



**Aged Care**

Standards and Accreditation Agency Ltd

## **Decision to accredit Karingal Care Services**

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Karingal Care Services in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Karingal Care Services is three years until 1 August 2012.

The Agency has found the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's site audit report.

The Agency is satisfied the home will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor progress with improvements and compliance with the Accreditation Standards.

### **Information considered in making an accreditation decision**

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

## Home and approved provider details

### Details of the home

Home's name: Karingal Care Services

RACS ID: 8007

Number of beds: 73      Number of high care residents: 71

Special needs group catered for: Nil

Street/PO Box: 32 Lovett Street

City: DEVONPORT      State: TAS      Postcode: 7310

Phone: 03 6424 7766      Facsimile: 03 6424 7901

Email address: karingal@tassie.net.au

### Approved provider

Approved provider: Baptist Community Care Ltd

### Assessment team

Team leader: Dianne Gibson

Team member/s: Paul Stevens

Gayle Heckenberg

Date/s of audit: 12 May 2009 to 13 May 2009

<b>Executive summary of assessment team's report</b>	
<b>Standard 1: Management systems, staffing and organisational development</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply
<b>Standard 2: Health and personal care</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

**Accreditation decision**

<b>Agency findings</b>
Does comply
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<b>Agency findings</b>
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<b>Executive summary of assessment team's report</b>	
<b>Standard 3: Resident lifestyle</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
<b>Standard 4: Physical environment and safe systems</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

### Accreditation decision

<b>Agency findings</b>
Does comply
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<b>Agency findings</b>
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### Assessment team's reasons for recommendations to the Agency

The assessment team's recommendations about the home's compliance with the Accreditation Standards are set out below. Please note the Agency may have findings different from these recommendations.



**Aged Care**  
Standards and Accreditation Agency Ltd

## SITE AUDIT REPORT

Name of home	Baptcare Karingal Community Hostel
RACS ID	8007

### **Executive summary**

This is the report of a site audit of Baptcare Karingal Community Hostel 8007 32 Lovett Street DEVONPORT TAS from 12 May 2009 to 13 May 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

### **Assessment team's recommendation regarding compliance**

The assessment team considers the information obtained through audit of the home indicates that the home complies with:

- 44 expected outcomes

### **Assessment team's recommendation regarding accreditation**

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Baptcare Karingal Community Hostel.

The assessment team recommends the period of accreditation be three years.

### **Assessment team's recommendations regarding support contacts**

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

# Site audit report

## Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 12 May 2009 to 13 May 2009.

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of three registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

## Assessment team

Team leader:	Dianne Gibson
Team member/s:	Paul Stevens
	Gayle Heckenberg

## Approved provider details

Approved provider:	Baptist Community Care Ltd
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## Details of home

Name of home:	Baptcare Karingal Community Hostel
RACS ID:	8007

Total number of allocated places:	73
Number of residents during site audit:	71
Number of high care residents during site audit:	71
Special needs catered for:	N/A

Street:	32 Lovett Street	State:	Tasmania
City:	DEVONPORT	Postcode:	7310
Phone number:	03 6424 7766	Facsimile:	03 6424 7901
E-mail address:	karingal@tassie.net.au		

### Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Bapcare Karingal Community Hostel.

The assessment team recommends the period of accreditation be three years.

### Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

### Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and the reasons for its recommendations are outlined below.

### Audit trail

The assessment team spent 2 days on-site and gathered information from the following:

#### Interviews

	Number		Number
Director of nursing (DON)	1	Residents/representatives	14
Registered nurses (RN)	2	Nurse unit managers (NUM)	2
Care staff (ECA)	4	Enrolled nurses	3
Regional manager (central office)	1	Nurse educator (central office)	1
Systems co-ordinator (central office)	1	General manager residential services	1
Administration manager	1	Cleaning staff	1
Catering staff	5	Maintenance staff	1
Diversional therapy staff	2	Hotel services manager	1
Chaplain	1	Volunteers	1
Occupational health and safety manager	1	Essential services manager	1
Human resources/quality assurance manager	1	Roster clerk/maintenance	1
Quality manager (central office)	1		

#### Sampled documents

	Number		Number
Residents' files	7	Medication charts	7
Pain charts	5	Personnel files	11
Contracts with service providers	2	Resident care plans and progress notes	11
Wound charts	5	Observation charts	7
Incident reports	7	Restraint forms	3

#### Other documents reviewed

The team also reviewed:

- Accidents and incidents
- Activity and evening group meeting minutes
- Admission procedure checklist, admission process (28 days)
- Advanced care wishes and palliative care procedure; advanced care wishes assessment
- Attendance records education and training
- Baptcare intranet
- Behaviour assessment
- Behaviour history
- Blood glucose monitoring forms
- Care planning consultation record and care plan review form
- Care planning procedure
- Catheter (indwelling) bag changes and catheter (indwelling) type/replacement dates
- Continence assessment and handover communication sheet
- Catering survey 2009
- CI and management manual
- Clinical care manual 2009
- Comments and complaints
- Competency and education pack records
- Diabetes management plans
- Dietary changes/advice to catering
- Education 2009
- Emergency procedures manual
- Employee handbook
- Essential services certificate
- Food Safety Plan external audit certificate HR newsletter
- General practitioners progress notes
- Human resources and occupational health and safety manual
- Incident report register, incident reporting – reportable events and procedure
- Initial admission assessment
- Interim care plan
- Infection control register
- Internal audits 2009
- Job descriptions
- Laundry cleaning schedule
- Leisure and lifestyle program Meeting minutes – various including residents'
- Kitchen cleaning schedules and compliance records
- Maintenance records: plant and equipment
- Materials safety data sheets
- Menu
- Monthly activities calendar
- Manual handling risk assessment checklist
- Meal management plans
- Medical admission form
- Medical and health practitioners emergency treatment procedure
- Medical communication sheet
- Medication incident report
- Medication refrigerator temperature record form
- Narcotics register
- Nutrition assessment
- Nutritional intake chart
- New employee information pack
- Organisational effectiveness survey 2009
- Our mission vision values
- Oral and dental assessment and care procedure

- Pain management assessment and procedure
- Physiotherapy assessment
- Physiotherapy plan
- Police checks register
- Policies and procedures
- Preventative maintenance program
- Residents catering preferences and menu changes documentation
- Residents' information package, information handbook and surveys
- Residents' newsletter
- Resident satisfaction questionnaires: activities and catering
- Resident monthly evaluation form
- Resident risk management strategy assessment
- Resident self medication supply register
- Restraint check form and restraint details, authorisation and review form
- Restraint procedure and instructions
- Refusal of treatment certificate form
- Risk management database
- Safe swallowing strategies
- Self administration assessment
- Signature register
- Skin care and wound management procedure
- Sleep assessment
- Sleep assessment summary
- Specialist appointment details form
- Speech pathology referrals
- Staff newsletters
- Statement of wishes
- Treatment alert sheet
- Treatment pathway for resident with weight loss concerns
- Urinary continence assessment
- Weight chart frequent
- Wound assessment
- Wound dressing report
- Wound mapping chart

### **Observations**

The team observed the following:

- Activities in progress
- Archive room
- Bus shelter
- Chapel
- Corridors free of clutter
- Cleaning trolleys and colour coded linen skips
- Construction of pan room in progress
- Equipment and supply storage areas
- Hairdressing room
- Hand washing stations and hand gel throughout home
- Independent resident activity
- Interactions between staff and residents
- Kiosk
- Kitchen and laundry
- Laundry
- Living environment
- Maintenance shed
- Meals in progress

- Medication fridge, medication round in progress and medication trolley contents
- Noticeboards with information relevant to residents/representatives and staff
- Nurses stations and International nurses day display
- Pamphlets in foyer on topics of interests to residents/representatives
- Personalised residents' rooms
- Pets in the Home
- Phone box
- Physiotherapy/gymnasium area
- Range of walking belts accessible to staff
- Secure walking area
- Sensory room
- Sensory sign on residents door
- Staff knocking and entering residents rooms
- Staff room
- Staff work practices
- Waste disposal area

## **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 recommendation**

Does comply

The home actively pursues continuous improvement across the four Accreditation Standards through its electronic documentation system the ‘Risk management database’ which integrates the improvement plan and log, comments and complaints, accident/incidents and clinical data. As well the home has external and internal audits, surveys, resident meetings, and a staff education program. The database monitors and reports on all sources of improvements in a number of formats and its analysis is central to the continuous improvement system. Staff indicated they are actively involved in identifying opportunities for improvement at the home, are familiar with the systems for managing continuous improvement, and communicate their suggestions for improvement verbally to management at meetings or in person. Residents/ representatives confirm they are informed of changes made in the home and that they have input into the improvements through resident meetings.

Results of continuous improvement specifically related to Standard One: Management systems, staffing and organisational development are listed below.

- The merger with Bapcare is a major continuous improvement which has delivered outcomes to residents and staff at Karingal. The lead up to the merger involved a transition plan which included residents, the local community and staff, several meetings and regular newsletters. Results for residents include electronic management systems; consistent best practice education and upgrading residents’ resources and equipment like flat screen televisions and electric beds.
- A study day has been incorporated into the management and education program to allow Karingal occupational groups to network and share best practice with occupational groups from other Bapcare homes. Occupational groups include RN’s, ECA’s; activities staff and management staff.
- As a result of heavy workloads, care supervision is restructured to provide two nurse unit manager (NUM) positions across the two co-located homes. This has allowed the more complex care wing to be interspersed with respite beds and lower care residents so that the staff are able to meet all residents’ needs. The NUM in the less complex care wings also covers the on-site education role.

### **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 recommendation**

Does comply

Karingal has systems and processes in place to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The central office of Bapcare maintains an electronic regulatory compliance register which is available on the intranet and all managers have received training in its use. The organisation is a member of the relevant nursing board, a legislation provider and receives circulars from the Department of Health and Ageing, the Aged Care Standards and

Accreditation Agency, coronial communiqués and other related government and non-government agencies and sends them through the chain of command to the home. The DON sends these out to staff and also communicate at staff meetings and arrange training sessions where necessary. Policy review and development occurs routinely and as required through the central office. Examples of compliance with regulatory requirements specific to Standard one includes:

- The integration of aged care funding instrument (ACFI) assessment processes into standard procedures
- The implementation of police checks for all staff and volunteers
- The implementation of mandatory reporting processes of elder abuse and education for staff on these processes.

### **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 recommendation**

Does comply

The home has systems in place to ensure management and staff have appropriate knowledge and skills to perform their roles. A needs analysis, staff requests, audits, staff appraisals, and special residents' needs guide the central office program created by the nurse educator which is integrated with the local content organised by the NUM and covers all areas of the four Accreditation Standards. Self directed learning packages are available on the intranet and hard copy fact sheets are available to staff. There are mandatory components which include fire safety and evacuation, manual handling, orientation and induction and some one off mandatory education as required by legislation like that for mandatory reporting. Initial assessment of staff competencies occurs during orientation and these are monitored regularly. All training attendance records are kept and personnel files hold records of qualifications. Education is monitored and evaluated at the participant level. Residents stated that staff provide appropriate care for their needs. Recent examples of management education include:

- The DON is doing a post graduate certificate in management
- Management staff have received training in using the risk management database and the regulatory compliance database
- Team leader course for RNs
- Orientation and induction for new employees.

### **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 recommendation**

Does comply

Residents/representatives and other stakeholders have access to internal and external avenues of comment and complaint. Internal and external complaint forms are in pamphlet holders in the foyer and throughout the home. Karingal's process is to log, acknowledge, action and track complaints through to closure using the risk management database. This allows issues to be addressed through the continuous improvement system and enables an in depth analysis to implement preventative action where possible. The home has information about comment and complaint mechanisms included in the resident agreement/handbook provided to residents/representatives at the time of entry to Karingal. Resident/representative meetings are held regularly and with resident surveys provide alternative avenues for complaints. Resident/representatives have access to the

DON and nurse managers at all times. Residents/representatives stated that management is approachable and act on issues brought forward.

### **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 recommendation**

Does comply

Baptcare Karingal has documented its vision, values, philosophy, objectives and commitment to quality and it is displayed in the facility and published in the resident handbook. Karingal's commitment to quality is evident through its policies, procedures and other documents that guide the practices of management and staff including the four year strategic plan which has goals for residential care and quality service. The on site management team meets weekly and the DON attends monthly management meetings and annual planning meetings. The general manager regional and other central office staff visit the home regularly.

### **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 recommendation**

Does comply

Baptcare Karingal can demonstrate that there is appropriately skilled and qualified staff sufficient to ensure services are delivered in accordance with these standards and the organisation's philosophy and objectives. The home currently has a full complement of qualified staff and a central standardised human resource system including an intranet human resource manual, merit based recruitment processes, key selection criteria, a talent bank for professional staff to provide back as required, staff rosters, induction and orientation, duty statements, training, annual performance appraisals, employee benefits, rewards and recognition program and occupational health and safety to ensure consistent and compliant processes are in place. A CEO newsletter and a human resource newsletter keeps staff informed and all vacancies are advertised internally to encourage internal promotion. An employee agreement is currently being negotiated with unions which include a back pay. The system is monitored centrally and employee satisfaction was rated highly by staff in a recent survey. Residents /representatives are satisfied with the level and competency of staff and their ability to meet residents' care and service needs. Staffing levels and rostering are still in transition from the merger and are being monitored to meet the demands of Karingal residents taking into consideration regulatory requirements, occupancy levels, resident needs and the changing environment.

### **1.7 Inventory and equipment**

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

#### **Team's recommendation**

Does comply

The home has a well-established process for both anticipated and preventative maintenance, both of which are undergoing a major restructure under the new approved provider. The team noted that new cleaning trolleys have been recently acquired and staff expressed their satisfaction with them. Management said that a significant amount of money had been spent since the merger on new equipment and gave several examples.

Stores around the home are well-stocked and located conveniently for staff use, as well as being clean and well-ordered. Kitchen stocks are stored appropriately and rotated according to date of receipt. Staff said that their equipment is safe and serviceable, and that they have adequate materials for their work.

## **1.8 Information systems**

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

### **Team's recommendation**

Does comply

Karingal has effective information management systems in place including creation, storage, archive and disposal of documentation and information to help staff perform their roles in relation to management systems, health and personal care, resident lifestyle and the maintenance of a safe environment. The new electronic management system introduced by Baptcare is the engine which drives information management and management staff have received training to use it. Manual systems are being maintained until more points of access become available to all staff with more terminals throughout the home. Residents/representatives have access to information appropriate to their needs to assist them make decisions about residents' care and lifestyle. The home has a regular newsletter, many noticeboards for daily activities and other information and pamphlets on display. Information is stored appropriately for its purpose. Management information is systematic and easily retrievable and care information is now electronic and manual. Communication diaries, appointment books, and policy manuals ensure staff are fully informed with the appropriate information. Hand-overs meetings are held between shifts to inform the next shift of the condition of residents. Staff sign a privacy statement to ensure the confidentiality of resident information and confidential material is stored securely.

## **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 recommendation**

Does comply

A wide range of contractors provide services to the home, and the majority have done so over a significant period. Management is well-advanced in developing a comprehensive on-line orientation and identification process for prospective and existing contractors. The work of maintenance contractors is supervised by the home's maintenance staff. Management said that all contracts are currently under review as they wish to regularise and engage contractors based on their own selection criteria. Staff have access to call contractors directly at any time within specified delegations. The team observed contractors onsite during the visit and noted them wearing identification and carrying out their duties in a professional and respectful manner.

## **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 recommendation**

Does comply

Karingal's ongoing commitment to continuous improvement, described in expected outcome 1.1 Continuous improvement, operates across the four Accreditation Standards, including Accreditation Standard Two: Health and personal care.

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 Two includes:

- All Bapcare assessment forms have been introduced to Karingal and integrated into the electronic care documentation system to maximise accuracy of resident assessment and care.

### **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 recommendation**

Does comply

Karingal's ongoing commitment to regulatory compliance, described in expected outcome 1.2 Regulatory compliance, operates across the four Accreditation Standards, including Accreditation Standard Two: Health and personal care.

Karingal receives and disseminates regulatory information in relation to expected outcomes under Standard two. Policies and procedures related to health and personal care reflect regulatory requirements. Staff practices relating to health and personal care are monitored to ensure they comply with Karingal's policies and procedures. Examples of regulatory compliance related to this Standard Two include:

- The home monitors registrations of all registered nurses at the home which are kept in a register to ensure currency.

### **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 recommendation**

Does comply

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. The team verified that a range of programmes have been attended in relation to health and personal care. Some examples include:

- Syringe driver use
- Pain management
- Medication management
- Catheter management
- Dementia
- Nutrition
- Oxygen.

## 2.4 Clinical care

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

### Team’s recommendation

Does comply

The home has systems in place to assess, plan and evaluate all residents care requirements on entry to the home and at regular intervals. A combination of paper based and electronic documentation processes is in place. An ‘admission database’ is completed to determine care needs and entered onto an interim care plan on the first day of entering the home. Comprehensive assessments are commenced after the first week and outcomes are reviewed to provide detailed information regarding residents’ care needs. Care plans are developed and reviewed monthly in conjunction with a ‘resident of the day’ schedule by registered and enrolled nurses. Assessments have recently been reviewed for their effectiveness. Consultation occurs with residents and their representatives on entry to the home and as care needs alter. General practitioners visit residents at regular intervals and are notified of any changes that affect residents’ health status. Residents and representatives stated they are very happy with the clinical care provided and that any alteration in their health is responded to within acceptable time frames.

## 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 recommendation

Does comply

Residents specialised nursing care needs are identified assessed and attended to by qualified staff on entry to the home and as alteration to care requirements occurs. Assessments, charts, progress notes and management plans reviewed reflect that qualified staff conducts specialised nursing procedures and that regular observations are recorded in order to monitor and evaluate any treatments that are prescribed. Procedures, guidelines, relevant education and specialised equipment are available to support staff in their clinical practice and to ensure contemporary care is provided. External providers in areas such as speech pathology, stoma care, physiotherapy, occupational therapy, diabetic management and palliative care services provide additional clinical expertise as required and in consultation with the general practitioner. Residents commented that complex care needs are attended to by qualified staff and are met to their satisfaction.

## 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 recommendation

Does comply

Residents are referred to appropriate health professionals internally and externally in accordance with their preferences including a podiatrist, speech pathologist, music therapist and physiotherapist. The home provides access to other practitioners such as a

dentist, dental technician, optometrist, audiologist and continence nurse advisor for consultation if required and external appointments are supported by the home if necessary. If required and in consultation with residents, representatives and general practitioners; residents are referred to further services such as a psycho-geriatrician and the dementia behavioural management support team to assist with recommendations and strategies for residents with behaviours of concern. Referrals and reports reviewed indicate that these services are accessed and that any advice or new treatments recommended are communicated to the general practitioner and resident representatives.

## **2.7 Medication management**

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

### **Team’s recommendation**

Does comply

The home has systems in place to ensure that medication management is administered correctly, stored safely and complies with regulatory requirements. A single dose administration process is used by the home. Residents assessed as competent are able to self administer their medications and the team noted current self assessments confirm this process. Qualified staff administer all other residents medication as prescribed by general practitioners and an annual review of resident’s medication is conducted by an independent accredited pharmacist; recommendations are forwarded and discussed with the general practitioner. The home participates in a medical advisory committee to discuss medication incidents and other topics pertaining to medications; audits are conducted and incidents reported monthly and analysed. Medication charts indicate resident allergies and have current photographs. Qualified staff competencies are conducted annually and residents confirm their medications are administered in a timely manner and that they are satisfied with the service provided by the pharmacist.

## **2.8 Pain management**

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

### **Team’s recommendation**

Does comply

The home ensures that all residents have an assessment for pain on entry to the home and that regular reviews occur as analgesia is administered and as new pain is experienced by residents. During the initial assessment period charting is conducted to ascertain the types of treatment that assist in pain relief, types of pain experienced, and the duration and location of the pain. Verbal and non-verbal pain assessment tools are used by staff to monitor residents’ pain. Residents experiencing pain and receiving either ‘as required’ or regular analgesia are reviewed for the effectiveness of the treatment to ensure comfort is maintained and consultation occurs with the general practitioner as necessary. Care plans indicate a range of strategies implemented for the treatment of pain including walking, massage, hot packs, passive movement exercise, repositioning and pressure mattresses. Residents and their representatives confirm that episodes of chronic and acute pain are effectively managed.

## **2.9 Palliative care**

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

### **Team’s recommendation**

Does comply

The home has effective procedures in place to ensure that residents comfort and dignity is preserved during the palliative stages of care delivery. On entry to the home discussion

occurs regarding advanced care directives to detail residents' preferences regarding palliative care and terminal wishes. Staff are aware and respect the decisions made by residents and representatives and consultation takes place with the general practitioner. There is access to an external palliative care service to assist the home with formulating a plan for residents complex care needs. An onsite pastoral carer is available to residents and their representatives seven days per week at any time of day or night to address cultural, emotional and spiritual wishes. Progress notes reviewed reflect emotional support provided to residents by qualified staff and specialised equipment is available to assist with promoting quality palliation for residents.

## **2.10 Nutrition and hydration**

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

### **Team's recommendation**

Does comply

Resident's special dietary requirements are assessed on entry to the home and the need for assistive devices such as cutlery and plate guards is documented. Findings from assessments are identified and detailed on a care plan to provide information for staff to follow. Resident's weight is monitored monthly and as significant increases or decreases in weight are noted the home has a 'treatment pathway for residents with weigh concerns' to assist staff with implementing individual strategies including the introduction of supplements. Adequate fluids are provided throughout the day and intake is monitored through observation by staff. Residents experiencing swallowing difficulties are referred to the speech pathologist and upon recommendation the home provides residents with recommended food consistencies. Surveys provide an avenue to monitor and respond to residents' satisfaction with meals and beverages alongside discussion in meetings and quality improvement suggestions. Residents and representatives commented favourably on the menu provided, the variety and presentation of food.

## **2.11 Skin care**

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

### **Team's recommendation**

Does comply

The skin integrity of resident's is assessed on entry to the home and at regular intervals using a skin assessment and risk rating tool. Wound assessments are completed as required and treatments are provided with details documented on a care plan. Registered nurses indicated they monitor care staff practices in relation to dependent resident's movement by observation. The team observed appropriate equipment and contemporary wound management products used to assist staff in promoting residents' skin integrity. Access to a wound clinic at the regional hospital is available for consultation if required and digital photographs of wounds are taken and kept on file to record the healing process. Staff complete incident reports for skin tears, bruising, abrasions and lacerations and statistics are gathered on wound infections monthly. Analysis and reports are discussed at relevant meetings and results provided to staff for their information. Residents and their representatives commented they are satisfied with the skin care provided and that consultation occurs regarding skin integrity concerns.

## **2.12 Continence management**

*This expected outcome requires that "residents' continence is managed effectively".*

### **Team's recommendation**

Does comply

The home conducts continence assessments and charting for residents on entry to the home and management plans reflect individual toileting programs and the type of aids to be used. Plans are reviewed and alterations made according to each resident's needs on a regular basis and the DON's expertise as a qualified continence nurse enables support and advice for staff. The team observed a good supply of continence aids stored securely and night staff allocate aids on a daily basis. The monitoring and analysis of urinary tract infections occurs monthly and reported to relevant meetings. General practitioners prescribed treatment is provided as required, increased fluid intake is encouraged and fresh fruit and juice is available daily. There are bowel management programs in place to promote the prevention of constipation. Residents confirm that they are provided with appropriate continence aids regularly and staff advised they are confident their continence management program is effective for residents.

### **2.13 Behavioural management**

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

#### **Team's recommendation**

Does comply

The home incorporates residents identified with challenging behaviours of concern within the general population of the home. Comprehensive assessments and charting are conducted and on completion, a range of strategies are implemented in consultation with resident representatives and staff. Referrals to specialist services are made as needs arise and the therapy program engages residents in a variety of meaningful activities throughout the day and into an evening program five days per week. A sensory room is available alongside a mobile sensory trolley. The home's restraint procedure promotes alternative restraint measures to be considered before implementing a restraint and restraint is monitored reviewed regularly and always occurs in consultation with general practitioners and representatives. Staff have been provided training on elder abuse and 'reportable events' and there are guidelines in place for compulsory reporting. Incidents are reported, analysed and discussed at relevant meetings with trends identified. Generally, residents were observed to be calm and participating in activities and their representatives commented that staff respond in a compassionate and caring manner which respects the dignity of residents.

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

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

#### **Team's recommendation**

Does comply

Assessments are conducted for resident's mobility and dexterity on entry to the home by the physiotherapist. The therapy program assists with walking and exercise regimes and a gymnasium is provided on site to assist with rehabilitation and treatments. Documentation indicates that risk assessments occur and that falls are monitored, analysed and discussed at relevant meetings with trends identified. There is a wide range of equipment and lifting devices available to promote resident's safe mobility and the 'back attack' program for manual handling assists the staff in utilisation of equipment and transfers in a safe manner. The home is proactive in 'trailing' contemporary equipment to improve resident care and staff confirm they attend annual manual handling training.

### **2.15 Oral and dental care**

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

#### **Team's recommendation**

Does comply

The home completes an oral and dental assessment on entry to the home and is reviewed as identified concerns arise. Care plans document the level of assistance required to attend to oral hygiene and appropriate toiletries and containers are provided and replaced regularly. Residents identified with ill fitting dentures or poor oral hygiene is referred to a dental mechanic or dentist and residents are supported for any external appointments. Staff practices are monitored by registered and enrolled nurses regarding oral hygiene and any resident's experiencing eating or swallowing difficulties are referred to a speech pathologist and diets are modified to assist residents. Residents commented they are assisted by staff to maintain their oral and dental care and provided with appropriate toiletries.

## **2.16 Sensory loss**

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

### **Team's recommendation**

Does comply

On entry to the home a four page assessment is conducted on sensory loss and comprehension. The assessment includes hearing, vision and communication aspects and information gathered is documented on the care plan incorporating details regarding the care of reading and other glasses, the management of hearing aids and strategies regarding communication. The home has access to an audiologist and optometrist as required internally and externally and residents are supported with appointments if necessary. Large print books and talking books are available to residents and the team observed a coloured poster created for one resident located on their door in order to identify their room. The leisure and lifestyle staff incorporate smell, taste and touch in their program. Residents confirm they are assisted with the fitting and maintenance of aids as required and that staff provide effective communication strategies.

## **2.17 Sleep**

*This expected outcome requires that "residents are able to achieve natural sleep patterns".*

### **Team's recommendation**

Does comply

On entry to the home staff record residents prior history regarding their sleep pattern and capture any specific routines and requirements that may have assisted residents at home in achieving a natural sleep pattern. A sleep assessment is also conducted over a three day time frame to identify resident's current sleep patterns and to record other factors that affect the environment including lighting, heating and noise levels. Reviews occur at regular intervals and a sleep audit tool and sleep education package have been made available to staff on the organisations intranet as a resource. Residents rising and settling routines are respected and alternatives to sedation are offered to induce sleep such as honey and warm milk drinks, hot packs, massage therapy, repositioning, conversation, extra warmth, warm baths and music. Continence care promotes minimal disturbances at night and resident's pain management is assessed and analgesia provided to assist with comfort. Residents stated they feel secure at night, are settled in a comfortable manner and generally sleep well.

### **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 recommendation**

Does comply

Karingal’s demonstrated commitment to continuous improvement, described in expected outcome 1.1 Continuous improvement, operates across the four Accreditation Standards, including Accreditation Standard Three: Resident lifestyle.

Management demonstrated results that show improvements in Accreditation Standard Three resident lifestyle and their responsiveness to the needs of residents/representatives and stakeholders. Recent results achieved include:

- Tai chi was introduced as exercise to help residents maintain their independence and includes participation of people from the community as a way of ensuring ongoing contact.
- Four flat screen television sets were purchased to allow groups of residents with different tastes in entertainment to watch different programs at the same time.
- As a result of resident suggestions the home introduced a happy hour, posted maps around the home and purchased a rain gauge which is monitored by residents and reported in the newsletter.

#### **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 recommendation**

Does comply

Refer to expected outcome 1.2 Regulatory compliance information about the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about resident lifestyle. Examples of regulatory compliance related to Standard Three include:

- Residents/representatives all sign an agreement in line with Government requirements.
- Residents/representatives have a copy of their rights and responsibilities under the Aged Care Act 1997.

#### **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 recommendation**

Does comply

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors the results to ensure staff have the appropriate skills and knowledge to effectively perform their roles. The team verified that a range of programs have been attended in relation to resident lifestyle. Some of these include:

- Networking with other organisational leisure and lifestyle staff
- Study days.

### 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 recommendation**

Does comply

Staff say that they are acutely aware of many residents' emotional fragility when they enter the home, and at other times of duress, and have plans and programs in place to support them. The chaplain assists, in conjunction with staff, who follow a structured process of information, explanation, supervision and companionship. One relative described how their parent had been readily integrated into the life of the home, despite the fact that the resident can be 'quite difficult'. The pastoral care program also assists family members to adjust to their resident's changed care circumstances. Staff explained that often transition to life in community is made easier because friends and acquaintances from residents' social networks are already in residence and pleased to welcome them. Residents interviewed confirmed that they feel safe, secure, settled and valued at the home.

### 3.5 Independence

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

#### **Team's recommendation**

Does comply

Many residents explain how they are encouraged in their independence. Physiotherapy programs are designed to maintain physical independence. Diversional therapy staff plan programs for intellectual and social independence. Several residents continue to go out into the community to maintain their links, and to participate in religious observance. Volunteers play a key role in assisting residents who are experiencing mobility loss, or confined to wheelchairs by taking them out of the home for regular 'walks'. The home also has access to a bus for weekly outings which are very popular and well supported.

### 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 recommendation**

Does comply

The environmental layout of the home lends itself to residents' privacy and dignity. Most resident rooms have their own individual en-suites, and there are numerous small withdrawal areas where residents and families can gather in private. Staff articulate well their understanding of residents' rights to privacy, dignity and confidentiality and describe the practices which support this. In the public areas of the home all residents appeared clean, neat and well-presented. Residents said that staff are attentive to their privacy and seek permission before entering their rooms or commencing care, and fellow residents also understand each others' rights in this regard. All resident files are securely stored with only authorised access permitted.

### 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 recommendation**

Does comply

The leisure and lifestyle needs of residents are given high priority by the home as evidenced by the number of trained staff hours allocated to the program and the thoroughness with which events are planned, evaluated and recorded. A detailed care plan of residents' history, social involvement and interests is gathered at entry and this forms the basis of the initial activities plan. Over time this will be altered as the resident's care needs changes, and new opportunities for activities emerge. Attendance records are compared with activities plans monthly, and where there is inconsistency between the two, staff follow it up promptly. The overall plan is formally evaluated twice yearly, resident surveys are circulated to gauge satisfaction with activities, and feedback is also sought through resident meetings. Residents said that they are made aware of the range of activities, encouraged and assisted to go, but if they decline that is respected by staff.

### **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 recommendation**

Does comply

The home is taking a proactive approach to meeting the spiritual needs of residents. Within the past year a chaplain has been appointed who attends the home a minimum of fourteen hours per week, and during other times of particular need. A spiritual care plan is being prepared for all residents where appropriate and regular prayer and worship services are arranged within the home. One resident described how they leave the home twice a week to attend gatherings of their denomination. Local and national rituals and celebrations are marked by special occasions, and the catering department plays a part by providing meals in keeping with the occasion. Residents described the sense of companionship, camaraderie and enjoyment which is fostered by these events.

### **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 recommendation**

Does comply

Staff understand the importance of promoting resident choice and decision-making, in conjunction with their independence. Choice is encouraged within daily routines, for example, dressing, activities and meals. Resident menus provide variety in the midday and evening selections and a new breakfast arrangement has been instituted whereby trolleys circulate through the home and provide freshly cooked toast on the wings. Resident meeting minutes demonstrate the active involvement of residents in issues which affect them. Staff expressed their understanding of continually offering residents opportunities to make their own decisions taking into account the circumstances of co-residents. Residents choose their doctors and pharmacy. They associate with other residents and form friendships. Residents also confirm that staff provide them with opportunities to make their own decisions on a daily basis.

### **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 recommendation**

Does comply

All residents are offered a formal residential agreement and assisted by management to understand their rights and responsibilities associated with their tenancy at the home. The agreements comply with the Approved Provider Principles in specifying the level of care and services, the 'Charter of residents rights and responsibilities' and acknowledgement of security of tenure. All agreements sampled by the team were appropriately executed. The home's documentation states that no resident will be moved within or from the home without their consent. Residents confirmed that, if they have moved during the tenancy, they have done so by agreement. Residents also said that they feel very secure and that they have a sense of belonging in the community of the home.

## **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 recommendation**

Does comply

Baptcare’s genuine commitment to continuous improvement outlined under expected outcome 1.1 Continuous improvement, operates across the four Accreditation Standards, including Accreditation Standard Four: Physical environment and safe systems.

Management demonstrated results that show improvements in physical environment and safe systems and their responsiveness to the needs of residents, residents’ representatives and stakeholders. Some results achieved include:

- As a result of the Baptcare’s review of Karingal various upgrades were identified as being required including a shower chair, hoists, a pan room in the west wing, ten new electric beds, 30 new bedside tables and over bed tables, laundry trolleys, shade sails, and an electric fire for the garden lounge.

### **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 recommendation**

Does comply

Baptcare’s systems for ensuring regulatory compliance, outlined in expected outcome 1.2, encompass all four Accreditation Standards, including this Standard. Examples of regulatory compliance related to Standard Four include;

- MSDS sheets are kept at the point of use
- The home displays relevant regulatory information concerning occupational health and safety, fire safety and other matters related to this Standard
- Karingal has in place an accident and incident log, environmental audits and preventative and regular maintenance programs.

### **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 recommendation**

Does comply

Refer to expected outcome 1.3 Education and staff development for a description of how the home provides education and monitors the results to ensure staff have appropriate skills and knowledge to effectively perform their roles. The team verified that a range of programmes have been attended in relation to physical environment and safe systems. Some of these include:

- All staff attend manual handling assessments annually
- All staff attend compulsory fire drills annually

- Infection control and hand washing.

#### 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 recommendation**

Does comply

The home is sited on a flat site, well-suited to supporting the safety of ambulant residents. The built environment is in very good condition with furniture and fittings of good quality, all of which are maintained to a high standard. Ample natural light penetrates both residents' rooms and the public areas of the home, and most rooms look out onto pleasant gardens and courtyards. Small lounge areas have been placed throughout the home where residents, and visitors, gather for companionship. The main activities room, the dining room and the catering area are all expansive and allow plenty of space for socialising and work. Some public areas have recently been enhanced by additional sun protection, large screen televisions and other new furniture.

#### 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 recommendation**

Does comply

Staff demonstrated knowledge of safe work practices and preventative measures and this is reinforced by signage around the home to act as a reminder of the need for care. A special program has been adopted to reduce the likelihood of back injury, which also entails a pre-work exercise program. Staff said that they were initially reluctant to participate, but now find it enjoyable. An occupational health and safety committee has just been re-constituted, and has representation across all operational areas. Management said that staff reporting of hazards, near misses and incidents has increased significantly. There has also been a considerable reduction in workers compensation claims since the new approved provider took over, and there are currently no employees on a rehabilitation program.

#### 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 recommendation**

Does comply

Up to date fire detection and suppression systems are in place in the home and these are monitored and maintained according to industry standards. An emergency procedures manual has been recently reviewed (February 2009) and it contains instructions for managing a range of emergency situations. The fire plan was formally endorsed by authorities in March 2009, following a successful practice evacuation. Electrical equipment is tested and tagged for safety and is current. An emergency evacuation kit is in each nurse's station and the main entry foyer, and contains a current resident list. The essential services maintenance certificate as required by Tasmanian law is current and on display.

#### 4.7 Infection control

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

### **Team's recommendation**

Does comply

Management maintains a log of all resident infections and these are summarised and reviewed at the end of each month. Any departure from normal patterns is followed up by the Director of Nursing and senior clinical staff. Staff knowledge of infection control measures is sound, and new staff were able to explain how infection control is a key part of their orientation training. In early 2009, a minor outbreak of gastroenteritis was effectively contained following the introduction of special measures. Ample supplies of personal protective equipment are maintained for easy access should the need arise. Waste disposal practices have been reviewed, upgraded and considerably improved in conjunction with some other capital work being carried out at the home.

#### **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 recommendation**

Does comply

A recent external audit of kitchen processes confirmed that standards and work practices meet the requirements of the new Food Safety Act for Vulnerable Persons. A dietician has reviewed the menu within the past two months and suggested only minor changes. The main meal in the middle of the day is served a la carte to the tables, and residents said that they enjoy the dining experience at the home. Processes are in place to register and monitor residents' meal preferences and special dietary needs. The kitchen environment is clean, orderly and spacious.

Residents' personal laundry is washed and ironed at the home, and heavy linen is laundered by a contractor. The laundry follows national laundry standards, and an improvement is about to occur to introduce automatic dispensing of chemicals. Clothing is identified for residents at entry if required, and the number of items of unclaimed garments was low. Residents said that they receive their laundry back clean and pressed, and that it is put away for them.

Staff knowledge of safe cleaning procedures and infection control is thorough. All parts of the home are clean and well-maintained. All residents' bathrooms are cleaned daily and there is a schedule for all other cleaning duties. Residents said that their rooms are kept very clean and that staff are very obliging in their attention to these matters.