



Australian Government

Australian Aged Care Quality Agency

Bupa Bexley

RACS ID 2470
741 Forest Road
BEXLEY NSW 2207

Approved provider: Bupa Care Services Pty 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 04 February 2018.

We made our decision on 29 December 2014.

The audit was conducted on 02 December 2014 to 03 December 2014. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Bupa Bexley 2470

Approved provider: Bupa Care Services Pty Limited

Introduction

This is the report of a re-accreditation audit from 02 December 2014 to 03 December 2014 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 02 December 2014 to 03 December 2014.

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

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

Assessment team

Team leader:	Allison Watson
Team member/s:	Mark Chapman

Approved provider details

Approved provider:	Bupa Care Services Pty Limited
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Details of home

Name of home:	Bupa Bexley
RACS ID:	2470

Total number of allocated places:	69
Number of care recipients during audit:	68
Number of care recipients receiving high care during audit:	68
Special needs catered for:	Dementia and Greek speaking cluster

Street/PO Box:	741 Forest Road
City/Town:	BEXLEY
State:	NSW
Postcode:	2207
Phone number:	02 8247 3000
Facsimile:	02 9270 0156
E-mail address:	Nil

Audit trail

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

Interviews

Category	Number
General manager	1
Registered nurses	3
Care manager	1
Care staff	3
Administration assistant	1
Chaplain	1
Residents/representatives	13
Catering staff	1
Cleaning staff	1
Maintenance staff	2
Activity staff	1
Physiotherapist	1

Sampled documents

Category	Number
Residents' files including plans of care, progress notes, data base assessments, medical officers notes and referrals, hospital discharge notes, pathology and radiology reports	11
Physical restraint authorisation and consent forms	2
Wound management charts	2
Medication charts	7
Personnel files	6
Wound management charts	14

Other documents reviewed

The team also reviewed:

- Activities program including monthly calendars, menu folder, volunteer resident attendance folder, RAO progress notes entry folder and individual lifestyle activity attendance forms,
- Audit folder, schedule and reports and care recipient and staff surveys

- Care recipients' information handbook
- Care recipients' information package and surveys
- Cleaning schedule
- Clinical and care assessment documentation including assessments for initial and ongoing resident care needs and preferences, observation charts including weights, continence, behaviours, sleep, skin integrity, pain, mobility, fall risk, toileting, wound assessments and authorisation for restraint forms, and case conference information
- Continuous improvement folder (improvement and hazard logs)
- Contractor and in-house planned maintenance program
- Daily kitchen folder
- Duty statements and job description folder and employee handbook
- Education folder
- Emergency manual and evacuation plan
- Fire safety inspection and maintenance reports
- Food safety manual
- Infection control records and audit results
- Mandatory reporting procedures and register
- Medication management documents including medication management information and medication policy and procedure
- Meeting minutes
- Memoranda, handover sheet and communication diary
- Newsletters
- Outbreak information
- Policies and procedures folder
- Self-assessment report.

Observations

The team observed the following:

- Activities in progress including residents being visited by family and friends and sing-a-longs
- Aged care complaints scheme and advocacy service brochures

- Charter of care recipients' rights and responsibilities
- Cleaning in progress including use of equipment, trolleys and wet floor signage boards
- Comments and complaints brochures and improvement logs
- Dining rooms at meal times the serving and transport of meals, staff assisting residents with meals and beverages
- Education resources and notices
- Equipment and supply storage areas
- Evacuation plans and fire safety equipment
- Friendship group morning tea
- Hand washing/hand cleaning/sanitising facilities
- Infection control facilities
- Information noticeboards
- Interactions between staff and care recipients
- Lifting and manual handling equipment
- Living environment
- Manual handling equipment
- Medication rounds and safely stored medications
- Mission, Values and Vision
- Mobility aids in use
- Notice boards containing resident activity programs and notices, menus, memos, staff and resident information
- Re-accreditation notices on display
- Secure storage of care files and other documents
- Security systems including phones, resident call bells, external lighting, numeric key coded door locks and visitors sign in and sign out book
- Sharps disposal containers, signage promoting a safe working environment, spills kits
- Staff handovers
- Staff practices and courteous interactions with residents, visitors and other allied health professionals

- Staff work areas including nurses stations, treatment/utility rooms, staff room, reception and offices.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has an active quality management system which incorporates information gathered from a wide range of sources. This includes improvement logs, meetings, results from external providers' inspections and internal audits. Feedback is actively sought from care recipients/representatives and staff through meetings and surveys. Information from these forums is fed into the quality system through improvement logs. This enables management to monitor actions being taken to undertake any improvements. The heads of departments oversee improvements being undertaken and feedback is provided on suggestions or improvement logs raised at the home. This was confirmed in discussions with care recipients/representatives and staff

Improvements undertaken at the home in relation to Standard One, Management systems, staffing and organisational development include:

- In order to help ensure accurate and consistent communication for all stakeholders at the home a large noticeboard has been placed in the foyer of the home which displays activities and information including meeting schedules for resident/relatives and focus groups.
- In line with corporate objectives Clinical Leadership Forums have commenced bi-annually to which all enrolled and registered nurses are invited to attend. The aims of the forum are to empower nurses in clinical decision making, build awareness of professional accountability, extend clinical knowledge and provide professional development for nurses.
- In order to recognise staff who have done their “Personal Best” for care recipients, management has introduced the presentation of a certificate and a small gift to those staff identified as achieving optimum care.
- Following a suggestion from staff a quarterly newsletter has been introduced which includes input from the general manager, care recipients activities and staff news. Feedback for care recipients/representatives and staff since the initial edition was produced in October has been very positive.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The organisation has a system in place to identify changes in legislation and regulations. Bupa central office advises the home of any changes to legislation, regulations or other facets of aged care and is responsible for the review of policies and procedures to ensure on-going compliance. Other professional associations and their websites are sources of information for the home about aged care, for example NSW Department of Health and the Commonwealth Department of Social Services. Management ensures relevant departments within the home are informed of any regulatory changes. Compliance with legislation forms part of the quality management system and when required, regulatory information is disseminated to staff via memos or through education sessions. This information was confirmed through staff interviews.

Examples of regulatory compliance relating to Standard One include:

- Procedures to monitor criminal history checks for staff, volunteers and contractors.
- Procedures to ensure information is provided to care recipients/representatives and staff about internal and external complaints mechanisms.
- Procedures to check currency of external contractors’ registrations and insurances.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to ensure staff members have the appropriate knowledge and skills to perform their roles effectively. The results of audits and observations of staff practices are used by management to identify emerging education needs and this information is then used to develop an annual education calendar. The organisation has a series of mandatory education sessions for staff, some of which they can complete through an E-Learning system. Staff advised us management has an effective system to check they have completed these mandatory education sessions. Each staff member’s performance is monitored and reviewed at least annually through a series of competencies.

Education sessions relevant to Standard One include:

- Staff conduct and bullying
- Reportable incidents
- Handling complaints.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has systems to ensure residents/representatives have access to internal and external complaint resolution mechanisms. This includes displaying information about the home's and the Aged Care Complaints Scheme throughout the home and providing continuous improvement logs at the entrance. The information is also contained within the residents' information handbook and package, and residents' care agreements. The home's newsletter clearly outlines the processes staff are to follow if a residents/representative wants to lodge a complaint. Documentation indicates all issues raised with management have been addressed satisfactorily. Resident/representative meetings and focus groups also provide forums in which issues can be raised. Resident and representative interviews confirmed they were confident about raising concerns directly with management through their open door policy.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation's commitment to quality is presented to resident/representatives and to staff through key documentation such as residents' handbook and information package and employee handbook. These handbooks are given to all residents, representatives and staff on entry to the home or commencement of employment. Information on the home's commitment to quality is also provided to contractors and service providers through the organisation's service contract.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has a system to ensure there are sufficient and appropriately skilled and qualified staff. The general manager advised both residents' care needs and feedback from staff are used to identify the appropriate staffing level needed with flexibility to increase this to meet changes in care needs. Vacant or new positions are initially advertised amongst existing staff and then through an online employment service seeking suitable staff. Interviews are held with all applicants to assess their suitability to work at the home. Management ensures police checks are current before new staff commence work. New staff initially participate in a one day orientation program, complete a set of compulsory E-learning modules and work at least two

buddy shifts with experienced staff before working on their own. Residents and representatives interviewed expressed satisfaction with the care provided by staff.

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

There is a system to ensure the home has adequate supplies of goods and equipment. Staff advised they are provided with sufficient supplies of equipment and goods to deliver appropriate care and quality services to care recipients. Staff informed us, if necessary new equipment is trialled to ensure its suitability prior to purchase. Suppliers of new equipment are required to provide education and training on the use of any equipment with the relevant staff. The home has a comprehensive preventative and reactive maintenance program to ensure that all equipment continues to work effectively.

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

Information is disseminated to resident, representatives and staff through a variety of avenues including memos, emails, newsletters, information displayed on notice boards, and discussions at meetings and face to face education sessions. Handovers are used to pass on clinical information between staff members on different shifts. Management and administrative staff use BUPA's computerised system to analyse and compare performance against other homes in the local cluster group. Documentation no longer required is archived and there are processes for the recording of all documents destroyed. Data on computers is routinely backed up. Access to the home's computers and data is secured via individual staff member's passwords.

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

A review of documentation and interviews with management and staff confirm there is a system to ensure externally provided services and goods meet specific requirements. These requirements are outlined in the providers' external service contracts. Feedback is sought periodically on the quality of services being provided by tradesman and suppliers. Local companies are sourced wherever possible with quality service being the prime requisite.

Staff in various roles explained the processes used to manage any episodes of poor service quality or poor quality goods supplied by contractors. Staff interviewed advised equipment or goods supplied to the home are generally of good quality.

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

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home. Examples of recent improvements in relation to Standard Two include:

- Following a suggestion from care staff two clinical mobile tool boxes have been introduced to ensure a quick response to the resident's bedside for acute and emergency situations. The tool boxes contain medical equipment to assist nurses to provide care and undertake observations of residents in a timely manner. Feedback from care staff following the introduction of the mobile tool boxes has been positive.
- Management identified the need for improved resources for palliative care at the home and have introduced a palliative care kit ensuring appropriate resources are available for care staff at any time of day or night.
- In order to assist in reducing agitation and managing behaviours by dementia residents care staff introduced sensory and tactile activity equipment. This has resulted in incidences of challenging behaviour by residents reducing and assisted in achieving a calming atmosphere for dementia residents. Feedback from care staff has been positive since the introduction of the equipment.

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

Refer to expected outcome 1.2 Regulatory compliance for information regarding the organisation’s system to ensure the home complies with legislation and regulations relevant to health and personal care.

Examples of Regulatory Compliance in relation to Standard Two include:

- Having internet access to the Australian Health Practitioner Regulatory Agency (AHPRA) to verify that registered nurse and enrolled nurse registration are current.
- A system in place to ensure it meets the regulatory requirements for the reporting of unexplained absences of residents.
- Storing and administering medication in accordance with legislation, including the Poisons and Therapeutic Drugs Act and Regulations.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

For details of the home’s system for ensuring management and staff have the appropriate knowledge and skills to perform their roles effectively, please refer to expected outcome 1.3 Education and staff development.

Examples of education sessions and activities provided relating to Standard Two include:

- Introduction to dementia
- Oral and dental health
- Falls management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents and representatives said they were satisfied with the care provided to residents by staff. There are systems and processes to ensure residents receive appropriate clinical care

and practice guidelines are available to staff to guide their practice. On entry information about the resident's physical and mental health care needs is gained to ensure staff can complete an interim care plan for the resident with any special requirements they have. A comprehensive program of assessments is then completed and individualised care plans are formulated, regularly reviewed and monitored by registered nurses through the home's clinical care system. Care conferencing is undertaken on admission, annually and whenever a concern arises. There are registered nurses on duty 24 hours seven days per week and residents have access to their medical officer, or a nominated colleague at any time of the day. Change of shift handover was observed to be comprehensive. Clinical care practices are monitored through the home's auditing program, staff appraisals, education and competencies and residents' satisfaction surveys.

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

Documentation and discussions with staff show residents' specialised nursing care needs are identified when they move into the home and addressed in the development of an initial care plan. All residents' care is assessed and managed through the development of individualised care plans. Specialised nursing care provided to residents includes; complex nutritional needs and weight management, complex wound care, oxygen therapy, pain management, palliative care and dementia care - behaviour management. Referrals are made to specialised services as required including the local mental health team. In service education is provided to ensure registered nurses have the appropriate skills to deliver specialised nursing care and the care manager sources specific education as required.

Residents and representatives said they are satisfied with the way staff provide specialised nursing care to residents.

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

The home has systems to ensure residents are referred to appropriate health specialists in accordance with their needs and preferences. Ongoing assessments and regular reviews of residents' care needs help to identify residents requiring referral to other health and related services. Each resident has access as needed to the health professionals who visit the home regularly. These include a physiotherapist, podiatrist, pharmacist, pathologist, geriatrician and psychogeriatrician. Other health services are available on request such as speech pathologist, dietician, optometrist, audiologist and palliative care team. Referrals to health and related specialists and the outcomes of the consultations are documented with appropriate changes made in assessments and care plans. Residents and representatives said residents are referred to medical and allied health services and staff assist with the care recommended by the health and other related services.

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 systems to ensure residents’ medication is managed safely and correctly. The home uses a blister packed medication management system. Qualified staff responsible for administering medication have received training in medication management and complete annual medication competency assessments. Photo identification with clear information relating to known allergies and special requirements is evident on the residents’ medication charts. All medications are securely stored and there is a system to ensure safe administration and accountability of schedule eight (S8) medications. The home’s pharmacist packs all medications weekly and also undertakes scheduled audits. All medication incidents are documented in the accident/incident system and are tabled at the medication advisory committee which meets 4 monthly. Residents’ medication regimes are reviewed on a three monthly basis and annually by an accredited pharmacist. Residents and representatives said they are confident staff administer residents’ medications safely and correctly.

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

The home has systems to ensure residents are as free as possible from pain. Residents are assessed for pain when they enter the home and an appropriate pain assessment tool is used when assessing residents with cognitive impairment. A pain management care plan is developed which identifies interventions to relieve the individual resident’s pain. A holistic approach with a range of interventions is used when providing pain management to residents. Treatments implemented include analgesic medication, therapeutic massage, heat packs, emotional reassurance, exercise therapy, laser therapy, diversional therapy and aromatherapy using essential oil blends. The registered nurses and physiotherapy aide have had training in providing massage for pain relief by the home’s physiotherapist. Treatments are reviewed by the physiotherapist, evaluated for effectiveness and referrals to the palliative care team are organised as required. Medical practitioners are consulted regarding the use of analgesia to relieve residents’ pain. Residents and representatives report residents are as free as possible from pain and staff respond in a timely manner to residents’ requests for pain control.

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 systems to ensure the comfort and dignity of terminally ill residents is maintained. Where possible residents’ advanced care directive and end of life wishes are identified and documented. Residents are supported to remain at the home during palliation

and family/friends are also supported during this stage of the resident's life. Staff have had education in palliative care and there is a specially developed palliative care box so staff have access to palliative care equipment at any time of the day or night. Resident's family/representatives are kept informed of any changes in the resident's condition and emotional support is provided. Residents' cultural and spiritual beliefs are respected and if requested the home's chaplain or an appropriate priest/minister from the community will be contacted. Staff said they are adequately supported in issues of grief and loss and advised they receive education relating to palliative care. Residents and representatives said they are comfortable with the home's approach to maintaining residents' comfort and dignity, and the knowledge their wishes would be considered and respected.

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

Information on residents' dietary needs is obtained on their entry to the home. Information includes residents' food preferences, special diets, cultural requirements, sensitivities and allergies, the need for eating aids, and the level of assistance required with meals.

Residents' dietary needs are regularly reviewed and any changes updated in their plans of care and communicated through to the catering staff. A speech pathologist visits when necessary to assess and manage resident's swallowing difficulties and special and/or modified diets are provided as prescribed. All residents are weighed at least monthly and scored according to the mini nutritional assessment (MNA) and interventions are implemented in accordance with the MNA. When needed residents' are referred to the dietician. Nutritional supplements are used as prescribed to assist in weight management. Food and fluid intake is monitored, recorded, and reviewed where required. Residents are encouraged to maintain hydration at meal times, at morning and afternoon tea and throughout the day. Residents and representatives said residents are satisfied with the quality and quantity of food provided and confirmed residents have a choice of 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 recognises residents' skin integrity needs are closely linked to their need for hygiene, continence, nutrition and hydration, and mobility along with the occurrence of clinical incidents such as falls and skin tears. Specialist training has been provided to all RNs to ensure they have the appropriate skills when attending residents with complex wounds.

Regular observations of wounds along with documented wound charts and photographs provide registered staff with a basis for ongoing evaluation of residents' wound healing. Residents are referred by their medical officers to wound care specialists for assessment and review of their wounds, and treatment regimens when needed. Manual handling education is mandatory and management monitor staff to ensure good practice for residents' skin care is maintained. Staff demonstrated knowledge in identifying and reporting changes in residents'

skin integrity. Resources used to manage residents' skin care include emollients, sunscreens, pressure relieving equipment and protective clothing. Residents and representatives said staff pay careful attention to residents' individual needs and preferences for skin care.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

There are systems to ensure residents' continence is managed effectively. Continence management strategies such as scheduled toileting are documented in residents' continence care plans following initial assessment. The care manager is responsible for ordering and allocating the continence aids for all the residents. When resident's continence needs change staff and RNs discuss the changes and these are documented in the resident's continence assessment. Care staff are trained in continence management including scheduled toileting, the use of continence aids, and the assessment and management of urinary tract infections. There are bowel management programs including the provision of high fibre diets and encouragement with fluids. Monitoring is via daily recording and this information is reviewed and action is taken if required. Urinary tract infections are monitored and preventive strategies are implemented when indicated. Residents and representatives advised residents are satisfied with the home's approach to continence management.

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 residents with challenging behaviours are identified and met. Following a behaviour assessment to identify behaviours, potential triggers and successful interventions, a care plan including management strategies is developed and regularly reviewed. The behavioural management program is supported by the recreational activity staff. Programs include garden visits and walk, current affairs, bingo, quiz, music therapy, hand massage, men's group, bus trips and church services. The home has purchased and plays specialised music together with essential oils through diffusers creating a calm atmosphere for residents with dementia. Staff said they have attended dementia and behaviour management education. The home has access to advice from a psychogeriatrician, psychologist and geriatrician through the local area health service. We observed residents with challenging behaviours and residents within the mainstream area receiving hand massages. Residents and representatives expressed satisfaction with the care provided including the manner in which residents with challenging behaviours are managed.

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

A physiotherapist visits the home one day each week and a physiotherapy assistant works four days per week. A manual handling assessment is conducted for all new residents and when there is a change in a resident’s mobility. Individual physiotherapy programs are developed for residents identified with mobility and dexterity problems. Individual manual handling charts are located in residents’ rooms. The physiotherapy assistant conducts individual and group exercise classes and RAOs deliver exercise classes to residents. All falls are reviewed by the physiotherapist and reported to the resident’s medical officer.

Reported falls are monitored with the information from the trend analysis reported to the falls committee. Staff have been provided with education on manual handling and falls prevention. Massage therapy is also offered to residents to maintain or improve their mobility. Residents and representatives said residents are satisfied with the mobility program and the 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

On entry to the home residents’ oral and dental health is assessed and there are processes to ensure their oral and dental health is maintained. This is achieved by ongoing individualised assessments and care plans to address oral and dental care needs. Part of the home’s oral care program includes staff assisting with the care and storage of dentures. Care staff assist or prompt residents with teeth and denture cleaning, reporting any problems. The resident’s medical officer and family are notified and the issue is documented in the progress notes, if requested staff are able to organise referrals and appointments. Residents and representatives advised residents’ oral and dental health is maintained.

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 has a system to assess, monitor and evaluate residents’ senses to ensure they are managed effectively. A review of clinical documentation and care plans shows the home liaises with providers of ophthalmic, audiometry, and speech therapy services. Staff monitor residents to ensure they are wearing their spectacles and hearing aids are functioning correctly. A few residents talked about how they enjoyed having access to the garden area. Adequate lighting and large screen televisions assist residents with sensory impairment to maintain enjoyment, independence and safety. Large print books are available as necessary

and RAO's provide resident with appropriate activities such as bread making. Residents expressed satisfaction with the management of their sensory loss.

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

There is a system to assess sleep patterns on entry to the home in consultation with the resident and their representative. The individualised care plan developed from the assessment is regularly reviewed. Residents' rising and retiring times are documented and staff said residents are assisted to settle for the night. Medications to assist with sleeping are prescribed at the discretion of the resident's medical officers. Staff are able to discuss non pharmacological strategies used such as offering drinks, extra blankets and pillows and toileting residents. Residents said they feel safe at night, the home is quiet and they generally sleep well.

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

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home.

Examples of recent improvements in relation to Standard Three include:

- At the suggestion of management a support group called the Friendship Circle for relatives has commenced at the home. The focus of the group is to help ensure resident’s relatives are emotionally supported when they visit the home and can network with other relatives with similar experiences. Feedback for relatives and staff since commencing the support group has been very positive.
- Following a review by management of the activity program at the home the quality and quantity of the activities available to care recipients was improved. The activities program allows for a number of choices available for residents with activities being held at the same time in different areas of the home. A separate activity program has commenced especially for residents living with dementia. These activities include meaningful home tasks, foot spas, sensory warm towel therapy and aromatherapy hand massages to assist to residents feel calm and minimise behaviours. Feedback from residents, representatives and staff has been positive.
- Management in an attempt to stimulate senses for dementia care recipients through visual effects have arranged for murals to be painted in the dining room and other empty walls transforming the spaces into destination areas. The murals now create a diversion for with residents dementia, contributing to a calming environment and minimising behaviours within the area. Feedback from relatives and staff has been very positive.

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

Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s system to ensure compliance with legislation and regulations relevant to care recipients’ lifestyle.

Examples of Regulatory Compliance in relation to Standard Three include:

- Providing a system for the compulsory reporting and recording of alleged or suspected care recipient assaults in accordance with regulatory requirements.
- The Charter of Residents’ Rights and Responsibilities is on display and is included within the Resident Handbook that is provided to each resident on admission.
- Systems are in place to protect each resident’s privacy in accordance with the regulatory requirements.

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

Examples of education sessions offered relating to Standard Three include:

- Assessing resident lifestyle needs
- Emotional support for new residents
- Grief and loss
- Privacy and dignity for our residents.

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

Residents and representatives advised they are very satisfied with the ways in which staff provided information prior to and at entry, assist residents to adjust to life within the home and for ongoing emotional support. The home has systems to ensure each resident receives initial and ongoing emotional support through the entry processes including the provision of a residents' handbook, assessments, care planning, and the evaluation of the care provided.

Visiting families, friends, visitors and volunteers are welcomed. Staff are trained to monitor the emotional status of residents' and their families, particularly in the initial settling in period. Residents are encouraged to bring in personal items and photos to help create a homelike atmosphere. Staff advised they provide residents with emotional support, such as the provision of one-to-one support, open ended visiting hours, visits from the home's chaplain and local religious denominations.

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

There are systems to assist residents' achieve maximum independence, maintenance of friendships and participation in the life of the community according to the resident's individual needs and preferences. This process is undertaken through a multi-disciplinary approach, which includes lifestyle, physiotherapy, and nursing care. Residents are encouraged to achieve independence in health care choices, participation in decision-making, and personal care. The activities program is designed to facilitate independence and community participation within the community such as bus trips and children visiting residents at the home. There is a physiotherapy program to assist residents to maintain or improve independence through individual and group exercise programs. Residents are also encouraged to be as independent with personal care and grooming as they are able.

Residents and representatives said residents are encouraged to be independent and are able to participate in the community as they wish.

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

There are systems to ensure residents' right to privacy, dignity and confidentiality is recognised and respected. Residents' personal preferences and needs for privacy are documented on assessments and care plans. Observations of staff and resident interaction show staff respect the privacy and dignity of residents by knocking on doors, asking permission to enter, pulling privacy curtains when providing care and addressing residents by their preferred name. Staff are aware of the need to maintain the privacy of personal information and sign a confidentiality agreement at orientation. Electronic information is password protected and residents' hardcopy files are stored securely. Residents said their privacy, dignity and confidentiality is recognised and staff speak to them in a respectful manner.

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

There are systems to encourage and support residents' participation in a wide range of interests and activities, consistent with the resident's individual needs and preferences. On entry to the home the resident's lifestyle interests are identified through a number of lifestyle assessments and "map of life". This information is used to develop comprehensive care plans which are reviewed and changed according to the wishes of the resident. The activities provided to residents such as news updates, knitting club, quizzes, bingo, fishing game, and entertainment cater for their various levels of physical and cognitive abilities. Theme days such as Bosnia day have been introduced. Residents become involved in the planning and decoration process which results in excitement about the upcoming event. The home provides residents with a weekly calendar of upcoming events and activities. The program of the month's activities is on the residents' notice board and residents are also reminded on a daily basis of the activities for that day. Residents and representatives said they are satisfied with the range of activities on offer, are asked for their ideas and can choose whether or not to participate.

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 to ensure residents' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Residents are actively encouraged to maintain cultural and spiritual links in the community. Activities such as Greek afternoon tea

and Greek movie club are provided for residents. Regular religious services are held within the home by representatives from a number of different denominations. Provision is made for the celebration of special national, cultural and religious days, for example, Australia Day, St Patrick's Day, birthdays, Christmas, and Easter. Other cultures are respected when identified and cultural practice for terminal care is respected. Residents and representatives said they were satisfied with the way the management team and staff ensure the various cultural and spiritual needs of residents are met.

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

Personal preferences, needs and choices are identified on entry to the home using a comprehensive range of assessments, and consultation with health care providers and residents and/or their representatives. Residents are encouraged to participate in decisions about their care and the services provided by using processes such as surveys, meetings, the comments and complaints process, and direct communication to staff and management. Information on residents' rights and responsibilities is displayed in the home. Resident meetings are held and residents are encouraged to exercise choice and control regarding all aspects of their care including their civil rights. Residents said they are provided with sufficient up to date information to assist with the choice and decision making related to resident care and lifestyle at the home.

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 has processes ensuring potential and new residents and their representatives are provided with information on security of tenure, their rights and responsibilities and the choices available for them for care and services. A resident agreement is given to each resident and representative to formalise occupancy arrangements. This agreement includes information for residents about their rights and responsibilities, care and services provided, fees and charges, complaints handling, their security of tenure and the process for the termination of the agreement. Residents and representatives interviewed advise they are satisfied with the information the home provides regarding security of tenure and 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

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home Examples of recent improvements in relation to Standard Four include:

- Management have improved the outdoor area for residents and representatives by providing new furniture, garden plants and a gas BBQ. The area is well utilised by residents and representatives and feedback from them has been positive.
- Following a staff suggestion, laminated number tags have been created and attached to equipment such as shower chairs, wheel chairs and laundry skips. This will assist the maintenance officer in tracking and recording items requiring periodical maintenance. The maintenance officer advises that this process will aid in identifying and ensuring all equipment is maintained appropriately.
- Staff identified the need for an effective emergency evacuation kit that can quickly be retrieved by staff for all residents at the home. An emergency evacuation bag has been prepared containing residents details, including a photo, diagnosis and allergies all attached to an individual lanyard. The bag is easily accessible in the nurses’ station. Feedback from staff has been positive.

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

Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s system to ensure compliance with legislation and regulations relevant to the physical environment and safe systems, with specific regard to safety related issues.

Examples of Regulatory Compliance in relation to Standard Four include:

- The routine checking and testing of fire-fighting equipment and fire alarm systems.
- Undertaking annual food safety audits in compliance with the NSW Food Safety Act.
- Displaying material safety data sheets in areas where chemicals are being used and stored.

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

Examples of education sessions offered in relation to Standard Four include:

- Fire safety
- Manual handling
- Infection control.

4.4 Living environment

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

Team’s findings

The home meets this expected outcome

Interviews with staff and residents/representatives and review of documentation showed the home has systems to ensure they have a safe and comfortable environment. Maintenance

folders with improvement logs are located at the front reception desk. These logs alert the maintenance officer each day to any work that is required. The maintenance officer advised they check these folders daily and prioritise any repair work. Qualified tradesmen are contacted for any necessary repairs of the building or equipment for example electrical or plumbing. There is a program of planned preventative maintenance to ensure the building is well maintained and equipment is routinely serviced.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has systems which demonstrate management is working to provide a safe working environment. There is a system for reporting hazards, managing identified risks and reporting and analysing accidents and incidents. The Workplace Health and Safety (WH&S) committee conducts a series of environmental audits throughout the year prior to their meetings. Staff interviewed display an understanding of the home's WH&S practices and of their role in maintaining a safe working environment. Personal protective equipment is available throughout the home and staff were observed using this equipment when necessary.

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 robust system in place to minimise fire, security and emergency risks in the home. As part of the home's safety system there are external contractual arrangements for the routine maintenance of the fire-fighting equipment and internal fire alarms and fire safety training for staff. A random check on various pieces of fire-fighting equipment confirmed they are inspected on a regular basis. The chief fire officer advised fire safety education is included in the orientation program for all new staff. Staff demonstrated knowledge of the location of emergency equipment and emergency procedures. Colour coded flip charts are located near telephones to provide staff members with a quick reference in the event of fire and other emergency situations such as bomb threats, missing care recipient, personal threat, or armed robbery.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program, which includes the routine monthly collection of infection data. This data is reviewed in order to identify any possible trends and is discussed at the WH&S committee meetings. Staff interviewed stated education is provided to ensure the delivery of consistently safe work practices. We observed personal protection

equipment is available for staff throughout the home. Staff advised management ensures the home is well equipped with gloves, aprons and hand sanitising gel. Staff told us the procedures they follow to reduce the risk of cross infection including the use of personal protection equipment and colour coded cleaning equipment. Throughout the site visit we observed staff, where appropriate, wearing personal protective equipment such as gloves and hats, to prevent the risk of cross infection.

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

The home has systems to manage the hospitality services provided to residents. Information on residents' dietary needs and preferences is obtained on entry to the home and is referred immediately to kitchen staff to ensure these needs and preferences are accommodated. A food safety system is in place, which ensures kitchen staff monitor the temperature of the food throughout the delivery, storage, cooking and serving processes. There is a planned program for the routine cleaning of all areas of the home, including the routine spring clean of rooms. Laundering of residents' clothing and linen is managed offsite. There is a system in the laundry for labelling all personal clothing. Residents and representatives spoke very favourably about the standard of meals, the laundry services and the cleanliness of the home.