



Australian Government

Australian Aged Care Quality Agency

Kingswood Court Aged Care Facility

RACS ID 2480
29 George Street
KINGSWOOD NSW 2747

Approved provider: East West Health Care Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 22 January 2018.

We made our decision on 09 December 2014.

The audit was conducted on 11 November 2014 to 12 November 2014. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



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Audit Report

Kingswood Court Aged Care Facility 2480

Approved provider: East West Health Care Pty Ltd

Introduction

This is the report of a re-accreditation audit from 11 November 2014 to 12 November 2014 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, care recipient lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Quality Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 11 November 2014 to 12 November 2014.

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

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

Assessment team

Team leader:	Patricia Hermens
Team member/s:	Rosemary Crawford

Approved provider details

Approved provider:	East West Health Care Pty Ltd
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Details of home

Name of home:	Kingswood Court Aged Care Facility
RACS ID:	2480

Total number of allocated places:	77
Number of care recipients during audit:	73
Number of care recipients receiving high care during audit:	66
Special needs catered for:	N/A

Street/PO Box:	29 George Street
City/Town:	KINGSWOOD
State:	NSW
Postcode:	2747
Phone number:	02 4736 7955
Facsimile:	02 4736 2958
E-mail address:	Nil

Audit trail

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

Interviews

Category	Number
East West Health Care - Administrator	1
Director of Nursing	1
Deputy director of nursing	1
Quality coordinator/educator	1
Registered nurses	3
Care staff	6
Care recipients/representatives	15
Recreation activity officers	3
Volunteers	2
Fire wardens	2
Cleaning staff	1
Maintenance staff	1
Catering staff	3

Sampled documents

Category	Number
Care recipients' files	8
Summary/quick reference care plans	25
Medication charts	10
Personnel files	6

Other documents reviewed

The team also reviewed:

- Activity evaluations folder
- Bowel book/folder
- Care recipient (care and therapy) care plan folder
- Care recipient activity profiles

- Care recipient four week cyclic seasonal menu, initial assessment data, care recipients likes and dislikes, and special dietary needs information, dietician menu review report
- Care recipient information kit (incorporating new care recipient handbook and agreements)
- Care recipient lists
- Care recipients' progress notes folder
- Case conference records
- Certification instrument 1999 status report, annual fire safety statement of compliance, fire safety maintenance contractor records, emergency evacuation site plans, emergency procedures colour coded flip charts, building security protocols (including staff lock up procedures)
- Comments and complaints 2014 (including policy, register, complaint forms and associated documentation). Aged Care Complaints Scheme and Advocacy brochures
- Compulsory reporting guidelines, register and forms
- Continuous improvement (CI) documentation 2014 (including CI plan, quality activity/audit schedule, audit/survey results, organisational self-assessment)
- Diet quick reference folder
- Doctors communication folder
- Education records – program/calendar 2014, notices, attendance records, competency records, training certificates
- Electronic communication systems (including e-mail, Internet, Intranet and various purpose specific computer programs)
- Forms for clinical parameters – warfarin and insulin
- Human resource records - including staff handbook, recruitment information, job descriptions, duty statements, performance appraisals, police probity check registers and reports for staff/volunteers/contractors, professional registration records, staff rosters and staffing reports
- Infection control material - including manual, monthly summary and trend data, temperature records for food (delivery, serving, fridge/freezers/cool rooms and medication fridges), food safety plan, current NSW Food Authority license and food safety audit report 2013, outbreak management program and care recipient influenza vaccination records
- Legislation alert service material
- Maintenance records – planned preventative and corrective (including 2014 maintenance program, maintenance request log book and work records)
- Medication charts

- Nurses quick reference resident summary -care folder
- Planning documentation (including mission, vision and values). Organisation chart and management reports
- Policy and procedures
- Preferred suppliers/contractors information re suppliers contracts and agreements
- Various committee meeting agendas and minutes 2014 (including management, continuous improvement, staff and care recipients)
- Work Health and Safety (WH&S) system records (including incident and accident/hazard reports, summaries and trend data, WH&S environmental safety inspections, chemical information, material safety data sheets (MSDS), manual handling instructions, risk assessments, return to work information).

Observations

The team observed the following:

- Activities in progress (including craft group), care recipients' craft work displayed, activity resources
- Care recipient suggestion boxes
- Cleaning in progress (including use of equipment, trolleys and wet floor warning signage boards). Cleaning room environments, equipment and staff practices
- Computers at the nurses' stations and offices
- Dining room at meal times (the serving and transport of meals, staff assisting care recipients with meals and beverages, assistive devices for meals and nutritional supplements)
- Equipment, archive, supply, storage and delivery areas (including food, clinical, medication and linen stock in sufficient quantities)
- Fire safety system equipment (including fireboard, extinguishers, hose reels, fire blankets, new sprinkler system, emergency exits, fire egresses and emergency evacuation areas)
- Kitchen and servery staff practices, environment, selection of foods, food storage areas
- Living environment (internal and external) including newly refurbished indoor areas
- Manual handling equipment
- Mirrors for corridor safety
- Multi-purpose room – education, religious prayers, quiet area.
- Notice boards (containing care recipient activity programs and notices, menus, memos, staff and care recipient information including the charter of care recipients rights and responsibilities, comments and complaints information)

- Notices informing care recipients, representatives and staff of the re-accreditation audit
- Personal protective clothing and equipment in use, first aid kits, spills kit, hand washing facilities – signs, sinks and hand sanitiser dispensers, infection control resource information, outbreak kit, waste disposal systems (including sharps containers, contaminated waste bins and general waste bins/skids).
- Public telephone
- Refreshment area for visitors
- Resuscitation signs
- Security systems (including phones, call bell system, external lighting, door alarms, closed circuit television (CCTV), fencing, visitors sign in and sign out book and identification badges)
- Short small group observation in dining room
- Staff practices and courteous interactions with care recipients, visitors and other staff
- Staff work areas (including nurses stations, clinic/treatment/staff rooms, reception and offices)
- Storage of medications
- Therapy exercises in progress
- Utility trolley with care recipient continence-aid information secured

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home's continuous improvement system incorporates a range of activities that enable it to seek stakeholder feedback and to assess, monitor and evaluate performance in areas that relate to the four Accreditation Standards. The quality program incorporates the use of CI suggestion/improvement forms, staff and care recipients satisfaction surveys, audits, reviews, benchmarking of performance indicators, and a comments and complaints system. Formal review of the results of these activities occurs, trends are identified and improvement strategies are planned and implemented as required.

All care recipients/representatives and staff interviewed indicated that the home is responsive to the issues they raise through the consultation processes available to them.

A review of the results of quality activities undertaken pertaining to Standard One reveals actions are taken that have resulted in improvement. For example:

- Management and staff have improved their skills and knowledge to ensure they remain commensurate with the changing care recipient acuity or changing service delivery requirements. For example, management have researched and familiarised themselves with changes as a result of the introduction of the *Quality of Care Principles 2013* and the *Quality Agency Principles 2013*. This has enabled them to implement the necessary changes.
- Strategies implemented have improved the management of information across a range of areas. For example, the introduction and expansion of WiFi on site has streamlined processes, resulted in efficiencies and improved staff access to accurate up to date information and resources. Management and staff interviewed confirmed that the introduction of these systems had been beneficial. In addition, all information including care recipients handbooks and agreements have been reviewed, updated and reissued in line with the new arrangements for Aged Care effective 1 July 2014. A new facsimile machine was purchased to facilitate communication.
- A number of initiatives relating to human resources are benefitting care recipients and staff. For example, shift changes have occurred that have improved communication at handover and improved the delivery of services to care recipients. Care

recipient/representative interviews revealed that they are happy with the way staff provide for their needs.

- Inventory and equipment purchased that has improved resident and staff safety and comfort includes some new IT equipment, electric beds, bed baths, shower chairs and games tables for use in the activities program.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The organisation has adopted an effective system to manage regulatory compliance. The results of our observations, interviews and document review revealed that policies and procedures have been developed by the organisation to ensure that they embrace regulatory compliance. The home is notified of change through legislation alert services that it subscribes to and action is taken as required to ensure that the home remains compliant with legislation. Monitoring of quality indicators, audits of compliance, education and competency assessments are assisting management and staff to ensure that required standards are maintained and enhanced.

Examples of responsiveness to a change in legislation are that the organisation considered the implications of the *Aged Care Amendment (Security and Protection) Bill 2007* and implemented the necessary changes. For example, the introduction of Federal criminal record checks for staff/volunteers and contractors. In addition, policies and procedures were reviewed and amended in light of the introduction of the *Quality of Care Principles 2013* and the *Quality Agency Principles 2013*.

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

Systems in place have ensured that management and staff have the knowledge and skills to perform their roles effectively. The results of our observations, interviews and document review reveal that maintenance of staff knowledge and skills is underpinned by the staff orientation and education programs. These programs familiarise new staff with the home’s policy and procedures and provide all staff disciplines with education on a range of relevant aged care issues. The internal education programs, together with the external education available, support staff to provide care and services in accordance with the requirements of the four Accreditation Standards. The effectiveness of the training provided is being measured through audit results, observation, staff appraisal and various competency skills tests.

Education sessions and/or courses that relate to this Accreditation Standard that have been attended by management and/or staff include policies and procedures, elder abuse/mandatory reporting, bullying and harassment and information technology systems. Numerous other

topics are provided through seminars and workshops such as industry association conferences/meetings and professional development programs.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home provides a choice of well-publicised complaint mechanisms that can be used by stakeholders including care recipients, relatives and staff. The results of our observations, interviews and document review reveal that stakeholders are aware of and feel comfortable to use these mechanisms, which include both internal and external complaint mechanisms. For example, the care recipients' meetings, staff meetings, use of the staff grievance procedure, use of the comments complaints and suggestions forms, and external complaints bodies including the Aged Care Complaints Scheme. Complaints received are documented together with details of the investigations conducted. Action is taken to resolve concerns and complaints in a timely manner.

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 has documented the home's vision, values, philosophy, objectives and commitment to quality. The results of the team's observations, interviews and document review revealed that these statements are clearly communicated to all stakeholders. They are posted on the walls of the home and are included in the home's key documentation including the policy and procedure manuals and the care recipients and staff handbooks. In addition, the home has effective mechanisms for communication, planning and review, and integration of services. For example, there are committee and reporting systems and planning and budget processes that effectively underpin the provision of services. In addition, East West Health Care's Administrator supports the Director of Nursing through the provision of some centralised services such as policy and procedure development, budgeting, procurement and property management.

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 appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with the needs of care recipients. The results of our observations,

document review and interviews revealed that the home achieves this through the effective implementation of its human resource policies and procedures. These handle staff recruitment, orientation, staff performance and competency assessment. Staff records are maintained including job descriptions, duty lists, registration details and probity checks. The staffing budget has been formulated to meet the specific needs of the site, but staffing levels are monitored and adjusted on an ongoing basis in accordance with the care recipients' needs. For example, care recipient and relative feedback, staff feedback, and the results from the performance monitoring system are considered. The staff vs care recipient ratios were provided and examples of staff adjustments as a result of care recipient identified need were noted to have occurred. Reward and recognition strategies exist to ensure the home continues to maintain sufficient numbers of appropriately skilled and qualified staff. For example, a collective agreement, accessibility to training for career path progression purposes, and flexible rostering arrangements to support staff who are studying.

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 that are ensuring that appropriate stocks of goods and equipment are available at all times. The results of our observations, interviews and document review reveal that appropriate stocks of goods and equipment such as medical supplies, food, furniture and linen are maintained. This is achieved through the utilisation of effective policies and procedures for budgeting, purchasing, inventory control, assets management and maintenance.

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

There are systems in place that effectively manage the creation, usage, storage and destruction of records, including electronic records. The results of our observations, interviews and document review revealed that the organisation effectively disseminates information to management, staff and care recipients/representatives relating to legislation, care, organisational issues and other matters that are of interest to them. This is achieved through access to the Intranet, e-mail, electronic data management and reporting applications, memos, noticeboards, meetings, a paper based clinical record system, information packages (including care recipient and staff handbooks), education sessions, meeting minutes and policy and procedure manuals. Information is managed in accordance with the organisation's privacy policy.

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

All externally sourced services are provided in a way that meets the home's needs and quality goals. The results of our observations interviews and document review revealed that the home has an effective system in place to identify preferred and major suppliers of goods, equipment and services. In addition, the performance of major or regular suppliers is measured against agreed objectives contained in documented external service agreements or contracts. Contracts and/or simple service agreements are in place with suppliers of services and goods such as fire system maintenance, cleaning, physiotherapy, pharmaceutical and continence aids. There are mechanisms to track and resolve ongoing problems with suppliers.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The results of our observations, interviews and document review revealed that the home actively pursues continuous improvement through a program, which is consultative and responsive to feedback from its stakeholders. For comments relating to care recipient and staff feedback and details regarding the system see expected outcome 1.1 Continuous improvement.

Examples of improvements that pertain to Accreditation Standard 2 include:

- Staff skills and knowledge were increased to ensure that they remained commensurate with the changing care recipient acuity or changing service delivery requirements. For example, care staff members were provided with falls and risk management education. As a result staff reported an improved knowledge of falls prevention strategies.
- Between October 2013 and January 2014 the home participated in a falls prevention program. The program involved a group of 10-15 residents for 10-12 weeks and was overseen by qualified physiotherapists and exercise physiologists. At Kingswood Court care recipients participating in the program said their knowledge and understanding of falls prevention strategies had improved. Pre and post physical assessment of each care recipient revealed that their participation in low impact exercises improved their balance, strength and mobility. Both qualitative feedback and statistical data was used to evaluate the effectiveness of the program. The ultimate aim of reducing the incidence of falls and related injuries was achieved, but before and after data does not show a reduction in falls as falls for this group were zero before and after the project.

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 results of our observations, interviews and document review revealed that the home has adopted an effective system to manage regulatory compliance pertaining to Health and Personal Care. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

An example of responsiveness to a change in legislation is the action taken by the home to review its practices in accordance with the Department of Social Services requirements. For example, the home implemented the requirements of the Aged Care (Residential Care Subsidy – basic subsidy amount) Determination 2008 (No 1), i.e. the home implemented changes associated with the introduction of the Aged Care Funding Instrument (ACFI).

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 systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development.

Education sessions and courses that relate to this Accreditation Standard that have been attended by staff include dementia, medication management, wound care, falls risk management, behaviour management, nutrition and hydration, use of equipment and ACFI. The effectiveness of education is measured through observation, audits, survey and care recipient feedback. In addition, staff members who administer medication complete medication administration competencies.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Care recipient’s needs and preferences are assessed from preadmission through to the development of the care plan six weeks after admission. Care recipients and their representatives are consulted regarding assistance required and the preferences for the care recipient. Care requirements are reviewed regularly and the care plans updated. This occurs three monthly and as required as the care needs change. New information is added to the care plan to ensure the currency of information to guide staff as they provide care. The assessment process is guided by the home’s policies and procedures and is overseen by

registered nurses who are rostered on all shifts. Assessments include physical needs and assistance with personal care, emotional, spiritual and social needs; lifestyle and activity preferences.

2.5 Specialised nursing care needs

This expected outcome requires that “care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s findings

The home meets this expected outcome

Care recipients and their representatives are consulted regarding specialised nursing needs and plans put in place to provide this care. The home provides policies and procedures to guide staff in the delivery of specialised nursing care and ensures the care is delivered by appropriately qualified nurses and in consultation with medical officers and specialised services when this is required. Protocols and communication systems were observed by the team which ensure follow up of monitoring programs for specialised nursing needs such as blood pathology results and pain management effectiveness. Protocols are available for warfarin blood levels and monitoring (INR) with individual parameters set by the medical officer; blood glucose monitoring occurs with acceptable individual parameters for each care recipient receiving insulin. Additional care plans were viewed for nebuliser treatments, oxygen therapy, care of indwelling catheter and colostomy care.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Communication books are located at the nurses’ station/reception desk for medical officers, podiatrist, physiotherapist and ministers of religion who visit on a regular basis. Care recipients and their representatives are consulted regarding their need to access other services. Optometrist, optician and audiologist visit the home from time to time and a private consulting room is made available for these visits. Staff assist with the organisation of external visits and a staff escort can be arranged when relatives are not available to attend appointments with the care recipient.

2.7 Medication management

This expected outcome requires that “care recipients’ medication is managed safely and correctly”.

Team’s findings

The home meets this expected outcome

Management described and the team observed the safe and correct administration of medications by registered nurses. Care recipients and their representatives expressed satisfaction with the service and the medications available to the care recipients that meet their health needs. The care recipients’ photographs are available on the charts to assist identification. Registered nurses were observed by the team, making appropriate checks,

administering medication and providing assistance to care recipients, while also keeping the medications within their safe observation. Policies and procedures guide the safe delivery of medication. The policies and procedures were developed through consultation with medical officers and pharmacist at the Medication Advisory Committee meetings which now occur three times each year. Nurse initiated medications lists are reviewed by the medical officer for each care recipient and signed by the medical officer each 12 months.

2.8 Pain management

This expected outcome requires that “all care recipients are as free as possible from pain”.

Team’s findings

The home meets this expected outcome

All care recipients are assessed for pain on admission and as needed, if for example they present as being unwell. Pain is assessed on admission and recorded on the data base. Pain is also assessed twice each day by the registered nurse and the effect of the analgesia used is recorded on the pain management chart. Registered nurses monitor the effectiveness of pain management and provide feedback to medical officers to ensure the comfort of care recipients. A physiotherapist visits the home one day each week and assesses all new admissions to the home. The physiotherapist works with and exercise nurse and reassesses care recipients following a fall or significant event. Registered nurses conduct a massage program for residents who can benefit from massage for pain relief. Care recipients and their representatives said there were observable benefits for the care recipients.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The comfort and dignity of terminally ill care recipients is maintained. Feedback from care recipients’ representatives indicates the care provided during the end of life care period was appropriate to the comfort needs of the care recipients. This occurs through complements and appreciation letters which speak of these families’ views on their relative’s comfort and dignity during the dying process. The home has developed an “end of life care plan”, which includes the consultation of the care recipient and/or their representatives, the medical officer, spiritual support officers and staff to ensure that the care recipient’s wishes and comfort are paramount. Family conferences are conducted and discussions with the medical officer and the care recipient’s representatives ensure the family are kept informed and that cultural and religious practices are respected and implemented in relation to palliative care.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Care recipients and their representatives confirm they are satisfied with the home’s management of the nutrition, hydration and associated support needs. The menu is fresh cooked and reviewed by a dietician. Details of special dietary needs are documented on admission and communicated to the catering department. Preferences and allergies are recorded and the information passed on to the catering and care staff. Care recipients said they enjoyed the choice available and the meals are quite well balanced. Quality controls are monitored through auditing systems and catering staff attend dietary satisfaction audits with care recipients. Care recipients’ weights are monitored monthly and variations investigated and addressed. Dietary high calorie/high protein supplements are available and are initiated after consultation with the medical officer and the dietician. Systems are in place to vary the preferences of care recipients and food charts are recorded to monitor intake in the event of weight loss.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Care recipients and their representatives confirm they are satisfied with the care provided in relation to the care recipients’ skin integrity. Skin integrity assessments and risk of impairment to skin integrity, are conducted on admission and skin care is monitored throughout the care recipient’s stay in the home. Assessed risk guides the pressure area care as care recipients’ mobility, nutrition status and cognition potentially decline. Care recipients with specific skin conditions are closely monitored and treatments applied as directed by the medical officer. Referrals are made to specialist services as required. Care recipients’ care plans for skin integrity are reviewed at regular intervals. Wound monitoring and wound charts show no complex wounds on the site and wound management systems ensure the registered nurses are consulted to guide care as soon as a break of the skin integrity is noticed and reported. Equipment is chosen with the view to not cause harm to the residents of the home. Pressure relieving mattresses are available for those care recipients who are identified at risk of skin breakdown. All beds in the home have the low-low function and are kept at the height that suits the care recipient’s needs and preferences.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Care recipients’ continence needs are managed effectively. Care recipients and their representatives confirm their continence needs for urine and bowel function are being met. On

admission care recipients' continence needs are assessed. The history is obtained from the care recipient, their representatives, medical officer referral and pre-admission assessments by community nurses. Flow charts are initiated, voiding times and bowel evacuation patterns are recorded for three and seven days respectively, to enable assessments to be made. Access to a continence advisor is available through the area health service if required. Care plans are developed and reviewed at regular intervals including consultation with care recipients and their representatives. Staff receive education regarding continence issues, toileting programs and bowel management including the relationship to privacy, dignity and choice for care recipients. Registered nurses implement bowel management programs and observe bowel management protocols to ensure care recipient's bowel health.

2.13 Behavioural management

This expected outcome requires that "the needs of care recipients with challenging behaviours are managed effectively".

Team's findings

The home meets this expected outcome

Care recipients are assessed for challenging behaviours where the focus of the management plan is the wellbeing of the care recipient. The plan is developed through staff understanding the diagnoses and reflects stability and quality of life for the care recipient, while incorporating the care recipient's cultural and spiritual needs. Assessments and problem solving includes the involvement of the medical officer, consultation with a geriatrician, psycho-geriatric nurse and may also include a psychiatrist if required. Interpreter services are available accessed as needed. Strategies for communication to assist care recipients who have a dementing process and suffer confusion, include speaking clearly and slowly, using simple statements and speaking with warmth, caring and using gestures when this is helpful. Care recipients and their representatives confirm that behaviours are managed appropriately.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

Each care recipient has their mobility and dexterity assessed by the registered nurse who completes the admission assessment. Information is gathered from the care recipients, their representatives, transfer information and community nursing notes. Mobility information and the care recipient's need for assistance are detailed in the interim care plan and programs are instigated to optimise the mobility function through the mobility/exercise nurse who is available three days each week and the physiotherapist who visits the home one day each week. There is a system to indicate the level of/or no assistance required with mobility. Care recipients and their representatives are aware of the system code and their meanings. They are happy with the way in which they are assisted to maintain their mobility and dexterity.

2.15 Oral and dental care

This expected outcome requires that “care recipients’ oral and dental health is maintained”.

Team’s findings

The home meets this expected outcome

Each care recipient’s oral and dental health needs are assessed by the registered nurse on admission and regularly throughout their stay in the home. Their needs, preferences and interventions are recorded on the care recipient care plan. The care plan is reviewed regularly and adjusted as necessary to the oral health needs of the care recipient. The home has access to the Nepean dental service, private dental services in the local area and the Westmead Special Dental Service caters for bed bound care recipients. Oral or dental problems are reported to the care recipient’s medical officer who will refer to the appropriate service provider. Therapy staff organise the appointment and escort, when the family are unable to attend. Care recipients and their representatives confirm that their oral and dental care needs are managed appropriately.

2.16 Sensory loss

This expected outcome requires that “care recipients’ sensory losses are identified and managed effectively”.

Team’s findings

The home meets this expected outcome

Each care recipient’s sensory losses are assessed on admission by the registered nurse completing the admission assessment and the interim care plan, in consultation with the care recipient and their representatives. The methods for communication and compensation for sensory losses are also located on the nurses’ quick reference guide. Pictorial aids and large writing pad were observed by the team, located in the care recipient’s easy reach to aid their communication. Strategies to assist care recipients who have a dementing process, include speaking clearly and slowly, making eye contact, using simple statements and speaking with warmth, caring and using gestures when this is helpful. Referrals are made to specialist services as required for example to repair glasses, test eye pressures for glaucoma and adjust nose-pads; to clean and adjust hearing aids and other communication devices as necessary. Care recipients and their representatives confirm that sensory loss is managed appropriately.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Care recipients and their representatives confirm residents are able to achieve natural sleep patterns. Information about care recipient’s sleep patterns is gathered on admission and entered in to the data base. Observations by care staff will be recorded in the care recipients notes to ascertain their normal sleeping pattern. Care plans are reviewed regularly and disturbance of care recipients is kept to a minimum at night. Night time continence aids are designed to give the care recipient the most undisturbed time to sleep and in accordance with their wishes. An afternoon nap time has been introduced for those care recipients who tire

after lunch. Staff ensure afternoon tea is provided for those who have been resting as care recipients attend afternoon activities. This rest-time has shown care recipients present a greater interest in the afternoon activities following their rest.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The results of our observations, interviews and document review revealed that the home actively pursues continuous improvement through a program, which is consultative and responsive to feedback from its stakeholders. For comments regarding care recipient and staff feedback and details of the system see expected outcome 1.1 Continuous improvement.

Examples of improvements that pertain to Accreditation Standard 3 include:

- Staff skills and knowledge have improved ensuring they are commensurate with the changing care recipient acuity or changing service delivery requirements. For example, all staff members had attended elder abuse training as part of the home’s mandatory education program and as a result they are well versed in recognition and reporting procedures.
- The care recipient activity and lifestyle program is reviewed and changed on an ongoing basis in accordance with care recipients’ needs and desires. For example, recent popular activities incorporated into the program include craft sessions where decorations are made for Remembrance Day and Christmas. In addition, activity resource equipment has been purchased to support the delivery of the program. For example, a tablet computer is now used to download activities, such as quizzes and games, and project them for the enjoyment of care recipients onto a large screen television. Activities staff reported that this was a very useful device that enabled them to enhance their program. Care recipients interview indicated that residents enjoy these new activities.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The results of our observations, interviews and document review revealed that the home has adopted an effective system to manage regulatory compliance pertaining to Care recipients’ Lifestyle. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

An example of responsiveness to a change in legislation is the action taken by the home to implement policy and procedures to manage mandatory reporting and investigation of care

recipient abuse in line with changes to the *Aged Care Act 1997*. In addition, Kingswood Court's care recipient agreements and handbook were reviewed and amended in light of the introduction of the *Quality of Care Principles 2013* and the *Quality Agency Principles 2013*.

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 systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development.

Education sessions attended by staff that relate to this standard include but are not limited to elder abuse and reporting procedures, communication, care recipients rights, leisure and lifestyle, dementia and activities, confidentiality, privacy and dignity.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Care recipients' emotional status and needs are identified and supported. Care recipients and their representatives confirm the support provided by the staff of the home is appropriate and kind and meets the care recipients' needs and preferences. Discussions with the care recipients and their representatives, provides the home with information related to their needs for emotional support. Staff provide emotional recognition and support for the loss of care recipient's previous home environment, loss of physical function and adjustments to settling in to a new home community. Staff introduce new care recipients and their representatives to other members of the home community and encourage their socialisation and participation in activities and outings, at their own pace and according to their interests. Significant dates and times of grief and loss are noted and staff indicated an awareness of these times for care recipients. Care recipients are provided with the opportunity to discuss their issues with staff who have experience and training in grief and loss. Ministers of religion and community visitors are encouraged to the home to assist staff with these areas of support.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Care recipients are assisted to achieve maximum independence, maintain their community friendships and continue to participate in the community within and outside the residential care

home. Care recipients representatives confirm they are satisfied with the assistance provided by the home in relation to the care recipient's independence, maintaining friendships and participating in community life in accordance with their individual needs and preferences. The home provides open visiting hours from 9am to 8pm and encourages friendships be maintained both in the home and in the community. Friends and families are encouraged to participate in the activities of the home. Information is shared with families and visitors through newsletters and the activities notice board. Care recipients are supported to continue their memberships in the community by maintaining their access to local clubs and churches; attending church services, bible studies and staying on the electoral roll. The recreation officers and registered nurses assess the needs and preferences of care recipients and make adjustments to their plans for participation as the care recipient's needs change. The lifestyle staff as well as nurses, encourage participation in community activities such as voting and they provide assistance to care recipients in this process.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Each care recipient's right to privacy, dignity and confidentiality is recognised by the home and respected by the homes processes and practices. Care recipients and their representatives confirm the care recipient's privacy and dignity needs and preferences are met. Care recipients are consulted regarding their life and choices in the home. Staff receive education on privacy and dignity related to quality for the care recipient's life spent in the home's environment and practices. Staff were observed in caring, fun and respectful interactions with care recipients and their visitors.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them, through assessments and discussions on admission. They are provided with the assistance required to participate in their choices of activities. Care recipient representatives confirm they are supported in these activities and interest appropriate to their needs and preferences. Each care recipient is assessed on admission regarding their social history, interests and capabilities. A program is developed around the assessment information in consultation with the care recipient and their representatives.

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 individual interest, customs, beliefs and cultural and ethnic backgrounds of care recipients are valued and fostered within the home and by the staff. Care recipient representatives confirm they are satisfied the home values and fosters residents' individual interests, customs, beliefs and ethnic backgrounds. Specific cultural activities occur within the activity that occurs in the home. Cultural diversity is a feature of the home with multi-lingual staff who speak up to 19 international languages or dialects.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Each care recipient (or their representative) participates in decisions about the services the care recipient receives and are enabled to exercise choice and control over their lifestyle while not infringing on the rights of other people. Residents and their representatives confirm they participate in decisions about the services the care recipient receives and they are able to exercise choice in relation to the care recipient's needs and preferences. Assessments are conducted on admission and incorporated into care plans, to ensure staff have knowledge of the care recipients choices and preferences regarding cares and lifestyle choices. In the event that the care recipient's ability to confirm those choices declines, their representative acts on their behalf to ensure their choices are met. Care recipients and their representatives are informed of care recipient meetings in newsletters and notices. Minutes are taken of these meetings and prompt action to rectify any concerns.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home's systems provide appropriate and consistent information to care recipients/representatives both on entry to the home and when changes occur. A handbook and agreement which includes information about security of tenure provisions and care recipients' rights and responsibilities is provided to each new care recipient/representative on entry to the home. Information includes cost of services, services provided included in cost and any additional costs. Room moves occur only after consultation and negotiation with the care recipients/representatives. Care recipient/representatives advise they are provided with information and understand their rights, responsibilities and security of tenure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The results of our observations, interviews and document review revealed that the home actively pursues continuous improvement through a program that is consultative and responsive to feedback from its stakeholders. For details of the overall system and comments regarding care recipient and staff feedback see expected outcome 1.1 Continuous improvement.

Examples of improvements that pertain to Accreditation Standard 4 include:

- Staff skills and knowledge have improved ensuring that they remain commensurate with the changing care recipient acuity or changing service delivery requirements. For example, all staff members who handle food have recently completed food safety training to update their skills.
- Planned initiatives implemented have improved the safety and comfort of the care recipients’ living environment. For example, internal painting has been carried out.
- Initiatives have been implemented that have strengthened the home’s infection control practices and are minimising risk to care recipients. For example, the home’s food safety program received an ‘A’ rating when audited by the NSW Food Authority in 2013. All corrective actions required (CARS) from this audit were completed within the required timeframes and in preparation for its 2014 audit which is due shortly.
- Significant fire safety system equipment upgrades have occurred within the last 12 months. They have improved the safety of care recipients, staff and visitors on site. They include the installation of a sprinkler system and the appointment of a new fire and emergency service provider. This new company regularly checks equipment and is providing a more comprehensive and reliable service. Leaf guard has been installed in all gutters which has improved the home ability to withstand ember attach during a bushfire. In addition, the home has recently trained two new fire wardens which is providing better coverage in an emergency.

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

Results of our observations, interviews and document review revealed that the home has adopted an effective system to manage regulatory compliance. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

Examples of the home’s responsiveness to legislative requirements include the assessment of the building using the 1999 Certification Assessment tool and the implementation of a food safety program that is audited externally in accordance with the *Food Safety Act 2010*. In addition, the home has comprehensively reviewed its policies and procedures in light of the introduction of the *Work Health and Safety Act 2011*. The home upgraded its fire safety system equipment including the retrofitting of a sprinkler system in accordance with the *NSW Environmental Planning Policy Amendment (Fire Sprinkler Systems) 2012* under the *Environmental Planning and Assessment Act 1979* effective 1 January 2013.

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 systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively, please refer to expected outcome 1.3 Education and staff development.

Education sessions attended by staff that relate to this standard include but are not limited to manual handling (theory and practical), infection control (including outbreak management), and fire safety training (theory and practical). Staff had completed a range of work health and safety training (including incident and accident reporting and hazard identification). They had attended first aid, equipment use, chemical handling and food safety training. The majority of this training has been identified as compulsory and staff attendance is monitored. Staff competencies are carried out in various areas including manual handling, fire safety, and infection control.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The results of our observations, interviews and document review revealed that the home provides a safe and comfortable environment consistent with care recipients' needs and expectations. For example, care recipient/representative interviews revealed that they are satisfied with the quality of the living environment. Care recipients reside in spacious single rooms with ensuite bathrooms and/or two bedded rooms with shared bathrooms. They have access to spacious communal areas for dining, lounging, activities and hairdressing. A comfortable temperature is maintained within the building which is air conditioned. Large windows and doors provide care recipients with views of the external environs which include well maintained landscaped gardens and paved garden courtyard areas that are accessible to care recipients.

The safety of the environment is underpinned by the identification of the care recipients' needs on admission as well as monitoring of their environmental needs on an ongoing basis. Environmental audits and the planned preventative and corrective maintenance systems ensure that the environment (grounds, building and equipment) is well maintained.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. The results of our observations, interviews and document review revealed that this is achieved through a program that incorporates policies and procedures, staff awareness, incident/accident/hazard reporting, risk assessment and a functional WH&S consultative committee. There is also a workers compensation program, which incorporates an injury management and return to work program. In addition, the home employs a number of preventative strategies including compulsory education and competency testing, hazard management and the provision of suitable equipment to assist with lifting and minimise bending. For example, electric beds, a lifter and trolleys to transport goods. Staff confirmed that they have access to workplace safety training and to adequate supplies of equipment.

Workplace safety inspections/environmental audits are undertaken and where possible remedial action is taken to rectify hazards or risks identified.

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 environment and safe work practices are minimising fire, security and emergency risks. The results of our observations, interviews and document review revealed that there are well publicised and clearly understood emergency and fire evacuation procedures. The home has appropriate fire warning and firefighting equipment that is regularly assessed against the relevant Australian Standard. Clearly marked emergency exits are free from obstruction. Fire prevention measures used include education, competency assessment, environmental safety inspections, safe storage of chemicals, an electrical equipment checking/tagging program, and a no smoking policy with designated outdoor areas provided for care recipients and staff who smoke. Security systems include lock up procedures, closed circuit television (CCTV) door alarms, outdoor security lighting and appropriate fencing. Staff wear identification badges authorising them to be on site and sign in and out books are maintained for visitors and contractors. Emergency contact numbers and phones are available for staff use. All care recipients have access to emergency buzzers in their rooms, bathrooms and communal areas and/or via pendant.

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 in place. The results of our observations, interviews and document review revealed that this program operates throughout the home. It incorporates an infection surveillance and reporting system, a hazard risk management system, a waste management system and outbreak management procedures. An accredited food safety program operates in the kitchen and appropriate laundering techniques are followed when handling laundry. Preventative measures include education for all staff disciplines, an effective cleaning program, and a vaccination/immunisation program for care recipients and staff. In addition, appropriate equipment, staff practices and workflows are minimising the risk of cross infection. All staff demonstrated an awareness of infection control as it pertains to their work area.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Hospitality services are provided in a way that enhances the care recipients' quality of life and the staff's working environment. The results of our observations, interviews and document review revealed that:

- Care recipients meals are prepared in the onsite kitchen using the fresh cook method and are in accordance with a four-week seasonal rotating menu. The menu has been reviewed by a dietician and provides care recipients with excellent choice and variety. Care recipients have input into menus on entry, their likes and dislikes are recorded and monitored on an ongoing basis through the care recipient committee, the comments and complaints system, and satisfaction surveys. Care recipients interviewed indicated that their likes and dislikes, special dietary needs and expectations re quality and quantity of meals are identified and met.
- Planned cleaning programs are ensuring that appropriate cleaning standards are maintained. Care recipient and staff interviews revealed that a clean and hygienic environment is maintained at all times.

The laundry service utilised employs effective systems for the storage, identification, laundering of and delivery of linen and care recipients' personal clothing. Care recipient interviews revealed that they are satisfied with the laundry services provided. Their personal items are returned to them promptly in good condition.