



**Aged Care**

Standards and Accreditation Agency Ltd

## **Decision to accredit The Juninga Centre**

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

The Agency has decided that the period of accreditation of The Juninga Centre is three years until 1 December 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:	The Juninga Centre				
RACS ID:	6987				
Number of beds:	12	Number of high care residents:	12		
Special needs group catered for:	People of Aboriginal or Torres Strait Island descent  People with dementia or related disorders				
Street:	113 Dick Ward Drive				
City:	NIGHTCLIFF	State:	NT	Postcode:	0810
Phone:	08 8948 0442		Facsimile:	08 8985 3898	
Email address:	juninga.centre@bigpond.com				

### Approved provider

Approved provider: Gwalwa Daraniki Association Incorporated

### Assessment team

Team leader: Kimberley Moss

Team member: Suzette Hayter

Dates of audit: 15 September 2009 to 16 September 2009

**Executive summary of assessment team's report**

**Standard 1: Management systems, staffing and organisational development**

Expected outcome	Assessment team recommendations
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

**Standard 2: Health and personal care**

Expected outcome	Assessment team recommendations
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**

Agency findings
Does comply
Does comply
Does comply
Does comply
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Does comply
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Does comply

Agency findings
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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
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

<b>Agency findings</b>
Does comply
Does comply
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Does comply
Does comply
Does comply

### 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	The Juninga Centre
RACS ID	6987

### **Executive summary**

This is the report of a site audit of The Juninga Centre 6987 113 Dick Ward Drive NIGHTCLIFF NT from 15 September 2009 to 16 September 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 The Juninga Centre.

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 15 September 2009 to 16 September 2009

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two 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:	Kimberley Moss
Team member:	Suzette Hayter

## Approved provider details

Approved provider:	Gwalwa Daraniki Association Incorporated
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## Details of home

Name of home:	The Juninga Centre
RACS ID:	6987

Total number of allocated places:	12
Number of residents during site audit:	12
Number of high care residents during site audit:	12
Special needs catered for:	People of Aboriginal or Torres Strait Island descent People with dementia or related disorders

Street:	113 Dick Ward Drive	State:	NT
City:	NIGHTCLIFF	Postcode:	0810
Phone number:	08 8948 0442	Facsimile:	08 8985 3898
E-mail address:	juninga.centre@bigpond.com		

### Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit The Juninga Centre.

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 two days on-site and gathered information from the following:

#### Interviews

	Number		Number
Activities coordinator	1	Maintenance staff	1
Administration officer	1	Manager residential care	1
Care staff	3	Nursing student on work placement	1
Catering staff	1	Physiotherapist	1
Cleaning staff	1	Registered nurses	1
Director of nursing	1	Residents/advocates	4
Laundry staff	1	Volunteers	1

#### Sampled documents

	Number		Number
Activity social histories and care plans	5	Residents' files	3
Behaviour, diet, continence, mobility, medication, nutrition and hydration, sensory, pain, activities for daily living, sleep, skin, oral dental care plans	3	Restraint care plans	2
Dialysis care plans	2	Specialised nursing care needs care plan	3
Palliative care plan	1	Wound care plans	2
Personnel files	3		

## Other documents reviewed

The team also reviewed:

- Accidents and incidents data and summaries
- Activities monthly summaries
- Activities program
- Admission checklist
- Annual audit/survey schedule and completed audits and surveys
- Architect report on homes fire safety
- Assault register
- Australian food safety assessment
- Authorisation to possess poisons in a medical kit certificate
- Birthday list
- Bowel and bladder charts
- Care plan review checklist
- Cleaning rosters
- Cleaning schedules
- Cleaning schedules,
- Collective agreement
- Confidentiality agreement
- Consent for annual fluvax
- Core competencies
- Cyclone evacuation reports
- Cyclone procedures
- Diaries
- Duty statements
- Duty statements
- Emergency procedure floor plan
- Emergency procedure manual
- Falls risk assessments
- Fire systems maintenance log book
- Flow charts
- Fluid and diet information and lists
- Fluid thickening guidelines
- General practitioner notes
- Guidelines for infection control
- Handover sheets
- Incident reports and monthly summaries, various graphs
- Infection control monthly summaries
- Influenza guidelines for aged care
- Interim care plan
- KICA cognitive assessment
- Licence to conduct a nursing home
- Medication ordering forms
- Medication register and audits
- Meeting minutes and agenda folder
- Memos
- Menu review
- Menus
- Nursing registrations
- Occupational health and safety workplace inspection monthly evaluation and reports
- Orientation information for permanent and agency staff and residents
- Pharmacy ordering documents
- Pharmacy services information

- Plan for continuous improvement
- Podiatrist assessment and progress notes
- Policies and procedures
- Preventative maintenance plan
- Quality improvement forms
- Records of temperature checks for medication fridge
- Resident assessment and screening tools
- Resident handbook
- Resident medication management reviews
- Resident nursing assessment database
- Resident of the day list
- Resident weights and observation folder
- Residential care services agreement
- Rosters
- Service agreements and contracts
- Service improvement report forms and summaries
- Smoking policy
- Staff appraisals
- Staff handbook
- Staff immunisation record
- Staff signature register
- Temperature monitoring forms
- Testing and tagging register
- Training calendar, attendance sheets and evaluations
- Various meeting minutes
- Various meeting minutes
- Various progress notes
- Wound care plan folder

## **Observations**

The team observed the following:

- Activities in progress
- Continence products in residents rooms and in storage
- Cultural dancing performance
- Dialysis in progress
- Dining and lounge areas
- Dressing trolley
- Drugs of dependence storage
- Equipment storage and availability for resident and staff use
- Fenced areas to maintain safety
- Information on internal and external comment and complaint mechanisms
- Interactions between staff, residents and representatives
- Internal and external living environment
- Key pad locks
- Main kitchen
- Meal distribution, tea being served and residents being assisted
- Medical and continence supplies
- Medication rounds
- Nurses station
- Outdoor smoking areas
- Personal belongings in residents' rooms

- Resident noticeboards
- Residents mobilising with and without staff intervention and assistance
- Secure garden areas
- Spa
- Staff room
- Staff using the hand-held phone system to communicate across the home
- Storage of medications

## Assessment information

This section covers information about each of the expected outcomes of the Accreditation Standards.

### Standard 1 – Management systems, staffing and organisational development

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

#### 1.1 Continuous improvement

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

##### Team’s recommendation

Does comply

The Juninga Centre has a continuous improvement system in place to identify improvement opportunities and monitor compliance with the Accreditation Standards. The home uses internal and external audits, resident and staff surveys, service improvement reports, training and incident analysis to identify improvements. Service improvement report forms are used by staff, residents and representatives to make suggestions and to record any identified deficits in systems identified through audits. The service improvement report forms then are actioned and analysed for trends each month. Evaluations of improvements are conducted through the gathering of staff and resident feedback, audits and the monitoring of incident data. Residents and staff are satisfied that the organisation actively pursues continuous improvement.

Improvement initiatives implemented by the home over the last twelve months related to management systems, staffing and organisational development include:

- Management noted an increase in service improvement report forms received from some staff about incidents and arguments with other staff members which was impacting on staff morale. The director of care sourced an external provider to provide training to staff to discuss their issues and negotiate some solutions. After the training occurred the director of care noticed an improvement in the morale of staff as well as a decrease in the number of service improvement reports from staff about each other. Staff feedback was positive about the training provided.
- The organisation is in the process of implementing a new intranet system called ‘The Shed’. Training for senior staff has occurred and a training manual has been provided to assist senior staff in accessing information such as policies, procedures and frequently used forms. ‘The Shed’ also has a link to the organisation’s previous intranet for staff to utilise if required. This improvement is ongoing and is yet to be evaluated.

#### 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

Frontier Services has systems in place to monitor and respond to relevant legislative changes, regulatory requirements and professional standards and guidelines. The organisation maintains links to peak industry associations and legal services. Compliance is monitored through internal and external audit processes. The organisation has processes to meet the requirements of police clearances for all staff, volunteers and relevant contractors. Staff are made aware of any relevant changes through staff meetings, emails, memoranda and policies.

### **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 processes to facilitate that staff have appropriate knowledge and skills to perform their roles. Job descriptions outline the required qualifications and criteria for the role, including senior management roles. Recruitment and employment processes screen employees to ensure they meet the job requirements. There is an orientation process for permanent and temporary staff. Performance appraisals are used to manage performance and identify training or education needs. A training needs analysis conducted annually identifies additional training needs of staff. Training provided to management and staff in relation to Accreditation Standard One includes documentation, continuous improvement, comments and complaints, staff solutions, and duty of care. Staff are satisfied with the system in place to provide them the training they require to perform their roles effectively.

### **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 and their representatives are satisfied with the opportunities available to discuss issues of concern to them and feel their concerns are listened to and actioned where appropriate. Residents and representatives understand and use the home's internal and external comment and complaint processes, including service improvement report forms, resident meetings and individual discussions with staff or management. Resident advocates attend each resident meeting to provide residents additional opportunities to raise any issues or suggestions. Comments and complaints is an agenda item at staff meetings. Information about external complaints processes and advocacy support mechanisms is available in the home. Staff are familiar with complaint and advocacy mechanisms available to residents.

### **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

Gwalwa Daraniki Association's vision for the Juninga Centre is placed throughout the home. This vision includes the organisation's commitment to quality.

## 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

The home has processes for the recruitment and employment of sufficient and suitably qualified staff to meet the needs of the residents and the home. The director of nursing takes responsibility for the rosters for all areas of the home. Staff are supported to attend external education and courses with flexible rosters. The home has processes to monitor ongoing staffing levels and skill mixes to meet the residents' needs, including change of shift requests and leave replacements. A registered nurse is rostered twenty four hours seven days a week and the director of nursing is available by phone after hours. Staggered meal breaks and staggered shifts facilitate adequate numbers of staff available for care and services at all times. Residents and representatives are satisfied with the responsiveness of staff and adequacy of care.

## 1.7 Inventory and equipment

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

### Team's recommendation

Does comply

The home has a system in place to ensure that staff and residents have an adequate supply of goods and equipment. The home considers the needs of residents, staff feedback and occupational health and safety requirements and when purchasing new equipment. The responsibility for specific stock control and ordering is allocated to various staff. The home has a preventative and corrective maintenance program and resources external contractors when required. Staff can participate and provide feedback during trials of new equipment prior to purchase and the satisfaction of other homes in the organisation in usage of similar equipment is considered. Staff, residents and representatives are satisfied there are adequate and appropriate stocks of goods and equipment available to provide care and services.

## 1.8 Information systems

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

### Team's recommendation

Does comply

Information systems are in place for all stakeholders to have access to current information on the processes and general activities and events of the home. Newsletters, meetings and minutes, agreements, information handbooks and noticeboards are used to inform residents of the home's processes on entry to the home and on an ongoing basis. Staff are made aware of relevant information through memorandums, job descriptions, duty lists, policies and procedures, meetings and minutes. Storage and archiving systems ensure that confidential material is stored securely. Electronic information is password protected and backed up daily.

Audits, service improvement report forms, incident statistics, surveys, and meetings are used by the home to gather information and monitor the effectiveness of systems. Staff are aware of how to access information relevant to their role. Residents have access information about the home are aware of the feedback processes.

## **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

The home has processes to identify external supplier requirements based on residents' needs and preferred organisational suppliers. The home uses formal and informal service agreements which are updated annually. There are processes for monitoring the ongoing compliance and performance of external suppliers at the site and organisational level, and addressing issues of non-performance. Residents and staff are satisfied with the quality and delivery of the contracted services provided.

## 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

The Juninga Centre has a continuous improvement system in place to identify improvement opportunities in relation to health and personal care. Staff record resident falls, skin tears, medications, behaviours and absconding residents and this information is then collated and analysed for trends. The home also uses internal and external audits, resident and staff surveys, and training to identify improvements. Evaluations of improvements are conducted through the gathering of staff and resident feedback, audits and the monitoring of incident data. Residents and staff are satisfied that the organisation actively promotes and improves residents' physical and mental health.

Improvement initiatives implemented by the home over the last twelve months related to health and personal care include:

- A medication management audit identified the need to implement an imprest system for the stock of antibiotics. The feasibility of this was investigated and this improvement was implemented. Subsequent audits reflect an improvement in the home's medication management system.
- Service improvement reports from staff identified the need for additional training and an improvement in the information available in the home on peritoneal dialysis for staff. Training was arranged for staff and a review of the procedures and guidelines available also occurred. Staff feedback indicates they have found the additional training and resources beneficial. Residents who require peritoneal dialysis told us they are satisfied with the knowledge and skills of staff when providing 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

The organisation has systems to monitor and respond to relevant legislation, regulatory requirements and professional standards and guidelines in relation to health and personal care. Nurses' registrations are obtained prior to commencement at the home and processes are in place to ensure these are updated annually. Processes are in place to assist the home to provide residents with the specified care and services as outlined in the *Quality of Care Principles 1997*. Compliance is monitored through internal and external audit processes. Staff are made aware of any relevant changes through various mechanisms, including staff meetings, emails, memoranda and policies.

### **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

The home has processes to facilitate that staff have appropriate knowledge and skills to perform their roles in relation to health and personal care. Nursing staff who administer medications are credentialed each year to do so. Performance appraisals and service improvement reports are used to identify training or education needs. Training provided to management and staff in relation to Accreditation Standard Two includes falls prevention, medication management, indigenous palliative care, behaviour management, continence, peritoneal dialysis and caring for a resident after a stroke. Staff are satisfied with the training opportunities available to them to enhance their skills and knowledge of residents health care needs.

### **2.4 Clinical care**

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

#### **Team’s recommendation**

Does comply

Residents and advocates are satisfied with care and services provided. The home has processes for identifying, assessing, monitoring and reviewing individual health and personal care needs and preferences when entering the home and on an ongoing basis. Residents’ needs and care strategies are regularly reviewed and evaluated. Information regarding each resident’s care needs is documented in care plans that are easily accessed by staff. The home utilises an electronic documentation system for progress note entries, and is in the process of transferring care plans to the electronic system. All assessments remain paper based. Staff have been trained in the use of this system. As the change in the documentation system is not complete some care plans remain in the previous format and are hand written. Electronically developed care plans are printed off for easy access for staff. Handover and discussion are used to assist staff communication in day-to-day resident care. The home uses a range of health professionals to direct and assist in providing appropriate care for residents.

### **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 are satisfied with the management of their specialised nursing needs by appropriately qualified staff. All assessments are completed by registered nurses. Care staff, as well as registered nurses are provided with training specific to the needs of a number of residents who receive frequent peritoneal dialysis in the home. Clear procedure is prominently displayed to guide staff during these and other specialised nursing needs. Staff competency is monitored and training is provided as necessary in various areas of specialised nursing care. Registered nurses are on duty over the twenty four hour period to meet assessed needs. Residents are referred to general practitioners and external specialists when additional expertise is required.

## 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 and advocates are satisfied with the home’s response to sending them to appropriate specialists as needed. The home has processes to refer residents to allied health professionals and specialists in response to their changing health needs. Residents are transported by staff at the home, volunteers or access taxi’s when attending external appointments. Information and instruction following visits is stored in resident’s files. Continuity of staff and the work environment assists in staff keeping up to date with hand over information. A physiotherapist, podiatrist, and several general practitioners visit the home on a regular basis. Referrals to other health professionals and services such as speech pathologists, dietitian and palliative services are initiated in consultation with residents and their representatives as required. Residents are assisted to attend external appointments when necessary.

## 2.7 Medication management

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

### **Team’s recommendation**

Does comply

Residents are satisfied that their medication is managed safely and effectively. The home has systems to monitor staff practice for the safe administration and storage of medications. Regular medication reviews are conducted by medical practitioners and pharmacists. Medication incidents are captured on incident reporting documents and the information is analysed and trends identified. These are discussed at relevant meetings. Audits are conducted to monitor safe practice. Only registered nurses administer medications and they are updated in matters related to regulatory compliance and medication management.

## 2.8 Pain management

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

### **Team’s recommendation**

Does comply

Residents are satisfied with their pain management. The home uses assessment tools for cognitively intact and impaired residents in order to assess specific pain management needs. This is undertaken on entry to the home and on an ongoing basis. Staff are aware of non-verbal signs of pain in residents with cognitive impairment. Registered nurses monitor residents’ use and the effectiveness of ‘as required’ pain relieving medications and implement further assessments where indicated. Alternative non pharmaceutical strategies are used to manage pain and are regularly evaluated. Referrals are made to the residents’ medical officer, palliative care service and/or physiotherapist when required.

## 2.9 Palliative care

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

### **Team’s recommendation**

Does comply

Staff indicated they have the knowledge and compassion to support residents and their families. On entry to the home residents are asked about their end of life wishes, taking into consideration the sensitivity of the subject. Information around spiritual preferences including customs and rituals at the time of death is documented. Should residents choose not to discuss this topic this decision is respected and their preferences are determined on a needs basis. In many instances the home has to liaise with the residents’ guardian in matters relating to palliation and end of life treatment. Residents’ rights to privacy and dignity are respected at all times. The home utilises external specialists such as palliative care to assist in the management of dying residents.

## 2.10 Nutrition and hydration

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

### **Team’s recommendation**

Does comply

Residents are satisfied with the variety, choice, presentation and amount of foods and fluids provided by the home. The home uses their entry assessment, planning and review processes to identify and manage residents’ dietary needs and preferences. Information from assessments is communicated to catering staff. Consideration is given to preferences and individual likes and dislikes. Residents are weighed according to a schedule and more frequently as required. Strategies are implemented to manage weight loss over a period of time. Residents are referred to medical practitioners, speech pathologists and dietitians as required. Supplementary drinks and food are given for weight loss and to assist in wound healing. Nursing and care staff serve meals and drinks for residents with cognitive deficits or swallowing problems, assisting and encouraging as needed. This is done in a dignified manner whilst being encouraged to maintain their independence. Modified cutlery is provided where necessary. Staff have received training in food safety.

## 2.11 Skin care

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

### **Team’s recommendation**

Does comply

Residents are consulted and are satisfied with their skin management. There are systems and processes in place to maintain residents’ skin integrity consistent with their general health. Skin integrity is assessed on admission and documented on a database. A care plan is implemented and reviewed according to a schedule by a registered nurse. Care strategies may include special equipment, position changes, nutritional supplements, skin emollients or topical medication prescribed by the medical practitioner. Skin integrity incidents are reported, investigated and trends identified. There is access to external wound specialists and referrals to medical specialists if needed for complex wound care or skin issues. Wounds are managed and assessed by a registered nurse. Staff state that they have sufficient equipment to manage residents’ skin integrity and wounds.

## **2.12 Contenance management**

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

### **Team’s recommendation**

Does comply

Residents are satisfied with the home’s approach to continence management. The home assesses and plans urinary and bowel management programs on admission and as required. Toileting schedules are implemented and bowel activity is monitored on most occasions. Continence management plans take into consideration contributing factors for incontinence and constipation. A product specialist advises on continence management issues as required. Referrals to a continence advisor occur as required. The use of extra fluids, appropriate dietary intake and non invasive strategies to manage constipation is encouraged. Urinary tract infection data is collected and trends identified.

## **2.13 Behavioural management**

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

### **Team’s recommendation**

Does comply

Residents and advocates are satisfied that challenging behaviours are managed effectively. Staff interaction inclusive of one to one and the activity programs encourage independence and results in a peaceful environment. Challenging behaviours are identified and assessed on admission after a settling in period. Plans are implemented and evaluated in consultation with residents and/or representatives. Effectiveness of strategies to reduce or minimise triggers are reviewed according to schedule and as required. External behaviour management services are accessed frequently and have offered advice, support, resources and training. Behavioural incidents are reported and data collated and analysed. Staff are informed of statistics and trends related to behaviour incidents. Frequent bus trips during the week have reduced challenging behaviours.

## **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

Residents are satisfied with the home’s approach in assisting them to maintain optimum mobility and dexterity. The home has processes for the assessment of resident needs when they enter the home as well as reviews when required. Exercise programs are initiated as required enhancing and maintaining resident’s mobility and dexterity. Leisure and lifestyle activities incorporate activities to promote levels of mobility and dexterity. All residents are assessed by a physiotherapist on admission which also determines the falls risk. Resident falls are documented, analysed and trended to identify strategies to manage ongoing ambulation needs. Appropriate aids are provided to residents and assessed frequently to determine their effectiveness. Staff training is provided in manual handling techniques.

## 2.15 Oral and dental care

*This expected outcome requires that “residents’ oral and dental health is maintained”.*

### **Team’s recommendation**

Does comply

Residents are satisfied with the oral and dental care provided by the home. The home assesses oral and dental needs by observation on admission and as required. Care plans address specific needs for staff to follow, such as brushing of dentures or specific resident assistance to clean their own teeth. Reviews of care plans ensure strategies are effective. Regular referrals for dental treatment are made as needed. Staff are aware of the specific needs of the residents and the reporting mechanisms if changes are noted in oral and dental care needs.

## 2.16 Sensory loss

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

### **Team’s recommendation**

Does comply

Residents are satisfied their sensory losses are identified and managed effectively. While the home does identify and manage residents’ sensory losses, processes to assess resident’s sensory losses do not occur consistently for all of the five senses. Validated assessment tools are used to assess residents’ sensory loss on most occasions. Care plans are formulated to identify aids and strategies to manage visual and auditory deficits and this includes monitoring of residents skin due to sensation deficits. Lifestyle activities are tailored to stimulate these senses or compensate for their loss. Review of sensory deficits occurs as required and at care plan review.

## 2.17 Sleep

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

### **Team’s recommendation**

Does comply

Residents are satisfied with the strategies and assistance provided for their sleep requirements. The home uses its assessment processes to identify natural sleep patterns and the assistance required to provide a comfortable nights sleep. The home uses non pharmaceutical strategies to induce sleep such as hot drinks, snacks, and position changes as well as flexible work process such as showering and breakfast times to allow residents to sleep in when they wish. Sleep patterns are monitored through exceptional reporting notes and sleep screening tools.

## **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

The Juninga Centre has a continuous improvement system in place to identify improvement opportunities in relation to resident lifestyle. Resident meetings and resident surveys are used to gather suggestions from residents. Advocates attend the resident meetings to encourage and support residents to make suggestions. The home also uses staff surveys, training and networking to identify improvement opportunities in resident lifestyle. Evaluations of improvements are conducted through the gathering of staff and resident feedback. Residents are satisfied that the home actively pursues continuous improvement.

Improvement initiatives implemented by the home over the last twelve months related to resident lifestyle include:

- A resident survey identified that residents would like to go on more bush trips and would like the opportunity and the assistance to paint. More bus trips out bush were implemented and the activities coordinator arranged a new activity of craft where residents can paint if they choose to and make jewellery with beads. One resident has painted a number of pictures which are now displayed in the home.
- A resident food survey identified that residents wanted more cultural foods, such as kangaroo, on the menu and also requested more eggs, rice and stews. The menu was reviewed and these suggestions were incorporated. Residents can continue to raise suggestions and provide feedback through surveys and resident meetings.

### **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

The organisation has systems to monitor and respond to relevant legislation, regulatory requirements and professional standards and guidelines in relation to resident lifestyle. Processes are in place to inform and guide staff on the mandatory reporting of resident abuse and wandering residents. Each resident and/or representative is offered a residential care agreement on entry to the home. Resident guardians and advocates are kept informed, where relevant, of changes to resident health status or any other changes that may impact on the services provided. Compliance is monitored through internal and external audit processes. Staff are made aware of any relevant changes through various mechanisms, including staff meetings, emails, memoranda and policies.

### **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

The home has processes to facilitate that staff have appropriate knowledge and skills to perform their roles in relation to resident lifestyle. There is an orientation process for permanent and temporary staff that includes information on the mandatory reporting of resident abuse and wandering residents as well as resident's rights. Management and staff have also been provided training on guardianship, culture, elder abuse and growing old well. Management and staff are satisfied with the training opportunities and support provided to increase their knowledge and skills in relation to resident lifestyle. Residents are satisfied that staff have the skills to assist them to retain their rights and achieve control over their own lives.

### **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

Residents and representatives are satisfied with the emotional support received from staff from the time of entry and at times of increased emotional need. New residents are orientated to the facility and other residents by staff using an orientation checklist. The emotional well being of residents is monitored through feedback and staff observation to identify the need for referral for specialist intervention. Residents are assisted, where possible to return to their communities and visit families. If required additional staff supports are resourced to meet resident needs and staff are encouraged to engage residents in activities and conversations. Aboriginal Legal Aid, the Dementia and Behaviour Management Advisory Service and advocates are encouraged by the home to visit the residents and discuss any issues of concern. Staff ensure that resident's birthdays are celebrated along with significant other events such as NAIDOC week.

### **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

Residents and their advocates are satisfied with the support provided by the home for maintaining independence. Care and lifestyle plans outline strategies for promoting and improving resident independence. Resident histories are identified, where possible, allowing the home to assist residents to continue practices of importance such as visiting their families and their communities. Involvement in culturally significant events is encouraged and supported and the home will provide transport if required. Residents who choose to smoke independently are provided a fire blanket each time to increase their safety. Recent improvements to the external environment have resulted in improved access to outdoor areas for residents with restricted mobility. Resident surveys are used to determine resident satisfaction with opportunities provided for maintaining independence.

### **3.6 Privacy and dignity**

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

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

Does comply

Residents are satisfied with the privacy and dignity provided to them by staff at the home. New staff are required to sign a confidentiality agreement as a part of the orientation process. All staff are provided training on resident's rights. The staff handbook provides information on indigenous culture to ensure staff understand their responsibilities in treating residents in a respectful manner. Confidential information is stored securely in locked areas. Staff practices are monitored by senior staff to ensure they respect and maintain the privacy, dignity and confidentiality of residents.

### **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

Residents and their advocates are satisfied with the lifestyle options made available to them by the home. The activities officer gathers a social history of new residents and creates an individual lifestyle plan based on this. Cultural activities are implemented based on resident preferences and requests including indigenous traditional dancers, traditional music and DVD's, campfires with traditional food, painting and bead making. Residents have the opportunity to go out on the bus three times each week, and can choose if they would like to visit friends and family or to go to nature reserves. Special events in communities are attended wherever possible. Resident surveys, resident meetings and staff observations are used to monitor resident satisfaction with the lifestyle options made available to them.

### **3.8 Cultural and spiritual life**

*This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".*

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

Does comply

Residents are satisfied with the way the home acknowledges and respects their spiritual and cultural needs. Residents are able to continue their custom of chewing tobacco and ash if they wish. Rooms are 'smoked' or blessed after a death if it is the preferred custom of the family or if other residents request this. Residents are taken on bus trips frequently to gather culturally appropriate food such as bush plums, apples, berries and shell fish. Fish, turtles and geese are sourced by the home for residents to cook on the fire and eat. A church service is provided for residents once a month and some residents are supported and encouraged to attend church services in the community. Residents are supported to attend culturally significant events in the region and the home celebrates days of significance to residents.

### **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

Residents are satisfied with the supports provided to enable them to make choices and decisions regarding their lives. The home uses the assessment process for identifying residents' preference for care and lifestyle. The admission and orientation process is used to advise residents and their representatives of the comments and complaints process. Advocates visit residents and attend each resident meeting to discuss any issues they may have and they also assist in conducting surveys. Survey information, and the comments and complaints received are used by the home for monitoring satisfaction with the services provided. Staff gave examples of residents having choices including waking and sleeping times, and with meals.

### **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

Advocates and representatives are satisfied that residents have secure tenure within the home and understand their rights and responsibilities. The home provides written information about the home, rights and responsibilities, and fees and charges through the residential services agreement and the resident information handbook. The resident agreement is provided to all residents or representatives and is discussed with them. Security of tenure is described in the resident information handbook. Management, residents and representatives discuss security of tenure when their needs change. The home rarely is required to move residents. Brochures about internal and external mechanisms are displayed in 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

The Juninga Centre has a continuous improvement system in place to identify improvement opportunities in relation to the physical environment and safe systems. Internal and external audits including food safety audits, building certification inspections and regular cleaning audits are used to monitor that residents live in a safe and comfortable environment. Resident meetings and resident surveys are used to gather suggestions and feedback from residents on the physical environment. Advocates attend the resident meetings to encourage and support residents to make suggestions. Evaluations of improvements are conducted through audits and the gathering of staff and resident feedback. Residents are satisfied that the home actively pursues continuous improvement.

Improvement initiatives implemented by the home over the last twelve months related to physical environment and safe systems include:

- Service improvement reports and incident analysis identified that residents and staff were at risk of slipping or falling on the outdoor path. The path was also not able to be accessed by residents in wheelchairs during the wet season. Volunteers from the community were sourced to work with the maintenance team in improving and repaving the external pathways. Staff and residents with mobility issues can now easily and safely access more outdoor areas. The outdoor spa has also been fenced and is now available for residents to use if they choose. A maintenance program for the spa is in place. We observed a photograph of a resident enjoying the outdoor spa.
- The maintenance person has been improving the outdoor garden areas by removing the coconut trees, as they were identified as a hazard, and commencing a planting program of native trees. Staff told us the native trees that have been planted have been enjoyed by residents as they can identify with these trees and some residents will tell staff of cultural information such as medicinal uses or whether or not they have fruit that can be eaten.

### 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

The organisation has systems to monitor and respond to relevant legislation, regulatory requirements and professional standards and guidelines in relation to the physical environment and safe systems. Compliance is monitored through internal and external audit processes. External audit processes include building certification inspections and food safety assessments. Occupational health and safety policies and procedures are in line with professional standards and guidelines and assist the home to provide a safe

physical environment. Staff are made aware of any relevant changes through various mechanisms, including staff meetings, emails, memoranda and policies.

#### **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

The home has processes to provide staff with the appropriate knowledge and skills to perform their roles in relation to the physical environment and safe systems. All staff are required to attend training on manual handling, occupational health and safety, infection control and food safety each year. Management and staff have also been provided training on pandemic influenza and falls prevention. Management and staff are satisfied with the training opportunities and support provided to increase their knowledge and skills.

#### **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

Residents and representatives are satisfied with the safety and comfort of the living environment, including bedrooms, bathrooms, indoor and outdoor communal areas. Residents are encouraged to personalise their bedroom areas with personal items. They enjoy a number of communal areas with garden outlooks. Restraint practices are guided by policies and protocols which includes assessment and authorisation processes. Residents with behavioural issues are accommodated in a modified environment similar to what they enjoyed before moving into the home. The home maintains a corrective and preventive maintenance program, including testing of electrical equipment. The living environment is monitored by incident and hazard reporting system and feedback mechanisms.

#### **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

Regular Occupational Health and Safety Committee meetings review the effectiveness of management processes to provide a safe working environment. Outcomes of monitoring processes such as incident and accident reports, and hazard identification are reported and opportunities for improvement identified. Personal protective equipment is provided for staff and they are familiar with standard and additional precautions in relation to infection control. Staff induction and regular mandatory training provide staff with information about their occupational health and safety responsibilities and injury management processes. Staff are aware of their responsibilities and are satisfied that the home provides safe working environment.

#### **4.6 Fire, security and other emergencies**

*This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".*

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

Does comply

Emergency management policies and procedures assist the home to provide an environment that manages the risk of fire, security, flood and cyclonic emergencies. Evacuation plans and emergency response charts are displayed around the home. Mandatory staff training occurs annually. Resident evacuation transfer requirements are documented. Authorised external contractors monitor the home's fire systems and attend to identified faults. Electrical equipment is tested and tagged according to a schedule. The home complies with the safety requirements of the Northern Territory government.

#### **4.7 Infection control**

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

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

Does comply

Residents, their representatives and staff are satisfied with the practices employed to reduce the risk of infections in the home. The home monitors resident and staff infections and the director of nursing is responsible for coordinating the home's infection control system. All staff are offered free immunisation as well as residents. Testing for tuberculosis and scabies treatment occurs for all residents, as well as for staff if they consent. There is an appropriate waste and sharps disposal system in place. Refrigeration temperatures are consistently monitored throughout the home and there is a food safety program in place. Infection control guidelines are used for controlling the spread of specific infections. Infection control training is included in the training calendar which incorporates hand washing updates. All incidents are reported and trends identified which are discussed at the Occupational Health and Safety Committee meetings.

#### **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

Residents and representatives are satisfied with the catering, cleaning and laundry services provided and staff are satisfied with their work environment. The home has processes for providing hospitality services consistent with residents' individual needs and preferences. The nutritionally reviewed menu provides variety, individual choices and special needs. The menu is rotated every four weeks. The home launders all residents' personal clothing and linen. Cleaning schedules provide appropriate cleaning of residents' rooms and communal areas. Staff attend various training including infection control, chemicals and manual handling. Audits, inspections and resident feedback processes monitor efficiency and satisfaction with hospitality services.