



Australian Government

Australian Aged Care Quality Agency

Bracken House Dubbo

RACS ID 0215
315 Macquarie Street
DUBBO NSW 2830

Approved provider: United Protestant Association of NSW Limited

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 25 May 2018.

We made our decision on 09 April 2015.

The audit was conducted on 03 March 2015 to 04 March 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



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Audit Report

Bracken House Dubbo 0215

Approved provider: United Protestant Association of NSW Limited

Introduction

This is the report of a re-accreditation audit from 03 March 2015 to 04 March 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 03 March 2015 to 04 March 2015.

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

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

Assessment team

Team leader:	Maggy Franklin
Team member/s:	Hiltje Miller

Approved provider details

Approved provider:	United Protestant Association of NSW Limited
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Details of home

Name of home:	Bracken House Dubbo
RACS ID:	0215

Total number of allocated places:	52
Number of care recipients during audit:	50
Number of care recipients receiving high care during audit:	41
Special needs catered for:	Dementia

Street/PO Box:	315 Macquarie Street
City/Town:	DUBBO
State:	NSW
Postcode:	2830
Phone number:	02 6884 4604
Facsimile:	02 6884 2764
E-mail address:	Nil

Audit trail

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

Interviews

Category	Number
District manager	1
Care manager	1
Registered nurses	1
ACFI (Aged care funding instrument) officer	1
State care co-ordinator	1
Team leader	1
Care staff	6
Administration assistant	1
Care recipients/representatives	8
Clinical nurse consultant	1
Clinical nurse specialist	1
Contracts manager cleaning company	1
Cook	1
Laundry kitchen staff	1
Cleaning staff	1
Maintenance staff	2

Sampled documents

Category	Number
Care recipients' files	9
Summary/quick reference care plans	6
Wound charts	8
Medication charts	16
Personnel files	5
Care recipient agreements	5

Other documents reviewed

The team also reviewed:

- Advanced health directives/palliation, pain assessments
- Audits across the Standards, external benchmarking data
- Behaviour monitoring and management, restraint authority,
- Bowel records, blood glucose level monitoring, dietary needs/preferences, meals and drinks, weight monitoring, dietician and speech therapist reviews, continence management, treatment sheets
- Compliment/complaint card, complaints register, complaints action plan, mandatory reporting log
- Continuous improvement tool, plan for continuous improvement, quality plan
- Dietary needs spreadsheet, allergen register, breakfast lists
- Drugs of addiction register, medication care plans, medication incidents, self-administration assessment, medication refrigerator temperature records
- Education attendance records, education evaluations, competencies, training requests, induction checklist
- Emergency and evacuation procedures, disaster management plan including emergency evacuation procedures and business contingency plan
- Hostel information kit including resident information handbook
- Lifestyle assessments and care plans, activity evaluations, monthly activity calendar, schedule of special events, photographs of activities
- Meeting minutes, newsletters, messages on computerised care management program
- NSW food authority licence, food safety plan, temperature records, cleaning schedules
- Physiotherapist care plans, manual handling guides, incident reports,
- Police check records, professional registrations
- Policies and procedures, flowchart
- Position descriptions and duty statements
- Preventative maintenance schedule, workplace inspection reports and action plans, maintenance requests and maintenance reports, pest control records
- Risk register, safe purchase checklist, work instructions
- Staff information kit, including employee handbook and resource kit
- Wound management/dressings

Observations

The team observed the following:

- Activities in progress, activity program and activity resources
- Equipment and supply storage areas
- Equipment available and in use for manual handling and mobility
- Fire safety equipment and testing records, evacuation box, documentation
- Hospitality services in operation, menu
- Infection control documentation, equipment and supplies, outbreak kits
- Interactions between staff, care recipients and representatives
- Living environment
- Noticeboards and brochures
- Shift handover
- Short term observation of care recipients in special needs unit
- Sign in/out books.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Bracken House Dubbo presented evidence there is a quality management system and the home is actively pursuing continuous improvement. The system is overseen at the home by the care manager and is linked to the corporate quality system. The system includes mechanisms for the collection, implementation, evaluation and feedback of continuous improvements to all stakeholders. Quality activities to monitor the four Accreditation Standards are being met include audits and surveys, analysis of statistics, actioning complaints and suggestions, management observations and maintenance requests. A consultative approach through avenues such as meetings and individual discussions ensures all stakeholders have the opportunity to be involved in improvements. Staff and care recipients /representatives receive feedback via meetings, newsletters and education.

Continuous improvement activities undertaken in relation to Accreditation Standard One include:

- Management identified in order to be able to provide appropriate care for those care recipients with higher clinical needs additional clinical support was required. A clinical nurse specialist has been appointed to provide clinical leadership and support the personal care staff. Staff have commented they feel more supported and confident in the provision of clinical care.
- The organisation has introduced an e-learning program as an additional way to provide education across its homes. Staff are able to do the training in their own home or utilize the additional computers purchased at the home. This initiative has improved access to a wide range of topics and training for staff.
- As a result of new financial arrangements in 2014 the organisation introduced electronic residential agreements. This ensures compliance with these requirements and the process is more streamlined and user friendly for prospective care recipients/representatives.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home’s management has systems to identify and ensure compliance with all legislation, regulatory requirements, professional standards and guidelines. The system involves the identification of changes via subscription to a peak industry body and other aged care and industry organisations, information provided from government bodies, accessing the internet and attendance at professional events. The information is reviewed by the organisation’s management team and changes are sent to the home in the form of information or policy/procedure changes. Dissemination of the changes needed to maintain compliance is through meetings, discussions and education. Compliance with regulatory requirements is monitored through audits, surveys, competency assessments, and observations by management. Examples of responsiveness to regulatory compliance and best practice relating to Accreditation Standard One include a system to ensure all staff, contractors and volunteers have up to date criminal record checks and staff attending mandatory education.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Bracken House Dubbo has systems of recruitment, orientation and an ongoing education program that ensures staff have the knowledge and skills to perform their roles effectively. Training needs are identified from discussion with staff, audit results, observation of staff practices, changes in care recipient needs, performance appraisals and if new equipment or processes are introduced. Topics range across the four Accreditation Standards and include internal and external sessions. We sighted staff attendance records including those in mandatory topics. Education sessions that staff and management attended in 2014/15 relating to Accreditation Standard One include coordinate the implementation of customer service strategies, financial management, bullying and harassment and introduction to residential care management.

1.4 Comments and complaints

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

Team’s findings

The home meets this expected outcome

There are systems to ensure all care recipients or their representatives and other interested parties, have access to internal and external complaints’ mechanisms. Internal mechanisms include meetings, compliments/complaints cards, continuous improvement tools, a suggestion box, surveys, case conferences, letters and discussions with management. We noted

information on the internal and external complaints' mechanism was displayed at the home and described in handbooks. Care recipients/representatives stated they would feel confident to complain if they felt the need and complaints were noted to be actioned and followed up with the complainant in a timely manner.

1.5 Planning and leadership

This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".

Team's findings

The home meets this expected outcome

The home's mission, values and philosophy of care are displayed in the foyer. They are also documented in the hostel information handbook and the staff information kit. Staff are introduced to the mission, values and philosophy of care during orientation.

1.6 Human resource management

This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".

Team's findings

The home meets this expected outcome

There are systems to ensure sufficient, appropriately skilled and qualified staff are available to provide services in accordance with the Accreditation Standards and to support the home's philosophy and goals. The system involves determining and maintaining appropriate staff numbers based on care recipients' care needs, occupancy, the safety and welfare of staff, current industry standards and staff input. Recruitment is organised primarily through the home with senior positions going through the human resources department at head office. The successful candidate then undergoes induction and buddy shifts as needed. Staff are provided with handbooks, position descriptions, duty statements and there is continuing education, regular competencies and performance appraisals. Staff are replaced as required from a casual pool or part-time staff. A range of outside specialist services supplement staff skills. Care recipients interviewed stated staff are knowledgeable in their area of work and responsive to their needs.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Staff confirmed and we observed appropriate levels of stock and equipment to provide quality care and services to care recipients. Various staff have delegations in relation to ordering stock and said management is responsive to all reasonable requests. Stock and goods are checked on arrival and equipment is maintained through corrective and scheduled internal and external preventative maintenance programs. Equipment undergoes a trial prior to purchase if

appropriate and staff are educated on the use of new equipment. Equipment purchased recently includes a self-propelled mower, upright freezer, bed mover wheel sets, new outdoor furniture, exercise pedals and exercise DVDs.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

We confirmed the home has a range of effective information systems. Interviews with care recipients and staff indicated there is an efficient flow of information. Staff communication systems include meetings, policy and procedure manuals, information from Government departments, handbook, induction and training, noticeboards, computer messages, handover, one-to-one discussions and a range of clinical documentation. A care recipient information system includes administration forms, handbook, residential care agreements, care recipients' meetings, case conferences and clinical records. We noted there is a system to ensure care recipient, staff and archived files are securely stored and destroyed appropriately. Computers are password protected and backed up.

1.9 External services

This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".

Team's findings

The home meets this expected outcome

There are systems and procedures to assist management in the selection of external services that meet the home's needs and quality goals. We viewed up to date service level agreements and associated documentation such as insurances and certificates of currency. Service level agreements are arranged through the home with local services being used where appropriate. Management at the home monitors the standard of service and annual evaluations occur. Care recipients and staff have opportunities to provide feedback and indicated satisfaction with the quality of external services provided to the home.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

For details of the system of continuous improvement in the home, please see expected outcome 1.1 Continuous improvement. Continuous improvement activities undertaken in relation to Accreditation Standard Two include:

- Management identified as the needs of care recipients increase additional time is required for appropriate care delivery. There has been an increase in registered nurse hours and personal carer hours. Positive feedback has been received for care recipients, families, staff and allied professionals.
- As a result of a number of difficult hospital visits a “Top 5” form has been introduced. With the assistance of staff and family members this form lists information about the care recipient and strategies that will assist with behaviour management. It is sent with the care recipient on transfer to hospital. The emergency department of the hospital has complimented the home on the use of this tool.
- Clinical staff identified the storage of scheduled 8 medications could be improved. A secure medication storage safe has been purchased and installed in the medication room.
- To improve pain management a pain clinic has been introduced each Friday. A range of additional services such as a TENS (transcutaneous electrical nerve stimulation) machine and massage is now provided. An increasing number of care recipients have been attending and have given positive feedback.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Please refer to expected outcome 1.2 Regulatory compliance for information on the home's system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines. We observed the home has information available to staff on legislation and guidelines relating to health and personal care. Examples of responsiveness to regulatory compliance and best practice relating to Accreditation Standard

Two are keeping professional registrations up to date and policies and procedures for unexplained care recipients' absences.

2.3 Education and staff development

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

Team's findings

The home meets this expected outcome

For details of the home's systems for ensuring that staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development. Education sessions staff and management attended in 2014/15 related to Accreditation Standard Two include wound care, palliative approach, diabetes, leg ulcer management, skin integrity, medication management, pain management and hydration and nutrition.

2.4 Clinical care

This expected outcome requires that "care recipients receive appropriate clinical care".

Team's findings

The home meets this expected outcome

The home provides care recipients with appropriate clinical care through initial and ongoing assessments, care planning and evaluation processes. The home has systems that enable care recipients/representatives to exercise control over the care they receive and to provide input into care recipients' care planning. The clinical nurse specialist and registered nurses review and evaluate care recipient's individual plans of care every three months or when required. Relevant staff are informed of any alterations/exceptions to the usual care required by the care recipient at handovers, case conferences, meetings, verbally, electronic messaging and through communication diaries. Care recipients' weights, vital signs and urinalysis results are recorded monthly or as ordered by the medical officer. An accident and incident reporting system is in place for the reporting of care recipient incidents, such as falls, skin tears and behaviours of concern. Staff demonstrate knowledge of care recipients' care needs ensuring their clinical care is being met. All care recipients and representatives interviewed are satisfied with the timely and appropriate assistance given by care staff.

2.5 Specialised nursing care needs

This expected outcome requires that "care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's findings

The home meets this expected outcome

Care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff, with medical officer input when required. Bracken House has adequate staffing skill mix to ensure care recipients' specialised nursing care needs can be met by appropriate qualified and skilled personnel. This includes clinical nurse specialist and registered nurse input into assessment, management and care planning. The home currently provides specialised nursing care for care recipients requiring diabetic management, wound

care, catheter care and pain management. Staff are provided with education in specialised nursing procedures with competency/skills based assessments in place. Staff confirmed they have access to adequate supplies of equipment for the provision of specialised nursing care needs. Care recipients and representatives are satisfied with the level of specialised nursing care offered by nursing, medical and/or other health professionals and related service teams.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Staff interviews, progress notes, medical notes, pathology, allied health and hospital discharge information demonstrates timely referrals for care recipients are arranged with appropriate health specialists as required. The clinical nurse specialist and registered nurse have regular access to a physiotherapist, podiatrist, speech pathologist, audiologist, optometry, community clinical nurse consultants and a palliative care team. Regular review and evaluation of care recipients’ health and well-being and referrals are carried out by the clinical nurse specialist and registered nurses in collaboration with care staff and doctors.

Effective monitoring is achieved through handover of key care recipient information to relevant staff. When required, care recipients’ medical officers are alerted and consulted. Care recipients and representatives stated care recipients are referred to the appropriate health specialists in accordance with their needs and preferences.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has processes to ensure care recipients’ medication is managed safely and correctly. These include policies and procedures, regular pharmacy deliveries, the secure storage of medications and internal/external audits. Staff administer medication using a prepacked medication system and the clinical nurse specialist and registered nurses oversee the home’s medication management system and processes. All prescribed medications are recorded in an electronic medication profile. Review of care recipients’ medication profiles show current medical officers’ orders are recorded and information includes medication identification sheets, care recipients’ photographic identification and the care recipients’ allergy status. Staff administer controlled drugs in accordance with legislated guidelines and regulatory compliance. All staff who administer medications are assessed according to the home’s medication policy through skills based assessments on an annual basis or as required. Care recipients and representatives said they are satisfied with the home’s management of care recipients’ medication.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

All care recipients are assessed to identify their pain history and presence of pain. Strategies for alleviating and/or to minimise and manage pain levels are documented in the resident’s care plan and provided to staff. Pain re-assessments are completed to determine the effectiveness of interventions and care plans are updated as required. A multidisciplinary approach involves the care recipients’ medical officer, nursing staff, recreational activities officer and a pain management program. Staff are knowledgeable about the many ways of identifying care recipients who are experiencing pain. Pain management strategies include pharmacological reviews, various non-pharmacological interventions and treatment in liaison with care recipients’ medical officers. Care recipients are repositioned, assisted with movement and exercise, given gentle heat therapy, massage, and are involved in distraction therapy. Care recipients say the care provided at the home relieves their pain or it is managed so they are comfortable.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has a suitable environment and culture to ensure the comfort and dignity of terminally ill care recipients is maintained. Where possible, care recipients' end of life wishes (advance care plans) are identified and documented on entry to the home or at an appropriate time thereafter, through case conferencing and the comprehensive spiritual assessment process. The home has access to an external palliative care community team which provides specialised care planning to ensure care recipient comfort. The home has specialised clinical and comfort devices to ensure and maintain resident palliation needs and preferences. External clergy are available to provide emotional and spiritual support and arrangements. Staff receive ongoing education and describe practices appropriate to the effective provision of palliative care. Care recipients and representatives said the home’s practices maintain the comfort of terminally-ill care recipients.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has processes to provide care recipients with adequate nourishment and hydration. Care recipients are assessed for swallowing deficits and other medical disorders, allergies, intolerances, food likes and dislikes, as well as cultural or religious aspects relating to diet. Provision is made for care recipients who require special diets, supplements, pureed meals and thickened fluids or extra meals and snacks throughout the day. The information is

recorded on a care recipient's nutrition and hydration form and sent to the kitchen. Care recipients are provided with assistance at meal times and assistive cutlery and crockery are available. When changed needs of a care recipient's dietary requirements are identified, the care recipient is re-assessed with care plans being updated and information forwarded to the catering staff. The home monitors nutrition and hydration status through staff observations and recording of care recipients' weights with variations assessed, actioned and monitored. Care recipients are referred to a dietician and/or speech pathologist when problems arise with nutrition. Care recipients and representatives are satisfied they are able to have input into menus and care recipients' meals.

2.11 Skin care

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

Team's findings

The home meets this expected outcome

The home has a system to ensure care recipients' skin integrity is consistent with their general health. Initial assessment of the resident's skin condition is carried out along with other assessments relating to and influencing skin integrity. Care recipients have access to nutritional support, podiatry, hairdressing and nail care according to their individual needs and choices. Maintenance of skin tears, skin breakdown and required treatments are documented, reviewed and noted on wound care charts. The home's reporting system for accidents and incidents affecting skin integrity is monitored monthly and is included in clinical indicator data collection. The home has a range of equipment in use to maintain care recipients' skin integrity. Care staff help to maintain care recipients' skin integrity by providing regular pressure care, by applying skin guards and by using correct manual handling practices. Care recipients and representatives are satisfied with the skin care provided to care recipients and report that staff are careful when assisting care recipients with their personal care activities.

2.12 Continence management

This expected outcome requires that "care recipients' continence is managed effectively".

Team's findings

The home meets this expected outcome

The home has a system for identifying, assessing, monitoring and evaluating care recipients' continence needs to ensure their continence is managed effectively. Processes are in place for the distribution of care recipients' continence aids and informing staff of care recipients' continence aid needs. Care recipients are assisted and encouraged to maintain or improve their continence level in a dignified and supportive manner. Care staff have access to adequate supplies of continence aids to meet care recipients' needs and they provide care recipients with regular toileting programs as indicated. Bowel management programs include daily monitoring and various bowel management strategies. For example: regular drinks, aperient medications if necessary and a menu that contains high fibre foods such as fresh fruit and vegetables and a variety of fruit juices. Infection data, including urinary tract infections, is regularly collected, collated and analysed. The home's continence supplier provides ongoing advice and education for staff and care recipients. Feedback from care recipients and representatives shows satisfaction with the continence care provided to care recipients.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The needs of care recipients with challenging behaviours are managed through consultation between the resident/representative, staff, medical officers and allied health professionals. Care staff and the lifestyle officer implement a range of strategies to effectively manage care recipients with challenging behaviours. The care recipients’ challenging behaviours are monitored and recorded with referrals made to their medical officer and/or external health specialists as appropriate. Staff are able to recognise the triggers and early warning signs exhibited by some care recipients and put in place appropriate strategies to manage behaviours. The team observed the environment to be calm and care recipients well groomed. Care recipients’ representatives said staff manage care recipients’ challenging behaviours well.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Care recipients are assisted to maintain their mobility, dexterity and independence for as long as possible. Clinical assessments on entry identify the assistance required by care recipients for transferring and mobility. All care recipients’ mobility status and falls risk is assessed by a registered nurse when the care recipient moves into the home, after a fall and as their needs change. This is followed by a physiotherapy review when the physiotherapist is next at the home. Individual treatments include massage, heat treatments and exercises. Falls prevention strategies include the completion of risk assessments. Interventions noted include group exercises and the provision of specialised equipment such as mobility aids, bed sensors, ramps and handrails. Staff are able to discuss individual care recipients’ needs and were seen assisting care recipients to mobilise within the home. Care recipients said they are satisfied with the program and assistance they receive from staff.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients’ oral and dental health is maintained. Care recipients’ dental needs are identified through assessment and consultation with the care recipient/representative on a care recipient’s entry to the home and as their needs change. Appropriate dental health is planned and staff are informed of the care recipients’ needs. The care recipient’s medical officer is consulted if there are any needs and referral may be made to a specialist, dentist or dental technician if needed for further assessment or treatment.

Ongoing care needs are identified through care recipient feedback, staff observation of any discomfort, or reluctance to eat and weight variances. Care recipients are encouraged to maintain their oral and dental health with staff providing physical assistance and prompts where necessary. Care recipients and representatives said they are satisfied with the oral and dental care provided to care recipients.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

The home assesses care recipients’ eyesight and hearing initially on entry and on an ongoing basis. Other sensory assessments for touch, smell and taste are undertaken when assessing care recipients’ nutritional needs, dexterity and interest in activities. These are documented on care recipients’ care plans/summary care plans to prompt and instruct staff on how to care and engage care recipients appropriately. The home’s activity program features activities to stimulate care recipients’ sensory functions. Staff described types of group, as well as individual, activities which encourage active participation from care recipients with sensory deficits. Staff said they employ various strategies to assist care recipients with sensory deficits. These include positioning, utilising and adapting materials and equipment to enhance care recipient participation, adapting the environment to ensure it is conducive to maximising care recipients’ enjoyment and participation in the chosen activity. Care recipients and representatives said they are satisfied with the home’s approach to managing care recipients’ sensory losses.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

The home assists care recipients to achieve natural sleep patterns through a sleep assessment, care planning, choice of time for going to bed and rising, and staff support at night. Staff are able to explain the various strategies used to support care recipients’ sleep. For

example: offering warm drinks or snacks, appropriate pain and continence management, comfortable bed, repositioning and night sedation if ordered by the medical officer. Care recipients can use the nurse call system to alert the night staff if they have difficulties in sleeping. Care recipients state they sleep well at night. Care recipients and /representatives are satisfied with the home's approach to care recipients' sleep management.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

For details of the system of continuous improvement in the home, please see expected outcome 1.1 Continuous improvement. Continuous improvement activities undertaken in relation to Accreditation Standard Three include:

- To provide for care recipients requests for more outings a “people mover” has been purchased. This has increased the number of outings each week as it does not require a special driver. Organisational signage has been painted on the vehicle to promote the services provided.
- At the suggestion of the recreational activity office a bi-monthly activity meeting for care recipients has been implemented. This allows them to be more involved in planning the activity program and they report they are pleased to have the opportunity to participate in planning and evaluation of activities.
- To improve the privacy and dignity during doctors’ visits a special consulting room has been set up. This has doctors’ equipment, treatments, computer and printer. Care recipients report they appreciate having somewhere private to see their doctors.
- A reminiscing program has been introduced into the special needs unit with a highlight been the making of milkshakes. Care recipients have been observed have increasing conversations about childhood days.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Please refer to expected outcome 1.2 Regulatory compliance for information on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines. We observed the home has information available to staff on legislation and guidelines relating to care recipient lifestyle. Examples of responsiveness to regulatory compliance and best practice relating to Accreditation Standard Three are staff signing confidentiality statements as part of their employment agreements, the

home having a system for compulsory reporting in accordance with regulatory requirements and care recipients signing a resident agreement.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

For details of the home's systems for ensuring that staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development. Education sessions that staff and management attended in 2014/15 related to Accreditation Standard Three include dementia, elder abuse, depression and anxiety in the aged, meaningful engagement in leisure activities for people with dementia, dignity in care and the new resident: transitioning to a new way of life.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Care recipients and their representatives are provided with information prior to and on arrival at the home to assist in adjusting to life in the home. Staff ensure care recipients are introduced to each other and other staff and explain daily happenings at the home. Staff encourage care recipients to join in with social activities as they feel comfortable to do so.

Care recipients are able to bring in personal items to decorate their rooms. Family members are encouraged to visit whenever they wish and say they feel welcomed by staff. Staff interviewed reported knowledge of strategies used for meeting individual care recipients' emotional needs. Care recipients say they are happy living at the home and the staff are kind and caring. Observations of staff interactions with care recipients during the re-accreditation audit showed warmth, respect and laughter.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home has systems to assist care recipients to achieve maximum independence, maintain friendships and participate in the community. Clinical assessments identify the independence level of care recipients and the amount of assistance they require on a daily basis to complete their usual activities. A range of individual and general strategies are in place to promote independence including the provision of services and equipment, an activities program and regular mobility and exercise regimens. Staff assist with mobility and leisure activities that

actively seek the involvement of care recipients and promote mobility and independence. The home welcomes visitors and care recipients are encouraged to participate in activities outside the home whenever possible. Care recipients/representatives say they are satisfied with the assistance the home provides in relation to care recipients' independence and continuing participation in the life of the community within and outside the home.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has systems to ensure privacy and dignity is respected in accordance with care recipients' individual needs. The assessment process identifies each care recipient's personal, cultural and spiritual needs, including the care recipient's preferred name.

Permission is sought from care recipients for the disclosure of personal information and the display of photographs. Staff education promotes privacy and dignity and staff sign confidentiality agreements. Staff handovers and confidential resident information is discussed in private and care recipients' files are stored securely. There are areas available within the home where care recipients, relatives and friends can meet privately. We observed staff being respectful of care recipients' privacy and dignity as they attended to their care needs. Care recipients/representatives are satisfied with how privacy and dignity is managed at the home.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients are encouraged and supported to participate in interests and activities of their choice. The individual interests and preferred activities of care recipients are identified on entry. Each care recipient has an individualised care plan that identifies specific resident care needs. Information obtained from care recipient meetings and one-on-one discussions is also used to plan suitable group and individual activities. The activity program is displayed and includes a wide range of options such as physical exercise, mental stimulation and general social interaction. Activity programs are evaluated via care recipient feedback, meetings and review of activity attendance records.

Care recipients told us there are a variety of activities provided and whilst they are encouraged to participate their decision not to do so is respected.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home has systems through which care recipients' cultural and spiritual needs are valued and fostered including the identification and documentation of care recipients' interests, cultural needs, and religions. The menu is flexible and can accommodate the preferences of care recipients from culturally and linguistically diverse backgrounds when required. Specific cultural days such as Australia Day, St Patricks Day, Anzac Day and Christmas and Easter are commemorated with appropriate festivities. Care recipients' birthdays are recognised and celebrated. Freedom of choice with religious and cultural beliefs is respected. Pastoral care is delivered by various religious denominations providing services. This is also personalised through one to one contact. Care recipients and representatives are satisfied with the home's approach to the cultural and spiritual program and the support provided to care recipients.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home encourages care recipients to exercise choice and control over their lifestyle through participation in decisions about the services each resident receives. Care recipients are able to describe many examples of where they are encouraged by staff to make their own decisions. This includes use of preferred name, personal care regimes and diet preferences, bed times and whether to participate in activities. Staff were observed providing care recipients with choices in a range of activities of daily living. There are mechanisms for care recipients/representatives to participate in decisions about services including, access to management, care recipient/relative meetings, case consultations and complaint processes. Where care recipients are unable to make choices for themselves, management said an authorised decision maker is identified for the care recipient. Care recipients' choices are recorded where relevant and are accommodated whenever possible. Care recipients and representatives say they speak up without hesitation and the home enables care recipients to make choices of importance to them.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home is able to demonstrate that care recipients have secure tenure within the home and understand their rights and responsibilities. Relevant information about security of tenure and

care recipients' rights and responsibilities is provided in the resident and accommodation agreements and the handbook. This is discussed with prospective care recipients and their representatives prior to and on entering the home. The Charter of Care Recipients' Rights and Responsibilities is displayed and included in publications. Care recipients and representatives told us they are kept informed about matters of importance to them, they feel secure of residency within the home and they confirm an awareness of their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

For details of the system of continuous improvement in the home, please see expected outcome 1.1 Continuous improvement. Continuous improvement activities undertaken in relation to Accreditation Standard Four include:

- An eight bed extension to the special care unit is nearing completion with the opening planned for April. The extension will also include a kitchen and it is planned to cook morning and afternoon teas there for the care recipients in the unit. A new laundry with commercial machines is being built and renovations to common areas and care recipient rooms are also part of the upgrade. A 12 bed extension to the mainstream area will commence once the special care unit work is completed.
- To cater for the comfort and safety of larger care recipients two king sized single beds were purchased. Beds purchased for the new extension of the special care unit are all floor lined king sized single beds.
- An organisational directive has led to the upgrade of fire and emergency equipment. The fire panel was upgraded to include addressable alarm system alerting staff by dect phones and annunciator. Dorma door closures were installed in the special care unit which close automatically when the alarm sounds.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Please refer to expected outcome 1.2 Regulatory compliance for information on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines. We observed the home has information available to staff on legislation and guidelines relating to physical environment and safe systems such as on outbreak management. Examples of responsiveness to regulatory compliance and best practice relating to Accreditation Standard Four include displaying safety data sheets (SDS) near stored chemicals, the home having a food safety program and a licence from the NSW Food Authority.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

For details of the home's systems for ensuring that staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development. Education sessions that staff and management attended in 2014/15 related to Accreditation Standard Four include, fire safety, infection control, food handling and manual handling.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Systems and procedures have been established to guide management and staff in the provision of a safe and comfortable environment to meet care recipients' needs. All care recipients have single rooms with ensuites. The home is built around gardens and walkways with rooms in the mainstream area opening onto courtyard and garden areas. There are a number of large open communal areas, smaller sitting areas, an activity room, a dining room a hair salon and a chapel. The special care unit has its own dining and lounge, activity areas and has a secure courtyard. With the completion of the extension it will have a kitchen replacing the servery. We noted the home to be clean, odour free, with well-maintained equipment and furniture and to be at a comfortable internal temperature. A range of environmental audits is carried out in addition to regular maintenance.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Bracken House Dubbo has a workplace health and safety (WHS) system in place that operates to provide a safe working and living environment that meets regulatory requirements. There is a WHS committee who meet regularly and WHS is an agenda item at staff meetings. A representative from the WHS attends the state WHS committee meetings with relevant information being passed back to the home. WHS forms part of induction and ongoing education in such areas as manual handling and fire safety. Chemicals are securely locked away and SDS and personal protective equipment are available. Equipment is maintained through corrective and scheduled internal and external preventative maintenance programs. We noted documentation relating to safe practices displayed and observed safe practices in operation.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

There is a range of systems, procedures and equipment in place to minimise fire, security and emergency risks. There is ongoing compulsory education of staff in fire safety procedures and staff interviewed were knowledgeable about fire safety systems at the home. Care recipients are also given annual fire safety training. We observed reports confirming equipment is regularly tested. Documentation relating to fire safety and other emergencies such as evacuation plans and care recipient evacuation data is easily accessible and exit routes are clearly marked. The home has equipment such as sprinklers, smoke detectors, hydrants, hose reels and fire blankets. There are emergency, disaster and contingency plans and an evacuation box. There is a security system in operation including key pad to the special needs unit, alarmed doors, a lock up procedure, nightly security patrols and a nurse call system.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

Bracken House Dubbo has an effective infection control program. This includes staff induction, ongoing education, hand washing competencies, observation of staff practices, the availability of policies and procedures including information on outbreak management and outbreak stores. Infection data are collected, analysed, externally benchmarked and these and other infection control issues are discussed at various staff meetings. We noted infection control procedures such as colour coded equipment, personal protective equipment and monitoring of temperatures in use. Audits are undertaken, there are processes for the removal of contaminated waste and spills kits and sharps containers are available. Staff interviewed could describe the use of infection control precautions in their work. Staff confirmed they had undertaken education in this area. There is a care recipient and staff vaccination program in operation.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Care recipients interviewed were happy with the catering, cleaning and laundry services. Dietary information including special requirements and preferences is held in the kitchen and updated as required. Meals are fresh cooked on site with a five week rotating menu and care recipients have choices at meals. Mechanisms for feedback on catering and other hospitality services are available and include meetings, surveys, compliment/complaint cards and verbally with staff. Linen is laundered off site and personal clothing done at the home.

Cleaning is carried out by a contract cleaning company except for the kitchen which is done by the catering staff. Infection control procedures ensure hospitality services are provided in accordance with health and hygiene standards and staff were able to describe and demonstrate application of these procedures to their work.