Bupa Donvale

RACS ID 4110
269-304 Springvale Road
DONVALE VIC 3111

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 January 2018.

We made our decision on 03 November 2014.

The audit was conducted on 07 October 2014 to 08 October 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

Audit Report

Bupa Donvale 4110

Approved provider: Bupa Care Services Pty Limited

Introduction

This is the report of a re-accreditation audit from 07 October 2014 to 08 October 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 07 October 2014 to 08 October 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 1998. The assessment team consisted of three 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:	Deanne Maskiell
Team members:	Carolyn Ashton Stephen Koci

Approved provider details

Approved provider:	Bupa Care Services Pty Limited

Details of home

Name of home:	Bupa Donvale
RACS ID:	4110

Total number of allocated places:	120
Number of care recipients during audit:	115
Number of care recipients receiving high care during audit:	Not applicable
Special needs catered for:	Not applicable

Street:	269-304 Springvale Road
City:	Donvale
State:	Victoria
Postcode:	3111
Phone number:	03 9841 1100
Facsimile:	03 9841 0542
E-mail address:	quality@bupacare.com.au

Audit trail

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

Interviews

Category	Number
Management team	2
Clinical and care staff	9
Lifestyle and volunteers	3
Administration staff	2
Care recipients/representatives	21
Visiting services	1
Environmental and hospitality	7

Sampled documents

Category	Number
Care recipients' files	12
Resident agreements	12
Medication charts	12
Personnel files	8

Other documents reviewed

The team also reviewed:

- Activity program, individual activity guidelines, attendance records and evaluations

- Allied health referrals and reports

- Assessments, plans, progress notes and reviews

- Asset and inventory management register and associated documents

- Audit schedules and reports

- Bupa Donvale's vision, values and commitment to quality statements

- Care recipients' welcome package, resident handbook and information booklets

- Cleaning documentation

- Clinical observations, medical directives and charts

- Code of conduct and associated external contractor documents

- Communication books

- Continuous improvement documentation, improvement logs and plan

- Education records, training needs analysis and calendar

- Electrical tagging records

- Employee handbook

- Essential safety measures certification and maintenance records

- Evacuation pack and associated documentation

- Food safety program, menu, third party audit report, daily record sheets and logs

- Handover folder

- Incident/hazard reports

- Infection control information and audit reports

- Laundry documentation

- Meeting minutes

- Memoranda and newsletters

- Nurse registrations

- Online compulsory reporting register

- Pathology reports

- Police check register

- Preventative maintenance schedules, corrective maintenance registers and actions

- Recruitment policies and procedures

- Refrigerator temperature monitoring records

- Resident agreements

- Rosters, orientation records and job descriptions

- Vaccination records.

Observations

The team observed the following:

- Activities in progress

- Activity planner and monthly event calendars on display, resources, resident life boards and photo displays

- Archive cupboard

- Bupa Donvale's vision, values and commitment to quality statements displayed

- Charter of residents' rights and responsibilities displayed

- Cleaners room and trolley

- Cleaning in progress

- Clinical waste bin, spill kit and sharps containers

- Equipment and supply storage areas

- External complaint service brochures and advocacy service brochures on display

- Fire panel, fire detection, fire alarms, signage, isolation systems, fire fighting equipment and evacuation diagrams

- Hairdressing salon

- Hand washing facilities

- Improvement folder and improvement logs

- Interactions between staff and care recipients

- Internal and external living environments

- Kitchen, pantry, cool room, freezer, refrigerators and dry good stores

- Laundry service in operation

- Menus displayed

- Multi language information brochures

- Notification of Quality Agency visit on display

- Oxygen storage/use and signage

- Personal protective equipment

- Pets (fish)

- Post box for improvement logs

- Residents mobilising independently and using mobility aids

- Short observation in dining room

- Staff responding to call bells

- Storage and administration of medications

- Unobstructed exits, illuminated exit signs and egress routes

- Visitor, contractor and volunteer sign in system

- We welcome your feedback brochures on display.

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 organisation has a continuous improvement system that demonstrates improvements in management, staffing and organisational development. The system for residents and representatives include improvement logs, meetings and informal feedback. The system for staff includes forms, direct feedback, audits and meetings. Continuous improvements are identified, documented on a web log system and are monitored and evaluated via the home's quality control system. Feedback on continuous improvements is provided as direct feedback or at meetings. Residents and their representatives and staff are satisfied continuous improvement occurs at the home.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- Management have implemented succession planning at the home. Staff skills are identified and staff are offered training and mentoring to use and enhance those skills and do other roles within the home and the organisation. Staff report they are enjoying using their skills in different roles.

- Following feedback from a staff survey management spoke to staff about the results and got staff to identify three areas that they needed assistance with and management would provide that assistance. Staff identified education, teamwork and communication. Management have provided extra education to assist staff and are reviewing how to use technology to improve communication and are working on teamwork. Management are yet to formally evaluate this improvement.

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 for identifying relevant legislation and regulatory requirements and ensuring compliance with professional standards and guidelines. Corporate office receives regulatory information via a legal update service and provides regular information to the home. Any relevant regulatory compliance information is discussed at the home's regular meetings. Residents and their representatives are informed of changes to regulatory compliance through meetings or via direct contact. Staff are informed through meetings, memoranda, updates to policy and procedures and via noticeboards. Regulatory compliance regarding management systems, staffing and organisational development is monitored through audits, competencies and observation. Staff said they are informed about regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 1 Management systems, staffing and organisational development include:

- The organisation has processes to monitor police certificates and credential checks for staff, volunteers and service providers.

- Personal information is managed and destroyed in accordance with regulatory requirements.

- Management ensured the notification, within the required time-frame, of all stakeholders about the re-accreditation audit.

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

Management demonstrate there are systems in place to ensure all staff have appropriate knowledge and skills to allow them to perform their roles effectively. Upon commencement of employment, all staff undertake formal orientation training and have to complete ongoing compulsory online education relevant to their role. Additional education sessions are conducted based on training needs identified from a training needs analysis, meetings or change in resident's needs. The care manager maintains attendance records and evaluations to monitor the effectiveness of the training. Staff stated they are satisfied with the level of education on offer and that internal and external training opportunities are available to further develop their skills.

Recent and upcoming training opportunities relevant to Standard 1 Management systems, staffing and organisational development include:

- leadership management

- lifting machine training

- dealing with difficult relatives.

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

Management maintains a comments and complaints mechanism that is accessible to residents, representatives, staff and other stakeholders. Access is facilitated through forms, meetings and 'open door' access to management. Information on the internal and external complaint mechanisms are communicated through resident information. All complaints go directly to management, are recorded on a register and actioned in a timely manner.

Feedback is provided personally to the complainant and themes are raised at meetings. The organisation has processes for the handling of confidential complaints and residents and representatives can go directly to the organisation corporate office with any comments and complaints. External complaint service and advocacy service brochures are on display as well as a Bupa 'We welcome your feedback' form to explain the system to residents and representatives. Residents and their representatives and staff are aware of the home's comment and complaints processes and said they feel comfortable to raise any concerns.

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 vision, values and commitment to quality is widely documented and prominently displayed throughout the home. Continued relevance of the organisation's philosophy is appraised through themes arising from staff and resident surveys. Both corporate and facility recognition schemes acknowledge those staff modelling leadership behaviour.

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 organisation has processes to ensure the recruitment of appropriately skilled and qualified staff for the delivery of care and services to care recipients. A formal recruitment process is followed and management monitors qualifications and credential information. New staff complete a formal orientation program that includes 'buddy shifts' to assist them in adjusting to their new roles. All roles have job descriptions to guide staff and staff sign employment contracts. Rosters confirm that adequate staffing levels occur over all shifts and a registered nurse is on site twenty-four hours a day. Roster vacancies are advertised by short message service and filled by permanent staff or from a casual bank. Residents and their representatives and staff are satisfied with current staffing levels at the home.

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 are demonstrable processes for ensuring suitable goods and equipment are available for service delivery. Regular monitoring, rotation and ordering of supplies is undertaken by key personnel, utilising preferred, contracted suppliers. Structured preventative maintenance routines are supplemented by corrective actions ensuring equipment is well maintained, repaired or replaced as necessary. We observed appropriate storage of equipment. Staff practices reflect regular evaluation of goods and equipment in relation to care recipients' needs. Staff, residents and their representatives expressed satisfaction with the cleanliness, maintenance and nature of the goods and equipment available within the home.

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

Management has information management systems to provide information that includes meetings, minutes, resident handbooks, notice boards and lifestyle calendars. The systems to inform staff include employee handbooks, orientation, meetings and minutes, noticeboards, policies and procedures, memoranda and clinical files. Clinical notes, resident and staff files are securely stored. Old files are stored on site in a secure archive cupboard or at another home in the organisation and staff have access to a shredder and a security destruction bin. Residents, their representatives and staff are satisfied with access to information and with the communication mechanisms at the home.

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 is an effective process for ensuring all external services are provided in alignment with the organisations requirements and quality goals. External contractors are sourced for suitability and managed both through the organisation's corporate office and locally at the home. Contractor agreements reflect the organisations commitment to quality, corporate expectations, contractor obligations and statutory requirements relevant to their role including provision of current licencing and police certification. Contractors are required to complete a register on entry to the home and are appropriately supervised on site. Satisfaction with services is monitored through service reports, inspection, feedback and where necessary, non-compliance reports. Stakeholders interviewed expressed satisfaction with the services provided to the home by externally sourced services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has a continuous improvement system that demonstrates improvements in resident health and personal care. The continuous improvement system is described in expected outcome 1.1 Continuous improvement. Residents and their representatives advised they are satisfied they receive appropriate clinical care. Staff said improvements have occurred in the area of health and personal care.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 2 Health and personal care include:

- Following an audit management introduced specific portfolios for each registered nurse on certain areas of clinical care to increase their knowledge in that area. Management provided education on the portfolios and provided instruction sheets on the portfolio to assist registered nurses. Management are going to formally evaluate this improvement in coming days.

- Following a review of how management uses information gathered on resident falls. Management introduced a printed clock where staff placed stickers on the time when falls were happening. Management report they reviewed the data and identified certain times when the risk of resident falls increased and reviewed and changed staff hand over times so more staff are available at these times. Management report following the changes there has been a decrease in resident falls.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The system used to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards is described in expected outcome 1.2 Regulatory compliance. Staff stated they are informed about regulatory requirements by management.

Examples of responsiveness to regulatory compliance relating to Standard 2 Health and personal care include:

- The organisation has processes to monitor the current registration of nursing staff.

- Medications are stored and administered according to legislated processes.

- There are systems and processes in the event of an unexplained resident absence.

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

Management demonstrated there are systems in place to ensure all clinical staff have the appropriate knowledge and skills to allow them to perform their roles effectively. Staff stated they are satisfied with the level of education available. Residents and their representatives said staff have the appropriate skills and knowledge to care for them. The education and staff development system is described in expected outcome 1.3 Education and staff development.

Recent and upcoming training opportunities relevant to Standard 2 Health and personal care include:

- stroke education

- compact medication charts

- 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

Care recipients receive clinical care appropriate to their needs and preferences. Entry assessment information provides the basis for an interim care plan until assessments and care plans are completed. Care plans reflect assessments, resident preferences and include input from other health professionals. Registered nurses review care plans three monthly or when triggered by medical review or changes in the residents' condition. Audits, clinical data review, incident report analysis and stakeholder feedback assist the home in monitoring clinical care. Staff described resident needs and preferences and confirmed access to clinical education. Residents and their representatives expressed satisfaction with the clinical care provided to residents and access to care consultations with nursing 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

Registered nurses manage specialised nursing care of care recipients, completing assessments, developing care plans and evaluating care. Specialised nursing care provided to resident includes; diabetic management, enteral feeding, oxygen therapy and wound care. Care plans detail assessed need, nursing interventions and preferences. Referrals and consultation with other health professionals occurs with prescribed care documented. Staff participate in education and competencies and have access to appropriate supplies and equipment. Management monitor specialised nursing outcomes using audits, clinical data analysis and stakeholder feedback. Residents and their representatives expressed satisfaction with the provision of specialised 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

Referral to health specialists occurs according to care recipients' needs and preferences. Staff identify resident needs and preferences for accessing allied health and other specialists on entry and as the needs of individual residents' change. A variety of health specialists visit the home and staff assist residents to attend external appointments. Files contain details of health specialists' consultation and subsequent updates to care plans occur. Residents and their representatives expressed satisfaction with how the home assists and provides access to visiting and external specialists.

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

Policies and procedures provide guidance to staff for the safe and correct management of medication. Staff administer medications according to the home's systems and processes. Medication care plans and medication charts include identification details, medication requirements, preferences, allergies and details of any special needs. Protocols exist for residents who wish to self-manage all or part of their medications. Medications are stored securely and there are procedures to maintain supply and for the disposal of unused medications. Medication advisory committee, medication reviews, audits and the incident reporting system contribute to the monitoring of medication systems. Residents and their representatives confirm satisfaction with how the home manages and provides medications to residents.

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

Care recipients are as free as possible from pain. Nursing staff complete initial pain assessments identifying residents' past and current pain experiences and commence appropriate treatments. Assessment tools include consideration for residents who are unable to verbalise their pain. Staff complete assessment and charting for continuing pain and use this information to formulate care plans. Assessment and pain management strategies include the identification of the site and cause of the pain, past and present history, appropriate treatment choices and preferred care. Management monitors pain management outcomes through care reviews, audits, handover and resident feedback. Staff described their role in pain management including the identification, reporting and monitoring of pain.

Residents and their representatives said they are satisfied with how staff identify and manage episodes of pain or discomfort experienced by residents.

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

Care management systems and staff practices ensure the dignity and comfort of terminally ill care recipients is maintained. Palliative care preferences are included in assessment and care planning and residents are encouraged to document their wishes and preferences for end of life. Palliative care specialists provide advice and support as required. When indicated, staff review care plans to ensure care aligns with resident wishes and includes consideration of comfort, pain and symptom management, spiritual and emotional care.

Document review confirms consultation with the resident or their representative occurs and that staff provide appropriate equipment and support to residents during this phase of illness.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

Care recipients receive adequate nourishment and hydration. Staff consider allergies, preferences, clinical and cultural needs when planning nutrition and hydration care.

The speech therapist and dietitian review the care needs of residents who have difficulty with swallowing, weight maintenance or requiring specialised diets. Catering staff provide texture modified, fortified or special diets as needed. Monitoring of nutrition and hydration occurs through audits, weight analysis and feedback. Residents and their representatives stated that a choice of diet is offered and specialised diets are provided to residents as needed.

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

Staff monitor and assess care recipients to ensure skin care is appropriate and consistent with the resident's general health. Skin care strategies include regular repositioning, pressure relieving devices, nutritional supplements and application of creams. Nursing staff complete wound care plans, attend to wound care and evaluate the effectiveness of treatment.

Reporting and review of skin tears and wound incidents occurs. Staff confirmed sufficient and appropriate supplies of wound care products and availability of education resources for skin care management. Audits, incident reviews, staff observations, resident and representative consultation assists the home in monitoring the effectiveness of care. Residents and their

representatives confirm staff provide assistance to residents who require application of creams and provide equipment to minimise risks of pressure areas.

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 management of care recipients' continence is effective. Processes include continence assessments, management plans, identification and supply of appropriate aids and regular continence care review. Care strategies include; establishing voiding patterns, dietary and medication reviews, mobility strategies and toileting plans. Designated staff complete monitoring and audits to ensure sufficient and appropriate aids are available and the program meets the needs and preferences of residents. Residents and their representatives confirmed staff are available to attend to the continence needs of residents in a timely and dignified manner.

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 management of care recipients with challenging behaviours is effective. Staff assess each resident's behaviour patterns on entry, identifying behaviours of concern and formulating plans to manage identified behaviours. Care plans include identification of triggers and specific management strategies. Referrals to behavioural management specialists occur as necessary. Residents have access to a variety of living spaces and are encouraged to engage in activities pertinent to their abilities and interests. Protocols exist for the use of physical or chemical restraint. Management monitors the effectiveness of behavioural care through a variety of methods including audits of behavioural incidents, care reviews and stakeholder feedback. Residents and their representatives said staff intervene and provided assistance to residents demonstrating behaviours of concern.

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 plan strategies encourage care recipients to maintain their mobility and dexterity skills by participating in activities of daily life according to their capabilities. Physiotherapy and nursing staff assess residents for their needs and risks relating to mobility and dexterity. Care plans include safety and risk management strategies including the identification and management of falls risks. Appropriate equipment and mobility aids are available and staff reported they have received education in manual handling and transferring residents safely. Residents and their

representatives expressed satisfaction with the care and equipment provided to assist residents to remain as mobile and independent as possible.

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

Assessment and care evaluations provide information and guidelines for the management of care recipients' oral and dental health. Dental care assessments identify the state of the residents' teeth, mouth and lips, level of assistance required. Staff formulate a dental care plan, which includes input from resident's preferred dentist or dental technician. The speech therapist is available to assist in assessing residents' with swallowing and associated oral health needs. Staff confirm there is access to appropriate equipment to provide oral care to residents. Residents and their representatives said they are satisfied with the dental care and assistance provided to residents.

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

Staff assess and identify care recipients' sensory losses and develop care plans to ensure the residents needs are managed. Assessment and care planning encompasses the five senses and care plans include specific care of aids and equipment used by residents. The home's environment encourages residents to mobilise safely within the home and to participate in activities within the home. Management monitors provision of care through audits, care reviews and from stakeholder feedback. Staff refer residents to visiting services as needed or assist residents to access external providers. Residents and their representatives confirm staff assist residents with the fitting and cleaning of resident aids.

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

Staff provide assistance to care recipients to maintain natural sleep patterns. Assessments identify natural sleep patterns and preferences for day and night rest. Care plans reflect preferences for retiring, waking, and strategies to promote sleep, such as attending to physical care needs, leaving a light on or general comfort measures. Management monitor sleep management requirements using audits, handover information and stakeholder feedback. Residents and their representatives confirm staff assist residents to rest during the day if needed and staff assist residents to settle at night.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has a continuous improvement system that demonstrates improvements in Care recipient lifestyle. The continuous improvement system is described in expected outcome 1.1 Continuous improvement. Residents, representatives and staff are satisfied with the home's improvements in the area of resident lifestyle.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 3 Care recipient lifestyle include:

- Following a review of family conferences management introduced photos of residents participating in activities, as part of a family conference. Management report the photos are shown to representatives so they can see what activities the resident has attended and enjoyed. Representatives report they think the photos are a "good" idea.

- Following an antique doll show management investigated implementing a doll therapy program at the home. Management report they worked on the program with another home within the organisation and have introduced a doll nursery and have provided staff with education on the program. Management report the program has assisted with behaviour management and residents have bonded with the dolls.

3.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The system used to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards is described in expected outcome 1.2 Regulatory compliance. Residents and their representatives stated are informed of residents' rights and responsibilities.

Examples of responsiveness to regulatory compliance related to Standard 3 Care recipient lifestyle include:

- The organisation has policies and procedures in regards to privacy of resident information.

- Policies and procedures are in place regarding reportable incidents such as elder abuse.

- The home has systems to demonstrate compliance related to residential agreements.

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

Management demonstrated there are systems in place to ensure all relevant staff have appropriate knowledge and skills required to allow them to perform their roles effectively. Staff stated they are satisfied with the level of education available. Residents reported the home to be a safe environment in which to live and said staff respect their choices and treat them with respect. The education and staff development system is described in expected outcome 1.3 Education and staff development.

Recent and upcoming training opportunities relevant to Standard 3 Care recipient lifestyle include:

- privacy and dignity

- lifestyle documentation

- first aid training for lifestyle staff.

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 are supported during adjustment to the home and on an ongoing basis. Prospective residents have an opportunity to tour the home. New residents are provided with a handbook providing comprehensive orientation information. Lifestyle staff meet with all new residents to prepare a social and support profile, which is reviewed on an ongoing basis. A 'Map of life' profile is prepared in consultation with each resident informing staff of critical events and significant dates. Residents are supported during bereavement with additional comfort and memorial services provided at the home. Residents and their representatives expressed satisfaction with the support provided and its appropriateness to the needs and preferences of the resident.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Care recipients are encouraged to maximise independence, maintain relationships and participate in community life. Physical and social support needs are assessed upon entry to the home and strategies to augment participation are documented, implemented and evaluated for effectiveness. Physiotherapy and exercise programs assist resident mobility. The home is visited by community volunteers. Staff adapt programs for residents with sensory loss to optimise involvement. We observed staff providing assistance to residents to participate in the home's activities. Residents advised staff encourage them to be independent and to maintain their connections to the community.

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

Management and staff ensure each care recipients' right to privacy, dignity and confidentiality is recognised and respected. Residents are informed of these rights when they move into the home and their individual privacy and dignity needs and preferences are established. Resident files are securely stored and accessed by appropriate personnel. Staff were observed assisting and communicating with residents and representatives in a considerate and respectful manner. Residents and their representatives confirmed staff respect residents' privacy and dignity.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Care recipients receive encouragement and support to participate in a range of interests and activities. A detailed individual activity plan is designed for each resident and regularly reviewed. Residents are consulted in designing activity schedules, and activities are tailored to address interests identified by residents. Programs are evaluated every month using participation records, feedback and observation. Activities include exercises, quizzes, games, newspaper readings, happy hour, entertainers, outings, coffee shop and a twilight program. Lifestyle and care staff visit residents for one-on-one activities reflecting emotional, physical, cultural, sensory, social, spiritual and cognitive needs. Community volunteers visit the home. We observed residents participating in varied activities. Residents and their representatives confirmed residents are supported to participate in activities and are satisfied with the program.

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

Management and staff ensure individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Staff identify and document significant cultural and spiritual preferences through each resident's 'Map of life' profile. Catholic and non-denominational religious services are provided at the home. Residents regularly select a particular cultural or ethnic group to celebrate, featuring customised activities, food and decorations. Special events and birthdays are observed with consideration of resident preferences. Multicultural resources are available to assist resident communication.

Residents and their representatives are satisfied the home values and fosters each resident's individual interests, and residents are able to maintain their cultural and spiritual customs.

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

Management has systems in place to support and encourage care recipients and representatives to participate in decisions about care and services they receive. Resident care needs, choices and preferences are determined in consultation upon entry to the home and

reviewed as needed. Contribution is encouraged through feedback and complaints forms, family meetings, resident and representative meetings, focus groups and surveys.

Advocacy information is available. We observed staff encouraging and acknowledging residents choices. Residents and their representatives confirm residents are able to exercise choice and make decisions in a way that does not impinge on the rights of other people.

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 organisation has a system in place to ensure residents have secure tenure within the residential care service and understand their rights and responsibilities. Resident information covers security of tenure and residents' rights and responsibilities. The home's general manager discusses entry requirements and agreements with residents and representatives. Any change of rooms will only occur after consultation with the resident and their representatives. Management clarify on an ongoing basis any residents' rights and responsibilities, security of tenure information or any financial questions. Residents and their representatives said residents have secure tenure within the home and are aware of their resident's 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

The home has a continuous improvement system that demonstrates improvements in the physical environment and in the area of safe systems. The continuous improvement system is described in expected outcome 1.1 Continuous improvement. Staff said ongoing improvements occur at the home. Residents and their representatives are satisfied with the safety and comfort of the home's environment.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 4 Physical environment and safe systems include:

- Following observation of the homes courtyards and gardens management approached residents to get ideas on how to improve the areas. Following this feedback management provided resources to residents and got the home's men's group to build raised garden beds for residents to plant. Residents replanted the gardens with assistance from lifestyle staff and made the gardens more home like.

- Following resident feedback management introduced a food focus group. Residents involved in the group took notes on each meal and provided this feedback to management and reviewed and provided feedback on the menu. Management reviewed this feedback and then made changes to the menu following the feedback. Residents and representatives appreciated being able to provide feedback directly on the meals and menus.

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

The system used to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards is described in expected outcome 1.2 Regulatory Compliance. Staff confirm compliance with safe working practices within the home.

Examples of responsiveness to regulatory compliance relating to Standard 4 Physical environment and safe systems include:

- Chemicals are securely stored with current material safety data sheets.

- The home has an audited food safety programme and has appropriate auditing of kitchen systems

- Ongoing monitoring of the safety of fire safety systems.

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

Management demonstrated there are systems in place to ensure all staff have appropriate skills to allow them to perform their individual role effectively. Staff stated they are satisfied with the level of education available. The education and staff development system is described in expected outcome 1.3 Education and staff development.

Recent and upcoming development opportunities relevant to Standard 4 Physical environment and safe systems include:

- manual handling

- infection control

- fire and evacuation training.

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

Management practices support the delivery of a safe and comfortable environment consistent with care recipient needs. Residents are accommodated in a mix of single and shared rooms with ensuites. Corridors are wide, well lit and have handrails to assist resident mobility. Throughout the home large relaxation areas have views and access to garden courtyards. Residents are assisted to personalise their rooms and communal areas to meet comfort and care needs. Maintenance, gardening and cleaning staff keep the home clean, safe and comfortable and environmental audits are conducted and actioned. Residents and their representatives expressed satisfaction with the comfort of the home and residents said they feel safe and secure.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management provides a safe working environment that meets regulatory requirements. Detailed policies and procedures promote awareness of safe practices and are accessible throughout the home. Staff receive training at orientation and on an ongoing basis. Material safety data sheets are suitably located, chemicals are stored securely and electrical testing and tagging is conducted. The home provides a smoke-free working environment. Hazards are identified and reported through incident reports, regular audits and inspections. An occupational health and safety committee meets regularly to examine reported hazards, audit outcomes and determine required actions and includes elected staff representatives.

Staff demonstrate an understanding of safe work practices and are satisfied management is actively providing a safe working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management demonstrates it is actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Emergency and evacuation plans are prominently displayed throughout the home. Clear signage highlights emergency exits and evacuation routes are free from obstructions. An annual essential fire safety statement is displayed. Independent external contractors service and inspect equipment. An evacuation kit with resident lists, mobility and care needs is accessible. Management demonstrated

contingency plans for emergencies such as electrical failure. Internal fire audits are regularly conducted including staff awareness of emergency procedures. All visitors, volunteers and external contractors are required to sign in and out of the home. Staff we interviewed confirmed attendance at fire and evacuation training and were confident of required fire response actions. Residents confirmed they feel safe and secure in the home.

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. Staff collect data on residents' infections and management analyses this information to identify any trends and interventions required. There are facilities for staff to wash their hands. There are vaccination programs for residents and staff. An external body completes audits of the food safety program and there is a pest control program in the home. Appropriate contaminated waste bins and sharps containers are available. Management monitor infection control in the home through scheduled audits and observations and infection control is a standing agenda item at all registered nurse and care staff meetings. Staff complete yearly compulsory online education on infection control and the hand washing procedure is discussed at orientation. Residents and their representatives report staff follow infection control guidelines.

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

Management has effective systems to enable the provision of catering, cleaning and laundry services that enhance residents' quality of life and the staff working environment. All food is prepared in a central kitchen onsite by a contractor and meals are served directly to residents or delivered to residents in the other smaller dining room. Monitoring mechanisms in the kitchen include external audits and reports and daily record forms. The home has a four week menu that is reviewed by a dietitian. Schedules are in place to ensure that cleaning tasks are completed and the team observed the living environment and resident rooms to be clean during the visit. All laundry is completed onsite and there are adequate linen services. All residents clothing is labelled and staff have access to a labelling machine. The home has a system to manage lost property. Staff, residents and their representatives are satisfied with the home's catering, cleaning and laundry services.