



Australian Government

Australian Aged Care Quality Agency

Bupa Dural

RACS ID 0570
1 Stonelea Court
DURAL NSW 2158

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 18 June 2019.

We made our decision on 10 May 2016.

The audit was conducted on 29 March 2016 to 31 March 2016. 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 care recipients, 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:

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.

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: Care recipient lifestyle

Principle:

Care recipients 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 Care recipient security of tenure and responsibilities	Met

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.

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



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Audit Report

Bupa Dural 0570

Approved provider: Bupa Care Services Pty Limited

Introduction

This is the report of a re-accreditation audit from 29 March 2016 to 31 March 2016 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 29 March 2016 to 31 March 2016.

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:	Veronica Hunter
Team member:	Jennifer Denham

Approved provider details

Approved provider:	Bupa Care Services Pty Limited
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Details of home

Name of home:	Bupa Dural
RACS ID:	0570

Total number of allocated places:	102
Number of care recipients during audit:	97
Number of care recipients receiving high care during audit:	97
Special needs catered for:	N/A

Street/PO Box:	1 Stonelea Court
City/Town:	DURAL
State:	NSW
Postcode:	2158
Phone number:	02 8247 3000
Facsimile:	02 9270 0156
E-mail address:	Nil

Audit trail

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

Interviews

Category	Number
Regional director	1
General manager	1
Care managers	2
Acting clinical manager	1
Registered nurses/enrolled nurses	3
Care staff	8
Chef	1
Catering staff	3
Property manager	1
Care recipients/representatives	21
Physiotherapist	1
Physiotherapy aide	1
Recreational activities officers	3
Continence nurse	1
Laundry staff	1
Cleaning staff	4
Maintenance staff	1

Sampled documents

Category	Number
Care recipients' files	10
Pre audit assessment survey	19
Medication charts	18
Personnel files	5

Other documents reviewed

The team also reviewed:

- Audits, audit schedules and surveys

- Bupa volunteer welcome guide
- Care related documentation including wound assessment folders, nurse allocation folders, treatment and observation folders, clinical newsletter, physical aggression action plan Jan and Feb 2016, monthly falls report, medication incidences monthly report, doctors folder
- Cleaning schedules
- Compliments and complaints register
- Continuous improvement plan, improvement log forms
- Education calendar, competency assessments, staff education records, orientation checklist, staff orientation information
- Emergency disaster plan as part of the business continuity plan
- Fire safety inspection reports
- Food safety program, four weekly rotating menu, NSW Food Authority license
- Hazard reports
- Incident and accident reports
- Infection control documentation including vaccination lists, outbreak management folder, work practices, pest management records
- Leisure and lifestyle documentation including room allocation for activities, weekly and monthly activities calendar, photographic records of activities, individual lifestyle activities attendance records, residents birthday folder, poetry folder theme days folder, resource folder, activity sheets 2016
- Maintenance requests, routine and preventative maintenance schedule
- Mandatory reporting file
- Medication documentation including care plans, self-administration assessments, medication reviews, drugs of addition registers, PRN (as necessary medications), NIM (nurse initiated medications) and fridge temperature charts
- Memorandum folder
- Minutes of meetings
- Nurses and allied health registrations, police checks
- Nutrition and hydration including care recipient dietary requirement and preference sheets, menu, thickened fluids and supplements records and weight records, special dietary needs colour codes
- Physiotherapy documentation includes allied health professionals folder – physiotherapy log, physiotherapy aide folder includes daily schedule of exercise and pain management

- Policies, procedures and work instructions
- Position descriptions and duty statements, performance appraisals
- Resident handbook
- Resident information pack, resident agreements
- Staff communication including handbook, diaries and handover sheets
- Staff handbook
- Temperatures for fridges, freezers and meals

Observations

The team observed the following:

- Activities in progress
- Annual Fire Safety Statement
- Chemical storage area
- Clean and dirty linen areas
- Cleaning stores and equipment
- Clinical handover
- Equipment and supply storage areas
- Evacuation bag, fire equipment
- External complaints brochures
- Hairdressing salon
- Interactions between staff and care recipients
- Kitchenettes (in four areas)
- Living environment internal and external
- Material safety data sheets
- Medication rounds, secure storage of care recipient medication
- Mobility equipment, lifting machines, walking belts, care recipients using walking frames
- Noticeboards
- Personal protective equipment and colour coded equipment
- Quality Agency re-accreditation notice on display

- Secure storage of care recipient information
- Small group observation in Orange Blossom lounge area
- Vision and values displayed
- Visitors sign-in book

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

Bupa Dural actively pursues continuous improvement across all four Accreditation Standards through audits, meetings, forms to capture comments and complaints, education, hazard, accident and incident reporting. Management inform care recipients/representatives of changes made at the home. Care recipients/representatives are welcome to make suggestions and give feedback. Staff are familiar with the systems for managing continuous improvement and are encouraged to communicate their suggestions for improvement.

Results of improvements are communicated through meetings or information displayed on notice boards. Continuous improvements are evaluated through completing audits and analysing the results of data.

Improvements at the home relating to Accreditation Standard One include:

- To improve communication and information with care recipients a care recipient noticeboard has been installed. The noticeboard includes the meeting schedule for care recipients, the activities program and other happenings in the home. The information for care recipients is now all in one place rather than scattered in a number of different places. Feedback about the new noticeboard has been positive.
- To improve communication a new telephone has been installed for the registered nurse in Rose Wing. This means that the registered nurse can be contacted promptly when needed. Staff are pleased with the new phone.
- To improve staff knowledge in clinical care a new clinical newsletter has been created by the clinical manager. Topics include wound identification, ulcers, diabetic ulcers, skin tear management and dealing with difficult behaviours. Staff appreciate this new tool for information and education relating to clinical care.
- Bupa has introduced a new information security awareness course for all staff. The course aims to train staff to be conscious of security measures regarding access to confidential information, social media, email, password protection and speaking to the media.
- To improve information with staff a new internal text messaging system has been implemented. The new system informs staff promptly of roster changes, meeting dates and other issues at the home. Staff were positive about the new text messaging system.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems to identify relevant legislation, regulatory requirements, professional standards and guidelines. The home receives updates and information pertaining to regulatory compliance from Bupa head office. There is a committee at head office that monitors changes in legislation, monitors professional standards and practices and communicates regular updates in legislation to general managers. Staff are informed of regulatory requirements, current legislation and guidelines. Mechanisms to disseminate information on regulatory compliance and professional guidelines include policies and procedures, notice boards, training sessions and meetings.

Examples of regulatory compliance for Accreditation Standard One include:

- The home has a system to ensure all staff, contractors and volunteers have national criminal history checks and these are monitored for renewal.
- Care recipients/representatives were informed of the re-accreditation site audit in accordance with the Quality Agency Principles.

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 and staff have appropriate knowledge and skills to perform their roles effectively. Staff and management stated that the education provided to them meets their needs. The home has an education program that is coordinated by the facility manager and clinical care manager. Staff are offered both internal and external education opportunities. Staff education is implemented by mechanisms that include the orientation program, education program, duty statements, competency assessments and staff appraisals.

Education provided relating to Accreditation Standard One include bullying and harassment, the Aged Care Funding Instrument, documentation for registered nurses team leaders and Aged Care Standards education.

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 a system that allows access to internal and external complaints mechanisms. Care recipients/representatives said they feel comfortable raising issues of concern with staff and management. They stated that when they raise concerns that their issues are actioned in a timely manner. Complaints and comments are captured by a system that includes internal feedback forms, care recipient and representative meetings, audits and verbal feedback. Information in the care recipient handbook outlines the system for expressing any comments and complaints and includes contact details on external complaints mechanisms. Information regarding the method of lodging external complaints are on display at the home.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home has documented the vision and values statements and has communicated these to care recipients, representatives and staff. The staff handbook documents the vision and values. The vision and values statements are displayed in the home.

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 appropriately skilled, sufficient and qualified staff. There is a system to manage human resources that includes policies and procedures, staff appraisals, duty statements, selection and recruitment processes, appropriate rostering and an education program. Staff said they have sufficient time to complete their duties. The home has a system to replace staff on leave and does not employ agency staff. Care recipients/representatives expressed satisfaction with the staff in the home including there being sufficient staff to meet their needs. Care recipients/representative interviews also demonstrated they are very satisfied with the personal and clinical care provided to care recipients.

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

The home ensures that there are stocks of appropriate goods and equipment to provide a quality service through systems of monitoring stock supply, maintenance and a purchasing system. A system using audits, and regular stocktaking processes, assists in monitoring stock supply. A routine and preventative maintenance program ensures that all equipment is regularly checked and serviced. Care recipients/representatives and staff said they are satisfied with the provision of stock and the maintenance of equipment.

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

The home has systems to manage the creation, usage, storage of information and where required its destruction. There are mechanisms in place to record and disseminate information. These include meeting minutes, handover and noticeboards. Policies, procedures and position descriptions clearly outline correct work practices and responsibilities for staff. Management keep all staff and care recipient records locked to ensure security of access and maintain confidentiality of information. All computers are password protected. Care recipients/representatives receive information from meetings. All personal information is collected and stored securely and there are procedures for archiving and disposing of documents in accordance with legislation. Staff, care recipients/representatives said they are kept well informed 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

Externally sourced services are provided at a standard that meets the home's needs and goals. The home monitors the performance of external contractors to ensure that externally sourced services are provided to meet its needs and quality goals through a system of feedback from care recipients/representatives, staff and regular audits. Service agreements are entered into with contractors for the provision of services and all external service providers are required to have current licences, insurance and comply with relevant legislation and regulatory requirements. Interviews confirm satisfaction with the products and services from external suppliers.

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 about the system used to actively pursue continuous improvement.

Improvements at the home relating to Accreditation Standard Two include:

- The acting clinical manager's role has been designed with a number of responsibilities to improve care. The position now liaises with the doctors at the home and is responsible for the progress notes, phoning families regarding care issues, liaising with the palliative nurse practitioner and conducts handover with the unit managers. The role has improved communication and consistency of care and feedback from the staff, doctor and families has been positive.
- All registered nurses at the home now have their own email account. This assists in communication between the manager and the registered nurses. The emails enable registered nurses to be able to receive links to clinical websites and articles on clinical care.
- Aromatherapy diffusers were purchased and education sessions were conducted. The aromatherapy is used to support palliative care, behaviour management strategies and also to enhance the senses of care recipients in the facility.
- The home has appointed a link nurse for continence management. The link nurse is educated by the continence aid supplier. The link nurse has enabled continence management to be more efficient.
- A falls committee and tai-chi exercise group have been formed to help reduce the number of falls. The nursing staff and falls committee have all been educated on the falls assessment tools to provide suitable falls assessments, intervention after falls and also physiotherapy evaluations.
- All staff are completing the 'Person First, Dementia Second' education program. This program is aimed at person centred care.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

Staff practices observed demonstrated that staff are performing their duties in accordance with the home’s policies and procedures.

Examples of regulatory compliance with Accreditation Standard Two include:

- The home keeps a record of professional registrations.
- Allied health professionals have current authorities to practice.
- Medication administration is managed in accordance with regulations and safe practice principles.

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

Refer to expected outcome 1.3 Education and staff development for information about the home’s system to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. We verified through discussion with staff and management and document review that the home delivers education relevant to Accreditation Standard Two.

Examples of education provided specific to Accreditation Standard Two include pressure area care, nutrition and hydration, Huntington’s disease, skin care, cytotoxic medication and palliative care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

There is a system to assess, implement, evaluate and communicate care recipients’ clinical care needs and preferences. Staff complete assessments and care plans in consultation with care recipients/representatives and the relevant health professionals. Care plans are reviewed regularly and updated if care recipients’ needs and preferences change. Staff use validated

assessment tools and evidence based interventions to meet the ongoing needs of care recipients. Staff have the knowledge and skills to deliver clinical care consistent with care recipients' care plans and Bupa policy. Management regularly evaluate and improve assessment tools, care planning, care delivery and staff practices. Care recipients/representatives are satisfied with the clinical care provided by staff.

2.5 Specialised nursing care needs

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

Team's findings

The home meets this expected outcome

Care recipients' specialised nursing care needs are identified, managed and evaluated by appropriately qualified staff. There are processes for staff to consult on best practice assessment and care with internal resource staff and external specialists and services. There are processes to monitor assessment tools and staff practices. Management provide internal and external education on specialised nursing care. Care recipients/representatives are satisfied with the specialised nursing care provided at the home.

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 an effective system to refer care recipients to medical practitioners and allied health services to meet the needs and preferences of care recipients. Care recipients' needs are assessed on entry and at regular intervals and referrals are planned, documented, communicated and followed up by staff. Staff demonstrated a good understanding of the referral process and the procedure to assist care recipients to access appointments with external health and related services. There is a process to monitor staff practices and referral mechanisms. Care recipients/representatives stated staff inform and support them to access health specialists of their choice and they are satisfied with the referral process to other health and 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

Care recipients/representatives said they are satisfied with the way medications are managed. There are processes to ensure medication orders are current and care recipient medication needs, including allergies and administration needs are identified and met.

Medications are regularly reviewed by the care recipient's medical officer and changes in medications are communicated and supplied in a timely manner. Medications are ordered,

received, stored, administered, documented and discarded safely in line with Bupa work instruction and regulatory requirements. Medications are monitored by the care managers and administered by appropriately qualified staff. The medication management system is monitored, reviewed and improved through regular audits, consultant pharmacy reviews and input from the medication advisory committee. Staff administering medications receive regular education and are competency tested to ensure medications are managed 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

Care recipients are assessed on entry and on an ongoing basis to ensure they are as free as possible from pain. Any care recipient identified with pain, including those at risk of pain, are assessed by the physiotherapist and registered nurse and have a pain management plan.

The plan is monitored and regularly evaluated for effectiveness by the care and clinical managers, registered nurses and physiotherapist in consultation with the care recipient/representative and healthcare team. Medication and alternative approaches to manage pain are used including massage, the provision of emotional and spiritual support, exercise, and the use of pain relieving equipment including heat packs. Staff receive education in pain management and staff practice is closely monitored by management. Care recipients/representatives said they are satisfied with the way their pain is managed.

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

Bupa Dural has work instructions to guide staff in the provision of best practice palliative care. Staff document care recipients’ end of life preferences and wishes and develop palliative care plans when care recipients reach the end of life stage. There is a multidisciplinary approach to support care recipients’ physical, emotional, cultural and spiritual end of life needs and preferences. Staff have the knowledge and skills to manage palliative care for care recipients and have access to palliative care expertise and resources. Management regularly evaluate and review palliative care and support services to both the care recipient and their representatives. Care recipients/representatives are satisfied with the comfort and dignity provided to care recipients during end of life care.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients receive adequate nourishment and hydration including initial and ongoing assessments of care recipients’ needs and preferences. Care recipients have a choice of food from the four weekly dietician approved rotating menu. Meals are prepared on-site and nutrition supplements and assistance with meals are provided as needed. The care managers identify any care recipient at risk of weight loss and malnutrition or excessive weight gain by monitoring regular weight records. Care recipients of concern are reviewed by the local medical officer and/or referred to a dietician. Observation confirmed the daily menu is displayed on each table in the dining area. Hydration is carefully monitored and extra fluids provided in hot weather. Care recipients said they are mostly satisfied with the catering services provided.

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

Care recipients/representatives are satisfied with the way skin integrity is managed at the home. A review of documentation shows care recipients’ skin integrity is consistent with their general health. Care recipients’ skin integrity is assessed when they move into the home.

Care staff monitor care recipients’ skin integrity as part of daily care and report any changes to the registered nurse for review and referral as needed. Complex wound management is carried out by the registered nurses and skin tears and infections are recorded and monitored by the acting clinical manager. A podiatrist regularly visits the home, a range of skin protective devices such as massage, skin emollients and protective bandaging are available. Staff receive education in skin care and the registered nurses receive education in complex wound management and refer to specialist services as needed.

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 is a system to ensure care recipients’ continence needs are managed effectively. Continence is managed through initial and ongoing assessments and individualised care plans with input from the care recipients/representatives and other appropriate health professionals. Care recipients’ continence interventions are regularly monitored and evaluated for effectiveness and changes communicated to staff. The care managers oversee the home’s continence program and staff have a good understanding of care recipients’ continence needs and preferences. Staff have access to internal resource staff and external continence

specialist services. Care recipients/representatives are satisfied with the continence management program.

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

There are appropriate policies, procedures and interventions to meet the needs of care recipients with challenging behaviours. Care recipients’ behavioural needs are assessed on entry to the home and at regular intervals in consultation with care recipients/representatives and other relevant health professionals. Individualised care plans are developed and regularly updated. Staff consult with external services, psychiatrists and behavioural management specialists to support care recipients’ behavioural needs. Staff have the knowledge and skills to implement behavioural management strategies and report incidents. Management evaluate and review behavioural management practices. Care recipients/representatives are generally satisfied with the management of care recipients with challenging behaviours.

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

There are policies, procedures and activities to support care recipients to maintain an optimum level of mobility and dexterity. The physiotherapist assesses care recipients’ mobility and dexterity initially and as needed and the physiotherapy assistant implements and monitors their mobility care plans. The mobility plans are reviewed regularly with care recipients/representatives and appropriate health professionals. The falls committee and Tai-chi program have been developed to reduce the falls rate. The physiotherapy assistant and recreation staff conduct exercise programs with input from the physiotherapist. The effectiveness of the program is assessed through audits, monitoring of staff practices, regular review of care recipients’ care plans and reporting and analysing the incidents of falls. Care recipients/representatives expressed satisfaction with the care provided to maintain and enhance mobility and dexterity.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

The oral and dental health of care recipients is assessed on entry to the home in consultation with care recipients/representatives and other appropriate health professionals. An individualised care plan is developed to meet care recipients’ needs and preferences. There are policies and processes to regularly monitor and review care recipients’ ongoing oral and dental health needs and facilitate referrals to appropriate health professionals. Staff have the

knowledge and skills to deliver care consistent with the care recipients' oral and dental health needs and preferences. Care recipients/representatives are satisfied with the oral and dental care provided to care recipients.

2.16 Sensory loss

This expected outcome requires that "care recipients' sensory losses are identified and managed effectively".

Team's findings

The home meets this expected outcome

Each care recipient's five senses are assessed using a variety of assessment strategies on entry to the home. Care plans are reviewed and any changes are communicated to staff.

Management monitors staff practice and staff are trained to report any change or sensory loss to the registered nurse for review. Information from referrals is followed up and included in care planning in a timely manner. Touch, taste and smell are stimulated by recreational activities. Fresh cooked meals are prepared daily in the home and care recipients participate in cooking for morning/afternoon tea with the recreational activities officer. Craft activities, games of care recipients choice and gardening activities encourage touch. Art therapy and music therapy are available. Visiting pets are welcome in the home. Care recipients/representatives said and observation confirmed the attention to their sensory loss is appreciated and well managed at the home.

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

Care recipients' sleep patterns are assessed regularly with consideration for related pain and behavioural management issues. Care plans are developed and regularly updated in consultation with care recipients/representatives and other relevant health professionals.

Staff are aware of care recipients' sleep patterns and strategies to assist care recipients who have difficulty sleeping. Management evaluate and review the effectiveness of practices in meeting care recipients' sleep needs. Care recipients/representatives are satisfied with the approach to achieving natural sleep patterns.

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 about the system used to actively pursue continuous improvement.

Improvements at the home relating to Accreditation Standard Three include:

- A new activity of lawn bowls has been introduced. A group of twenty four care recipients have enjoyed this new activity in the grass area. Care recipients have also recently been enjoying playing scrabble in groups. Art therapy has been introduced and care recipients have been encouraged to display their art work in the home. Easels and paints have been purchased to ensure that care recipients have the appropriate equipment to enjoy the art therapy.
- A new bar area has been created for care recipients to enjoy cocktails and happy hour. Care recipients enjoy gathering together for a chat and drinks. Bar furniture and ornaments have been purchased to create the appropriate bar atmosphere.
- In Orange Blossom community, additional activities have been introduced to engage care recipients. For example, buffet/bench areas now have various items for care recipients to touch and feel. These items include old records, dolls and soft toys, biscuit tins, old photos and coasters. Care recipients can touch and rearrange these items and can take them back to their rooms if they wish.
- Activity boxes have been created in Orange Blossom. The boxes include a “Music”, “Gents”, “Sensory”, “Sport”, “Sewing”, “Ladies” and “Gardening” box. Each box has different items in it relating to the name of the box. Care recipients enjoy exploring the items in each box.

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 about the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about care recipient lifestyle.

Examples of regulatory compliance with Accreditation Standard Three include:

- The home maintains records to ensure compliance with compulsory reporting as per legislative requirements. Mandatory reporting is part of compulsory education undertaken regularly by all staff.
- Care recipients are offered a care recipient agreement which meets legislative requirements.
- Information is provided to care recipients/representatives in the resident handbook and other material regarding their rights and responsibilities and the care and services to be provided to them.
- The Charter of Residents’ Rights and Responsibilities is displayed in the home.

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

Refer to expected outcome 1.3 Education and staff development for information about the home’s system to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. We verified through discussion with staff and management and document review that the home delivers education relevant to Accreditation Standard Three that will promote the care recipients’ lifestyle.

Examples of education provided specific to Accreditation Standard Three are guidelines for spiritual care, privacy and dignity and compulsory reporting.

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

The home has a system to support care recipients to adjust to life in the new environment and during their stay at the home. The care recipient's social, cultural and spiritual history, and support needs are recorded on entry to the home. This information is used to develop an individualised care plan with strategies to support each care recipient's emotional needs and this is regularly updated. All staff members are involved with welcoming, introducing and settling a new care recipient into the home and offering emotional support on an ongoing basis. Management evaluate and review the way emotional support is delivered. Care recipients/representatives are satisfied with the emotional support provided at the home.

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 is a system to assist care recipients to maintain their independence and links with their friends and the community. On entry to the home care recipients are assessed for what independence means to them and how this can be achieved in relation to physical, emotional, cultural, social, and financial aspects of their lives. This information and the agreed strategies to promote independence are communicated in an individualised care plan and this is regularly evaluated and revised. The home provides equipment, aids, qualified staff and programs to assist care recipients with mobility, communication and cognitive needs. Capable care recipients report that they are able to come and go from the home as they wish. Dependent care recipients are consulted regarding independence. Management evaluate and review the way independence is promoted and supported. Care recipients/representatives are satisfied with the support staff give to care recipients to achieve optimal independence.

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

Bupa Dural has policy, work practices, feedback mechanisms and an environment that supports care recipients' right to privacy and dignity. Staff ensure privacy and dignity is observed during care practices and care recipients are called by their preferred name. Care recipients' information is securely stored and staff attend to their needs in a respectful and courteous manner. Information on care recipients' rights and responsibilities is given to new care recipients and prominently displayed in the home. Staff discuss and management evaluate the way privacy and dignity is recognised and respected. Care

recipients/representatives are satisfied with the way staff respect their right to 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

The home offers a comprehensive lifestyle program with group and one on one activities offered to care recipients. The program has a variety of activities and provides care recipients with opportunities to participate in activities within the home and external outings. The program is developed from information obtained from care recipients/representatives about their interests, hobbies, life stories and special life events. There is a leisure and lifestyle team to plan, implement, evaluate and review the lifestyle activities in consultation with care recipients/representatives. There is a specialised program for care recipients living with severe dementia. Management monitor the effectiveness of the lifestyle program. Care recipients/representatives expressed satisfaction with the lifestyle 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

There is a system to promote care recipients' individual interests and to ensure their customs, beliefs and cultural backgrounds are fostered and respected. On entry to the home each care recipient's cultural and spiritual needs are identified and documented. Church services are held regularly by different churches and everyone is welcome. Religious visitors are welcomed at the home at other times. Staff will contact any religious/spiritual visitors requested by care recipients/representatives. Staff understand the needs of care recipients from other cultures and liaise with their representatives to ensure satisfaction. Management evaluate the effectiveness of practices to foster care recipients' cultural and spiritual needs. Care recipients/representatives are satisfied with the way staff value and support their cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home has a system to ensure each care recipient is able to exercise choice and control over their care and lifestyle. Care recipients' specific needs and preferences are regularly assessed and communicated to staff and external health service providers in care plans.

Care recipients/representative and staff stated care recipients make choices about their meals, personal and health care, health professionals, environment and activities as long as they do not infringe on the rights of other care recipients. Management review staff practice to ensure care recipients are supported to participate in decision-making. Care recipients/representatives are satisfied with their participation in decision-making and ability to make choices.

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

Information prior to a care recipient entering the home including care, services, financial information and security of tenure is provided by the home. A resident accommodation agreement is given to each care recipient/representative to formalise occupancy arrangements. The resident agreement includes information about rights and responsibilities, fees and charges, care and services, complaints handling, their security of tenure and the process for the termination of the agreement. Care recipients/representatives are invited to obtain independent financial and legal advice prior to signing the agreement if they desire.

Care recipients' rights and responsibilities and other information are documented in a handbook and are displayed at the home. Care recipients/representatives are satisfied with the information provided by the home 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 about the system used to actively pursue continuous improvement.

Improvements at the home relating to Accreditation Standard Four include:

- From a suggestion from a care recipient the dining experience has been enhanced for care recipients with the purchase of a rotating centrepiece for the middle of each table. This allows condiments to be easily accessible to the table. New linen table runners have also been purchased. Care recipients have been pleased with the improved environment in the dining room.
- Relatives complained about the lack of parking at the home. In response staff are no longer able to park in the undercover parking area. Six new visitor spaces and four disabled parking areas have been created in the parking area. Relatives have appreciated the improved parking.
- A commercial oven has been purchased for the kitchen. This ensures that the chef and kitchen staff are able to work efficiently with cooking meals.
- A new daily cleaning schedule has been designed that outlines all duties that need to be completed by cleaning staff each day. A new spring cleaning schedule has also been created to ensure that the care recipient’s rooms are spring cleaned in a timely fashion.

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 about the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

Staff could describe their responsibilities in relation to safe work practices, in relation to infection control, food safety, fire and emergencies, work, health and safety and the importance of reporting hazards, accidents and incidents.

Examples of regulatory compliance with Accreditation Standard Four include:

- A review of records and observations showed fire safety equipment is being inspected, tested and maintained in accordance with fire safety.
- The home has a sprinkler system and thus is compliant with legislation.
- A review of staff training records and interviews with staff indicates that staff have fulfilled the mandatory fire awareness and evacuation training.
- The current NSW Food Authority licence is on display.

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

Refer to expected outcome 1.3 Education and staff development for information about the home’s system to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. We verified through discussion with staff and management and document review that the home delivers education relevant to Accreditation Standard Four.

Examples of education provided specific to Accreditation Standard Four include infection control, fire safety, WH&S fundamentals and safe chemical handling.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Bupa Dural provides a living environment that is safe and comfortable. The home is on two levels and care recipients are accommodated on the ground floor and level one. The majority of rooms are single with en-suite and a very small minority of single rooms have shared bathrooms. The home has inside and outside areas for care recipients and their families to enjoy. Care recipients are encouraged to personalise their rooms as much as possible.

Maintenance of the environment occurs by the use of a preventative and routine maintenance program. The home conducts regular environmental audits and data relating to hazards, accidents and incidents is analysed to monitor the safety of care recipients. Care recipients/representatives are satisfied with the living environment and the maintenance of the home.

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 is actively working to provide a safe working environment that meets regulatory requirements. Interviews with management and staff indicated that the home has systems to help ensure the provision of a safe working environment for staff, visitors and care recipients. The home has systems to help promote work place safety and awareness that includes education during staff orientation and on an ongoing basis. Other mechanisms include manual handling training, discussion of work, health and safety issues at meetings, environmental audits, hazards, accident and incident reports. Issues identified by staff through the work, health and safety system are followed up and actioned appropriately and in a timely manner.

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

The home has systems to minimise fire, security and emergency risks. These include regular checks of equipment by staff and contractors and emergency and fire evacuation procedures. The home is equipped with fire warning and firefighting equipment, extinguishers and fire blankets, all of which are regularly checked and maintained. Staff confirmed they attend compulsory education for fire training and that management monitor their attendance. Bupa Dural has an emergency disaster plan as part of their business continuity plan and there are emergency flip charts next to all telephones. The home has appropriate security measures

such as lockup procedures, external lighting and key pad entry and exit on external and some internal doors. Care recipient and representative interviews demonstrated care recipients feel safe and secure living 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 policies and resources that support an effective infection control program, which is coordinated by the acting clinical manager. The infection control program includes vaccination program for care recipients and staff, mandatory education and relevant competency assessments, supply of appropriate equipment, cleaning regime, food safety, pest control, waste management and an outbreak program. Infection control data is collected, analysed for trends and reported at the relevant meetings, to identify, manage and prevent infections for care recipients. Management have processes to monitor and review the effectiveness of the home's infection control program. Staff demonstrated a good knowledge and understanding of infection control relevant to their work areas. We observed staff using appropriate infection control practices aligned with 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

Processes are in place at the home to ensure that hospitality services enhance the care recipients' quality of life and the staff's working environment. These processes include a food monitoring system, staff education, infection control guidelines and an audit schedule. Other mechanisms include a system for communicating food preferences and allergies, temperature monitoring and the provision and maintenance of equipment related to hospitality services. Meals are cooked fresh each day in the kitchen. There is a system for infection control in the laundry. All laundry is done on site. The home employs cleaning staff.

Care recipients/representatives stated they are generally satisfied with the cleaning, catering and laundry services.