



**Australian Government**

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**Australian Aged Care Quality Agency**

**Bupa North Rocks**

RACS ID 2523  
23 Speers Road  
NORTH ROCKS NSW 2151

**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 19 October 2018.

We made our decision on 01 September 2015.

The audit was conducted on 28 July 2015 to 30 July 2015. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

<b>Expected outcome</b>	<b>Quality Agency decision</b>
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.

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

## Standard 3: Resident lifestyle

### Principle:

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

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

## Standard 4: Physical environment and safe systems

### Principle:

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

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



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**Australian Aged Care Quality Agency**

## **Audit Report**

**Bupa North Rocks 2523**

**Approved provider: Bupa Care Services Pty Limited**

### **Introduction**

This is the report of a re-accreditation audit from 28 July 2015 to 30 July 2015 submitted to the Quality Agency.

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

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

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

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

### **Assessment team's findings regarding performance against the Accreditation Standards**

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

- 44 expected outcomes

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 28 July 2015 to 30 July 2015.

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

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

## Assessment team

<b>Team leader:</b>	Veronica Hunter
<b>Team member/s:</b>	Marion Cohen

## Approved provider details

<b>Approved provider:</b>	Bupa Care Services Pty Limited
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## Details of home

<b>Name of home:</b>	Bupa North Rocks
<b>RACS ID:</b>	2523

<b>Total number of allocated places:</b>	124
<b>Number of care recipients during audit:</b>	121
<b>Number of care recipients receiving high care during audit:</b>	109
<b>Special needs catered for:</b>	Secure area for care recipients living with dementia

<b>Street/PO Box:</b>	23 Speers Road
<b>City/Town:</b>	NORTH ROCKS
<b>State:</b>	NSW
<b>Postcode:</b>	2151
<b>Phone number:</b>	02 9630 2166
<b>Facsimile:</b>	02 9270 0156
<b>E-mail address:</b>	Nil

## Audit trail

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

### Interviews

Category	Number
Regional support manager	1
Manager	1
Clinical manager	1
Care managers	3
Registered nurses	2
Care staff	4
Diversional Therapist	2
Recreation activities officer	1
Allied health	1
Care recipients/representatives	20
Regional property manager	1
Laundry staff	1
Cleaning staff	2
Maintenance staff	1
Business administration staff	2
Catering staff	3
Medical officer	1
Customer relations officer	1

### Sampled documents

Category	Number
Care recipients' files	12
Medication self administration assessment	2
Smoking authorisation	1
Medication charts	9
Personnel files	7
Care recipient agreements	6

## Other documents reviewed

The team also reviewed:

- Advanced care directives
  - Allied health referrals and reports
  - Care recipient vaccination lists
  - Catering documentation including kitchen cleaning duties, food safety plan, temperature charts and documentation, care recipients' dietary analysis, white board with care recipient dietary requirements including needs and wants, likes and dislikes, NSW food authority audit results, resident food record book
  - Cleaning log, daily cleaners schedule
  - Clinical assessments and evaluations
  - Comments, complaints and suggestion register, feedback forms, compliments folder
  - Continuous improvement documentation including plan for continuous improvement, continuous improvement logs, audit schedules and audit results, incident/accident reports
- care recipients, staff and medications, clinical indicator reports, survey results and focus group reports
- Diabetic management documentation
  - Drug registers
  - External contracts including contractors' agreements and associated documentation.
  - Fire and disaster documentation including receipts for fire services to all aspects of fire system, service report folder, fire panel monitoring chart, current fire safety statement, emergency evacuation folders, business continuity plan (disaster plan) emergency procedures flip chart
  - Fixed asset register
  - Human resource management documentation including employment documentation, job descriptions, confidentiality agreements, staff handbook, staff appraisals, orientation information and checklist, staff rosters
  - Infection control information including policies and procedures, outbreak management information, vaccination records for staff and care recipients, pest control records
  - Infection documentation
  - Information management including Bupa management system, communication books and/or diaries, newsletters, procedural notices/memoranda, meeting minutes, resident handbooks, care recipient enquiry/admission information pack for permanent and respite admission, contact lists, handover reports, evidence folders for all Standards, clinical incidents flip chart



- Laundry Standards, laundry cleaning schedule
- Lifestyle activities' assessments and evaluations
- Maintenance management system, monthly maintenance review, maintenance log
- Medication fridges' temperature records
- Medication manual
- Policy and procedure
- Regulatory compliance documentation: consolidated log, missing care recipients procedure, staff police check register, NSW Food Authority Licence, professional registration records, consent forms for the collection and handling of private information, material data safety sheets
- Risk assessments
- Self-assessment report for re-accreditation and associated documentation
- Staff education documentation including orientation and induction checklist, education calendar 2015, mandatory and non-mandatory education attendance, evaluations, current medication and clinical competencies, education and training folders January-June, July-December 2015.
- Weight charts
- Workplace safety matters, safe work practices
- Wound charts

## **Observations**

The team observed the following:

- Australian Aged Care Quality Agency re-accreditation audit notices displayed
- Brochures and posters - external complaint services, various others
- Charter of care recipients' rights and responsibilities displayed
- Contractor/visitor and resident sign in, sign out register
- Equipment and supply storage areas
- Feedback forms, suggestion box
- Fire evacuation pack
- First aid kits

- Infection control resources - hand wash basins, hand sanitisers, personal protective equipment, colour coded equipment, outbreak kit, sharps containers, spill kits
- Lifestyle activities calendar, activities in progress
- Living environment – internal, external
- Meal service with staff assisting residents, daily menu displayed
- Medication round and medication secure storage
- Mobility equipment in use
- Noticeboards, whiteboards – care recipients/representatives, staff
- Nurse call system in operation
- Secure storage of staff and care recipients' information
- Sign in/out books
- Small group observation in the Emerald secure area
- Staff handover
- Staff work areas

## Assessment information

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

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

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

#### 1.1 Continuous improvement

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

#### **Team's findings**

The home meets this expected outcome

The home utilises a continuous improvement system which includes a quality management system and performance review mechanisms. Improvements are identified through a number of avenues including care recipient/representative meetings, staff meetings, focus groups, benchmarking and review of clinical data. The home also utilises surveys, suggestions, incidents and staff performance appraisals. Part of this system includes ensuring compliance with the Accreditation Standards through the audit program. The home uses these indicators along with other input from stakeholders to identify opportunities for improvement and to develop improvement plans. Care recipients/representatives and staff reported they have opportunities and are encouraged to participate in the home's continuous improvement activities.

Examples of recent improvements in relation to Accreditation Standard One include:

- A Bupa corporate initiative is to promote and provide education on how to maintain a healthy lifestyle for all staff. This includes maintaining balance with healthier food choices, healthy recipes and five tips for the working week. During the reaccreditation audit a regular healthy cooking workshop by a professional chef was held in the staff room at lunch time to demonstrate the method of cooking a healthy recipe. Tastings and recipe sheets were available to staff. This has been a popular activity with staff.
- The administration staff at the home compiled an information folder for an announced visit by the Aged Care Quality Agency earlier this year containing information required by assessors to assist during a visit to the home. It has been decided that these folders would remain prepared and current for further announced or unannounced visits to assist both the home and the assessors. We were appreciative of the information in the folder during the reaccreditation audit.
- The need for a second return to work coordinator was identified to assist the clinical manager when she has other senior management role requirements. Education has been completed by one of the care managers who also supports any staff returning to work after injury. This has been a successful undertaking in the home.
- The manager observed that the staff room is in need of refurbishment. The room is to be repainted and new furniture, a dishwasher and new lockers have been ordered. This will

give staff better surroundings to relax in their break. Staff are looking forward to the revamp.

## 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 that identify and ensure compliance with changes in relevant legislation, professional standards and guidelines. The home accesses relevant information through the organisation’s subscription to legislative update services and membership with a peak body. The home receives information through the Bupa’s legislative review committee which meets monthly, Bupa Intranet facility page, the internet and other sources.

Management communicate changes to staff by documentation, memoranda, staff meetings and staff education sessions. Compliance with regulatory requirements is monitored through Bupa’s regulatory compliance subcommittee, internal audits, skills assessments, staff appraisals and observations by management.

Examples of regulatory compliance relating to Accreditation Standard One include:

- The organisation conducts reviews of all policies and procedure on a regular basis to ensure all relevant legislation, regulatory requirements, professional standards and guidelines are appropriately documented.
- Procedures for monitoring police certificates for staff are in place. Interviews and documentation confirmed that these have been completed.
- The organisation and home have a system whereby external contractors’ registrations and insurances are checked to ensure they are current.
- Information brochures on the Aged Care Complaints Scheme are available within the home.

## 1.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

The home’s education and training program incorporates a range of topics across the four Accreditation Standards from both internal and external sources. Program development is based on information acquired through staff requests, performance appraisals, clinical indicator and incident reporting, feedback mechanisms, legislative changes and audits. Staff complete a range of mandatory education topics on orientation and then annually. Bupa e-learning is a web based training program which provides mandatory and non mandatory education for staff. The training requirements and skills of staff are evaluated on an ongoing basis through competency assessments, the changing needs of care recipients and through

feedback. Education attendance records are maintained by management to monitor staff completion of mandatory and non-mandatory education. Staff stated the education program is comprehensive and relevant to their specific role in the home.

Examples of education and development attended by management and staff in relation to Accreditation Standard One include ACFI education, Bupa leadership course, general managers, clinical managers and care managers' conferences, mandatory education for bullying and harassment, prevention of occupational violence.

#### **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 internal and external mechanisms for care recipients/representatives and all stakeholders to put forward comments, suggestions and complaints. Information on internal and external complaints options is included in the resident handbook and resident agreements. Continuous improvement logs are available in the front foyer and can be used for complaint, suggestion or compliment. Information regarding external complaints is available in the front foyer. The general manager maintains an 'open door' policy and most complaints are resolved in this manner. Care recipients/representatives' meetings are held regularly and are a forum to discuss concerns. The general manager communicates with some representatives via email and concerns can be resolved in this manner. An electronic record of these interactions is maintained. Care recipients/representatives are very satisfied with the timely addressing of concerns from all staff.

#### **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

Bupa North Rocks vision, values and commitment to quality are communicated to all stakeholders. These statements are documented in the home's publications and are on display. The home's commitment to quality is demonstrated in the pursuit of continuous improvement activities. As part of Bupa Care Services' leadership and operations, the management team attend regular forums to support their leadership, business and clinical skills. The philosophy of care is promoted through staff orientation and education processes.

## 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 policies and procedures to facilitate recruitment to ensure selected staff meet the requirements of their roles. People and culture management is implemented through position descriptions, provision of a handbook, an orientation and induction program, 'buddy' shifts, performance appraisals and ongoing education and competency assessments.

Management at the home ensures sufficient skilled and qualified staff are rostered to meet the needs of care recipients and legislated requirements. Personnel files are maintained at the home and contain relevant human resource documentation that includes confidentiality of information. People and culture management is monitored through feedback, surveys, audits, and results of key performance indicator reporting. Staff stated they all work as a team. Care recipients/representatives stated staff are caring and helpful.

## 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 has stocks of goods and equipment that support quality service delivery. Specific staff are designated for maintaining adequate stock levels and ensuring such stock meets the required quality standards. The home has systems to guarantee the integrity of the stock, and stock is rotated as required. Equipment needs are identified through staff requests, audits, asset replacements and acquisition programs. The home has preventative and reactive maintenance programs. Maintenance request reports are maintained and action is taken in an efficient and effective manner to deal with any requests or preventative maintenance tasks. Emergency maintenance requirements are dealt with in a timely manner. Staff are satisfied with the amount of supplies and quality of the equipment available to ensure the provision of quality care and services.

## 1.8 Information systems

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

### **Team's findings**

The home meets this expected outcome

Information systems provide all stakeholders with information that is relevant to them in a timely manner. The communication system includes meetings, resident and staff handbooks intranet, newsletters, policies and procedures, noticeboards, orientation and training memoranda, staff handover, clinical documentation and management's open door policy.

Surveys, audits and data collection provide information on quality of care and service delivery. The collection, processing, accessing, reporting, storage, archiving and destruction of information and records is in line with policy and procedures, relevant regulatory requirements including confidentiality and privacy requirements. Access to the electronic Bupa management system is password protected and information available is relevant to staff positions. Computer based information is backed up daily by Bupa care services. Care recipient and staff files are stored securely. Staff confirm they receive and have access to relevant information that allows them to perform their roles effectively.

## 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

The home's externally sourced services are arranged primarily by way of specified contract agreements. There is a designated organisational process whereby specific criteria must be met in relation to services to be supplied and references, insurance and criminal history checks are made. All major contracts are reviewed regularly through feedback by the organisation. Contractor non-performance is recorded and actioned immediately if urgent or at the time of reviewing the contract. To enable staff to contact an appropriate contractor/supplier, lists are maintained at the home and updated as required. Staff are informed of appropriate matters relating to the provision of 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

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement system.

Examples of specific improvements relating to Accreditation Standard Two include:

- The Bupa Model of Care is an organisational initiative designed to provide superior health care for care recipients. A full time medical officer will commence work at Bupa North Rocks in September 2015. This model of care has been shown, through a pilot study, to reduce hospital admissions significantly as care recipients are able to stay in the home for procedures and treatments that would otherwise require hospitalisation. The clinical manager will work with the medical officer to ensure a high quality of medical care is offered to residents.
- As part of a focus on residents living with dementia maintaining their body weight, the home has undertaken a refurbishment of the kitchen and dining area in the secure unit. The servery has now been converted to a kitchen café with a bain marie for meal service. Staff are able to cook cakes in the oven and bread in the bread maker. Care recipients families/representatives are invited to participate in the food experience for care recipients. The improved food service and dining area contributes to a calm atmosphere in the care recipient community.
- After a focus group meeting where care recipients expressed their desire for more walks outside the home, the leisure and lifestyle staff now take care recipients walking at least twice weekly. This has contributed to care recipients maintaining their mobility and dexterity at a satisfactory level and enjoying the gardens and National Parkland adjacent to the home.



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

Examples of regulatory compliance relating to Accreditation Standard Two include:

- The home monitors currency of all professional registrations.
- Initial and on-going assessments, planning, management and evaluation of care for care recipients are undertaken by a registered nurse as per legislative requirements.
- The home has a system to manage unexplained care recipient absences in accordance with regulatory requirements.
- An accredited pharmacist undertakes care recipients’ medication management reviews for the home.

## 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 details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education relating to Accreditation Standard Two include wound care, oral and dental, peritoneal dialysis, medication administration education (two day course), incontinence education, skin integrity, hearing aid care, mandatory education for manual handling and protecting residents (incident management).

## 2.4 Clinical care

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

### **Team’s findings**

The home meets this expected outcome

Care recipients receive clinical care appropriate to their needs. Care recipients and their representatives stated they are satisfied with the quality of clinical care provided at the home and staff keep them informed about care and health changes. A comprehensive assessment

process is undertaken when care recipients move into the home and care plans are developed by a registered nurse in consultation with the care recipient, representatives, physiotherapist and other allied health professionals as required. Care plans are scheduled for review by registered nurses every three months in consultation with care recipients as able, physiotherapist, lifestyle and care staff. Ongoing consultation with care recipients/representatives is undertaken based on care recipients' individual preferences in varied forms. Medical officers review care recipients' healthcare at least every three months and as required. Staff reported they are provided with clinical care training and were able to describe their roles, responsibilities and care recipients' care needs and preferences.

## **2.5 Specialised nursing care needs**

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

### **Team's findings**

The home meets this expected outcome

Care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff. Care recipients and their representatives stated they are satisfied with the home's specialised nursing care. The home has systems and processes to ensure care recipients' specialised nursing care needs are assessed by registered nurses and carried out by appropriately trained staff. Relevant staff reported they have undertaken training to enable them to provide complex care as per care recipients' care plans. Staff record care recipient complex care needs in charts and other monitoring tools to ensure the management of complex care provides improved outcomes for care recipients. Staff were able to describe examples of improvements for individual care recipients regarding wound care, pain management and nutrition.

## **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

Care recipients are referred to health specialists according to their assessed needs and preferences. Care recipients and their representatives stated they are satisfied with the specialist health care provided to care recipients. The home has systems and processes in place to assess care recipients' needs and preferences for specialised health care. The home works with medical officers to access specialist medical services at various hospitals and specialist clinics as required. The home has a physiotherapy service four days a week, a dietician visits monthly and a podiatry service every six weeks. Other professional health services are accessed as required. Optometry and dental services visit the home as required and the palliative care team can be accessed from a nearby hospital. Advice from a behavioural specialist team is also available to the home.

## 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’ medication is managed safely and correctly. Care recipients’ medication is assessed on entry to the home and re-assessed through three monthly medical officer and pharmacy evaluation of medication charts and care planning and evaluation processes.

Medications are administered by registered and appropriately credentialed staff as per the home’s process. Care recipients are able to self-administer medications if assessed as competent and progress is monitored through observation and evaluation. Registered nurses manage nurse initiated and ‘as required’ medications. The contracted pharmacy service supplies prescribed medications in personalised sachets. Clinical staff ensure additional, non-packaged medications are available for use as required. Medications are appropriately and securely stored in locked cabinets in care recipients’ rooms. Monitoring processes include care reviews, incident reporting and audits. Audit results show errors are identified and corrected as promptly as possible. Care recipients/representatives interviewed said they are satisfied with how care recipients’ medications are managed.

## 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’ pain is managed to ensure they are as free as possible from pain. Care recipients and their representatives stated they are satisfied with the management of care recipients’ pain. Care recipients’ pain is assessed by a registered nurse and a physiotherapist on entry to the home. The home uses specific assessment tools for care recipients with cognitive impairment. The home uses a variety of pain relieving techniques including laser and heat treatments, massage, exercise, pressure relieving mattresses and cushions, splints, supportive bandages and analgesic medication. Registered nurses, a therapy aide and the physiotherapist provide treatments and massage for care recipients’ pain management. Medical officers are consulted about pain relieving strategies and analgesic medication. Care recipients’ pain management is monitored through the use of ‘as required’ medication, pain charts and clinical audits. Staff were able to describe how care recipients’ pain is identified and 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

The home maintains the comfort and dignity of terminally ill care recipients and identifies individual preferences in relation to their emotional, cultural and spiritual support needs.

Registered nurses meet with care recipients on entry to the home and throughout their stay to ensure their comfort needs are met. They are also available for emotional and spiritual support for care recipients and their representatives during end of life. The home has specialist equipment to provide pain relief during end of life and registered nurses also provide specialised nursing care. Support is provided by the palliative care team from a local hospital as required. Staff interviewed were able to describe the palliative care support provided to care recipients. Written compliments from care recipients' representatives attested to their satisfaction with palliative care provided by the home.

## **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 nutrition and hydration according to their individual needs and preferences. Care recipients stated they are satisfied their needs and preferences are being met with the quality, quantity, temperature and presentation of their meals. Care recipients' nutritional requirements and preferences are assessed and documented on entry to the home and when their needs and preferences change. A dietician is available to provide advice regarding special dietary requirements, significant weight loss or weight gain, and a speech pathologist reviews care recipients experiencing swallowing difficulties. Care recipients' weights are regularly monitored and the home has a process in place for managing unexpected weight loss. The home provides nutritional supplements for care recipients as required. A variety of assistive devices are available for care recipients to maximise their independence with eating. Staff were observed assisting care recipients with their meals and drinks in a dignified manner, promoting independence and providing support as required.

## **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

There are processes to maintain care of care recipients' skin integrity consistent with their general health status. Care recipients and their representatives stated they are satisfied with the skin care regimes provided by the home. Care recipients' skin care needs are assessed on entry to the home, on a daily basis when assisted with personal hygiene, and on return from a stay in hospital. The home uses a variety of strategies to maintain skin integrity including moisturising, changes of position, encouraging mobility, pressure relieving equipment including special cushions and nutritional supplements. Referrals are made to a wound care consultant, as required. Staff interviewed described how they use skin maintenance strategies for individual care recipients.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

There are processes to effectively manage care recipients’ continence needs. Care recipients and their representatives stated they are satisfied staff provide the support they need for care recipients to use the toilet and maintain their dignity. Care recipients’ continence needs are assessed on entry to the home and when there is a change in health status. Staff monitor care recipients’ continence on a daily basis and review the effectiveness of staff intervention every three months. The home has care recipients who have specialised continence needs that are managed by appropriately trained staff. A continence advisor provides expertise to ensure care recipients’ continence needs are being met. Staff interviewed reported they have sufficient equipment and supplies to maintain care recipients’ continence needs and were able to describe the strategies used for individual care recipients.

## **2.13 Behavioural management**

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ challenging behaviour is managed appropriately. Management and staff ensure a calm environment is maintained at the home and there are strategies in place to assist care recipients with challenging behaviours. Care recipients’ behaviour is assessed on entry to the home and the triggers for their behaviours are identified. Registered nurses, the two diversional therapists and the recreational activities officer plan strategies and interventions for staff to manage care recipients’ individual behaviours. Care recipient behaviour is monitored on a daily basis and staff are supported to engage care recipients in meaningful activities. Raised garden beds, a clothes line, birds and a rabbit in the courtyard adjacent to the dementia unit assist in maintaining meaningful activities for care recipients in that section. Staff ensure the environment is calm with soft music and care recipients’ preferred DVDs. Mental health services are accessed as required. The team observed care recipients to be generally relaxed and calm throughout the day. Staff interviewed were able to describe the triggers and strategies for individual care recipients. Care recipients/representatives interviewed said they are satisfied with the way the home manages 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

Care recipients receive care that optimises their mobility and dexterity. Care recipients and their representatives stated they are satisfied with the support provided to maintain care recipients’ mobility and dexterity. Care recipients are assessed by a registered nurse and a

physiotherapist on entry to the home. Care recipients' mobility, dexterity and pain is reviewed by a registered nurse and a physiotherapist after a fall, a change in health status and every three months. Mobility and dexterity has been improved by increased physiotherapy interventions and pain management. The home uses parallel bars and steps to improve care recipients' strength and balance. Care recipients have individualised exercise plans that includes group exercise classes. Care recipients have individualised manual handling plans located in their rooms. Staff interviewed stated they have access to appropriate lifting equipment and were able to describe how they used care recipients' manual handling and exercise plans.

## **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

Care recipients receive care that maintains their oral and dental health. Care recipients and their representatives stated they are satisfied with the way oral and dental care is maintained for care recipients. Care recipients' oral and dental care needs are assessed on entry to the home and re-assessed on an ongoing basis as required. Care recipients and their representatives are consulted if any dental treatment is recommended. If care recipients are unable to leave the home, a mobile dental service is available to provide treatment at the home. Staff encourage and support care recipients to attend to their own dental care regularly and assist care recipients who are unable to attend to these needs independently. Staff interviewed were able to describe how they provide support and assistance to individual 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

Care recipients' sensory losses are identified and managed. Care recipients and their representatives stated they are satisfied with how sensory loss is managed by staff. Care recipients' sensory loss, which is assessed on entry to the home, includes a test for touch and temperature sensitivity by a physiotherapist for the purpose of pain management. Care recipients' sensory loss is reviewed every three months. Staff facilitate access to optical and hearing services as required. Staff adjust the temperature and lighting of the environment according to care recipients' assessed needs. The home provides a selection of condiments to enable care recipients to add to their taste sensation at meal times. The home provides large print books and the diversional therapy team takes care recipients' individual sensory deficits into consideration when planning activity programs.

## 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 are provided with care to assist them to achieve natural sleep patterns. Care recipients and their representatives stated they are satisfied with the support provided by staff to assist with care recipients’ sleep requirements. Care recipients’ sleep patterns and settling and rising times are assessed on entry to the home. Care recipients’ sleep is monitored nightly and any changes to sleep patterns or sleep disturbances are investigated in consultation with the care recipient, their representative and medical officer. Care recipients are encouraged and supported to engage in activities during the day to promote natural sleep patterns at night. The home provides warm drinks and snacks during the night as required. Staff ensure the environment is quiet and the temperature is comfortable.

## 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 the details of the home’s continuous improvement system.

Examples of continuous improvement relating to Accreditation Standard Three include:

- At a food focus group meeting some care recipients requested that individual serve cereal boxes be purchased for those who wish to have breakfast earlier or later than normal. This has been very successful for maintaining care recipients’ choice and independence. Staff assist those who are unable to manage independently.
- Bupa North Rocks has a group of dedicated volunteers who assist in any way they are requested to improve the quality of life for care recipients. The diversional therapists have organised a high tea with all volunteers invited to thank them for their efforts. Further events will be held through the year.
- The diversional therapists have altered the activities program calendar to include the whole home rather than a calendar for the separate communities. Now any care recipient is aware of all activities that are offered throughout the separate areas of the home and can attend if they wish. Staff assist care recipients to reach the area of the activity. This is popular with care recipients who are satisfied with the change.
- The clinical manager noted that traditional clothing protectors are undignified for male residents to wear at mealtimes. The home has created a “cravat” as a more dignified way of protecting clothing for males during the meal period. This initiative has yet to be evaluated.



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

Examples of regulatory compliance relating to Accreditation Standard Three include:

- The “Charter of Care Recipients’ Rights and Responsibilities” is on display.
- The resident agreements outline security of tenure and are based on applicable legislation.
- The home has a system for compulsory reporting according to current legislation.

## 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 details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Interviews and documentation demonstrate that staff have knowledge and skills relating to care recipient lifestyle.

Examples of education related to Accreditation Standard Three include mandatory reporting, the dying process, first aid education, grief and loss workshop, volunteering recruitment, mandatory education for Bupa – person first.

## 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

Each care recipient is supported to adjust to life in the home and is provided with ongoing support. Care recipients are assessed on entry to the home in relation to their emotional needs. They are provided with information to help them settle in to their new environment. Initial assessment, ongoing review processes, verbal feedback and daily observation identify care recipients’ emotional support needs and personal preferences. The information is used to develop individualised care plans. The home monitors care recipients’ satisfaction with

emotional support through comments and complaints, lifestyle and care reviews, surveys and audits. Results show the home's assessment processes are effective in capturing care recipients' emotional support needs. Staff interviewed provided information about care recipients' emotional support needs consistent with documented care plans. Care recipients and representatives state they are satisfied care recipients receive emotional support on entry and on an ongoing basis.

### **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 assisted to maintain independence, friendships and participate in the life of the home and community. Care recipients' lifestyle preferences, interests and abilities are identified during the care planning process and reviewed regularly. Processes, including physiotherapy assessments, regular reviews and mobility aids assist care recipients to maintain their independence. Care recipients are encouraged and supported to engage in group activities and outings off-site. Representatives and community groups are welcomed in the home and are encouraged to participate in the life of the home. Monitoring processes include care and lifestyle reviews, comments and complaints processes, surveys and audits. Results show the home's processes are effective in identifying care recipients' preferences, wishes and strategies. Staff described strategies that assist care recipients to achieve maximum independence consistent with documented care plans. Care recipients/representatives interviewed are satisfied the home assists care recipients to maintain their 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

Care recipients' right to privacy, dignity and confidentiality is recognised and respected. Care and lifestyle plans identify care recipients' privacy and dignity needs and requests. Shared lounges and private areas are available for care recipients and representatives to use. Staff support privacy, dignity and confidentiality by knocking on doors before entering, agreeing to a code of conduct and ensuring care recipients' information is stored securely. Monitoring processes include comments and complaints, surveys and audits. Results show the home's policies and procedures are effective in recognising and respecting care recipients' rights to privacy, dignity and confidentiality. Staff interviewed described strategies to maintain care recipients' privacy and dignity consistent with documented care plans. Care recipients/representatives interviewed are satisfied care recipients' privacy, dignity and confidentiality is recognised and respected.

### **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 are encouraged and supported to participate in a range of interests and activities of interest to them. On entry to the home care recipients and/or representatives are consulted and a social history profile is captured. Care and lifestyle assessments identify care recipients' interests, abilities and preferred activities. This information is used to develop individual programs and implement strategies to assist care recipients to develop or maintain personal interests and activities. Group activity calendars are displayed on noticeboards around the home. Care recipients are informed about activities by lifestyle staff and are provided with support to attend. The home maintains birds, a rabbit and goldfish to further enhance care recipients' enjoyment. Results show lifestyle plans are evaluated on a regular basis through reviewing activity participation and consultation with care recipients and/or representatives. The lifestyle program is monitored through participation, feedback at meetings and surveys. Care recipients and representatives interviewed are satisfied with the support provided to care recipients to participate in group and individual interests and activities.

### **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

Care recipients' individual interests, customs, beliefs and cultural backgrounds are valued and fostered. Individual cultural and spiritual preferences are identified through initial and ongoing assessments. Care recipients are assisted to maintain religious and spiritual support through church services at the home and pastoral visits. Volunteers support residents in these activities. The home celebrates significant spiritual and cultural days such as ANZAC Day, birthdays, St Patrick's Day, Remembrance Day, National Sorry Day, Mothers' Day, Chinese New Year, Shrove Tuesday, Easter and Christmas and care recipients are supported to participate. Monitoring processes include care and lifestyle reviews, comments and complaints, surveys, audits and meetings. Results shows care recipients' cultural and spiritual preferences are documented in care and lifestyle plans. Staff interviewed are aware of care recipients' cultural and spiritual needs which affect the provision of care and lifestyle. Care recipients/representatives interviewed are satisfied that care recipients' individual interests, religious and cultural needs are identified and fostered.

### **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

Each care recipient and/or their representative participate in decisions about the services the care recipient receives and is enabled to exercise choice and control over their lifestyle while not infringing on the rights of other people. Care and lifestyle assessment processes identify care recipients' preferences for activities of daily living, leisure and lifestyle choices, civic interests and details of advocates. This information is used to develop care and lifestyle plans. Monitoring processes include care and lifestyle reviews, comments and complaints, meetings, surveys and audits. Assessments are conducted for care recipients who wish to self-administer medication or choose to smoke. Results show information about care recipients' rights and responsibilities are included in care recipient information and their choices are respected and encouraged. Staff interviewed are aware of care recipients' rights to make informed choices where appropriate and provided examples of how this right is respected. Care recipients and representatives interviewed are satisfied care recipients' right to exercise choice and control is met.

### **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 is provided by the home to explain care, services, fees and charges for new care recipients/representatives prior to entry. A resident and accommodation agreement is offered 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. Care recipients' rights and responsibilities and other relevant information are documented in a handbook and are on display in 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 further information relating to the home’s continuous improvement system.

Examples of recent improvements in relation to Accreditation Standard Four include:

- After a signage audit it was identified the signage throughout the home was often unclear. All necessary signage through the home has been replaced and some new signs created. We observed signage to be very clear throughout the reaccreditation audit.
- Sanitiser and moisturising dispensers have been installed at each entry door and outside the lifts. Visitors are encouraged to use these dispensers on entering and leaving the home as an added precaution for infection control.
- The external laundry provider to the home has been found to be unsatisfactory through internal audits and complaints. A laundry provider that has proven to be satisfactory for other Bupa homes has been sourced and will commence providing laundry services to the home in the very near future.

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

Examples of regulatory compliance relating to Accreditation Standard Four include:

- The home has a current NSW Food Authority licence and the food safety system has been audited by the NSW Food Authority.
- The home has a current fire safety certificate on display
- The home provides material safety data sheets with stored chemicals.

### **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 details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education relevant to Accreditation Standard Four include food handling for relevant staff, chemical handling, work health and safety training, fire warden training, mandatory education in fire training modules 1, 2, 3, infection control, information on security awareness.

### **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

Environmental audits are used to monitor safety and comfort. Care recipient accommodation is on three levels in single and two bedded rooms, some with ensuite and others with shared bathrooms. There is a secure area for care recipients living with severe dementia. Each community area has a dining and lounge room and an area for activities. External verandahs and courtyards are furnished to be used for care recipients' recreation along with their visitors. Smaller sitting areas are available throughout the home. There is a system of corrective and preventative maintenance. We noted the home to be well illuminated, clean, odour free, a comfortable temperature with well-maintained courtyards, gardens, equipment and furniture. Care recipients/representatives are satisfied with the safety and comfort of the living environment including their rooms and communal areas.

### **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 has a system to provide a safe working environment that meets regulatory requirements. There is a well-educated work health and safety committee in the home which meets regularly, carries out regular audits and risk and hazard monitoring to ensure the safety of the workplace. All staff are educated in manual handling and fire awareness and evacuation procedures during their orientation and on an on-going basis. Equipment is available for use by staff to assist with manual handling and personal protective equipment is used for staff safety and for infection control. There is a maintenance program to ensure the working

environment and all equipment is safe. Management monitor the working environment through the work health and safety committee process and daily monitoring.

Staff show they have a knowledge and understanding of safe work practices and were observed carrying them out.

#### **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 processes to provide an environment and safe systems of work that minimise fire, security and emergency risks. The home's fire safety system includes smoke and fire doors, emergency exit lights, fire alarms and a sprinkler system throughout the building. Fire equipment and systems are regularly checked and maintained and evacuation plans are displayed at strategic locations throughout the home. A current care recipient list and emergency response kit are maintained in case of evacuation. The home has a localised emergency disaster plan. Emergency flip charts are located next to each telephone. Security measures include external lighting around the building. Night staff are encouraged to park close to the entrance. There is a sign in/out register for visitors and identification badges for staff. Staff are aware of their role in dealing with an emergency and are confident they would know what to do if a fire or emergency was to occur. Care recipients/representatives stated they feel safe within 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 prevention and control program. Staff demonstrated awareness of standard precautions and the availability of personal protective equipment and colour coded equipment was observed in all areas. Infection control training and hand washing assessments are completed at orientation and conducted annually, and staff have access to guidelines and procedures. Staff practices are monitored and infection surveillance data is collected and analysed monthly. A food safety program, cleaning schedules and laundry practices generally follow infection control guidelines. External providers are used for pest control and waste management services. An outbreak management box and hand wash basins, hand sanitising gels, sharps' containers and spill kits are accessible. An influenza vaccination program is available for care recipients and staff vaccinations are encouraged.

#### **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

There are systems to ensure hospitality services are provided in a way that enhances care recipients' quality of life. Meals are fresh cooked according to a four week rotating menu that offers variety and choice and is reviewed by a dietician. Care recipients have input into the menu through discussion at care recipient/relative meetings and entry into comment books in the dining rooms. The chef attempts to resolve any concerns and suggestions for improvement. Care recipients' special dietary needs and meal choices are identified and met. Care recipients/representatives said they are satisfied with the food. Care recipient rooms, bathrooms and all other areas of the home are being cleaned on a regular basis according to a cleaning schedule. Cleaning staff explained the use of colour coded mops and cloths for cleaning and cleaning duties in the event of an outbreak. We observed the home to be clean and care recipients/representatives are generally satisfied with the cleaning. All linen and care recipients clothing is laundered externally. Care recipients/representatives are generally satisfied with the laundry service.