resident and they are asked how they wish leisure and lifestyle staff to support them during one-to-one time. Residents have personalised their rooms with memorabilia and items of their choosing, including small pieces of furniture. The home has a number of mechanisms in place for residents/representatives to participate in decisions about services, including discussions with staff, resident meetings, surveys, case conferences and through the comments and complaints processes. Residents expressed confidence and satisfaction with the actions taken by management on matters raised and their responsiveness to requests.

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

Residents and representatives reported they are satisfied with the information the home provides to them on entry regarding details of tenure as well as the fees and charges. Details of residents' tenure are included in the written bond agreement and a residential agreement which is offered to residents on entry. Information on the processes for making complaints and residents' rights and responsibilities is also contained in the documentation that residents receive on entry. Management advised that residents/representatives are consulted prior to the rare occasion when a resident may be asked to move to a different room.

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 further information including a description of the overall system of continuous improvement.

Management demonstrated results that show improvements in health and personal care and their responsiveness to the needs of residents, representatives and other stakeholders.

Some results achieved relating to Accreditation Standard Four, Physical environment and safe systems include:

- The home has developed a readiness box for use in the event of an emergency. Each box contains items such as torches, batteries, water and resident identification tags for the residents in their wing. The resident identification tags have a resident photograph and diagnosis, utilising a coloured dot system to identify the resident’s level of mobility, and whether they have a diagnosis of dementia. The boxes are located in each nurses’ station. Staff are aware of the location and contents of the kit and said it would be a useful resource in an emergency.
- The home has upgraded their laundry by installing a new laundry system and replacing ageing equipment, with new washing machines and dryers. Management researched different available systems and chose an ozone based method that complies with the current Australian Standard AS/NZS 4146:2000 on laundry practice. The home has found that the system has improved productivity and substantially reduced utilities energy costs. Residents/representatives reported that they are happy with the laundry services provided by the home.
- The home has purchased six low - low beds for the use of residents identified at greater risk of falls. Bariatric shower chairs have also been purchased and are in use to improve resident comfort during the provision of personal care. Management reported a significant decrease in the number of resident falls since the introduction of the low-low beds.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

Examples of regulatory compliance with Accreditation Standard Four, Physical environment and safe systems include:

- The home has a NSW Food Authority license to prepare and serve food to vulnerable populations.
- The home has a current annual fire safety statement on display.
- An occupational health and safety committee who meet on a regular basis and
- Infection control reporting and practices are consistent with government health regulations and guidelines.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors the results to ensure management and staff have appropriate skills and knowledge to effectively perform their roles.

Examples of education and training related to Accreditation Standard Four, Physical environment and safe systems include:

- Chemical training
- Fire training
- 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 residents' care needs".

Team's findings

The home meets this expected outcome

The residents of Karingal Gardens are accommodated in their own room with single and shared ensuite bathrooms. Residents are able to bring in small pieces of furniture and other personal effects to decorate and personalise their rooms. The home has comfortable dining room and recreation/lounge areas located in each wing. The home is air conditioned for cooling and warmth. The building has wide corridors with hand rails and all areas of the home are accessible to residents with walking aids or wheel chairs. The home has separate special needs units which have a secure perimeter with coded key pad access. The home employs building service officers and gardeners; and a maintenance request log and hazards identification log are in place. The gardens are extensive and very well maintained. Residents/representatives interviewed, commented favourably on the living environment of the home and the quality of the gardens.

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's occupational health and safety (OHS) systems include an OHS policy, a designated OHS coordinator, an OHS committee and new staff orientation which includes OHS topics. The home has an incident/accident documentation system, hazards logs and regular environmental audits in place. Manual handling instructions are in place for each resident. Materials safety data sheets are in place and appropriate personal protection equipment is readily available to staff. Staff interviewed are satisfied with the safety of the working environment and provision of appropriate equipment in the home.

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

Fire safety systems in the home include two designated fire officers and annual fire safety training which is mandatory for all staff. New staff orientation includes fire safety aspects. Fire equipment is regularly maintained by external contractors and its locations are clearly marked and were observed to be free from obstructions. Evacuation plans are displayed throughout the home, emergency procedures folders are provided in all staff offices and nurses' stations. The home has an evacuation pack which contains individual resident details and other items for use in an emergency. External doors are alarmed to alert staff to unauthorised entry and exit, with closed circuit television monitoring also used. Residents interviewed feel safe in the home, and staff interviewed were able to describe an appropriate response to the fire alarm.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program to manage and minimise infections and infectious outbreaks. Staff receive training at orientation and on an ongoing basis. The home's surveillance program includes monitoring of residents for infection and providing appropriate treatment and review. Practices that embrace infection control requirements were observed. Including the use of personal protective equipment, the use of colour coded equipment in all areas, adherence to food safety guidelines, cleaning programs, and safe disposal of contaminated and other waste. There are waste management and linen handling procedures, and resident and staff vaccination programs. A food safety program is in place and includes regular monitoring of food and equipment temperatures. Staff interviewed demonstrated an understanding of, and commitment to, infection control principles.

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 and processes to ensure hospitality services are provided in a way that enhances residents' quality of life and the working environment of staff. All meals are freshly cooked according to appropriate food safety regulations. Meals are prepared according to residents' individual preferences and dietary requirements. Catering staff demonstrated knowledge of resident's special diets and dislikes. The home has a four week rotational seasonal menu and the daily menu is displayed on a whiteboard in each dining room. Residents confirmed they are given a variety of meals, are offered alternatives as needed and are satisfied with the quantity provided. The laundry service employs effective systems for the storage, laundering and delivery of linen. Residents' personal clothing and linen are laundered on site. There are processes to ensure frequency of service, return of clothing to the correct resident, and control of infection. Observation of the home indicates it to be clean and free of malodour. All cleaning is done according to cleaning schedules and protocols. All cleaning equipment is appropriately stored and staff were observed to use cleaning equipment according to infection control principles. Residents interviewed were satisfied with food services, the overall cleanliness of the home, and with laundry services provided.