



Australian Government

Australian Aged Care Quality Agency

Bupa Toowoomba

RACS ID 5856
32 Tourist Road
TOOWOOMBA QLD 4350

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 20 September 2018.

We made our decision on 05 August 2015.

The audit was conducted on 30 June 2015 to 01 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.

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



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Audit Report

Bupa Toowoomba 5856

Approved provider: Bupa Care Services Pty Limited

Introduction

This is the report of a re-accreditation audit from 30 June 2015 to 01 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 30 June 2015 to 01 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

Team leader:	Vivienne Jones
Team member/s:	Stella Comino

Approved provider details

Approved provider:	Bupa Care Services Pty Limited
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Details of home

Name of home:	Bupa Toowoomba
RACS ID:	5856

Total number of allocated places:	70
Number of care recipients during audit:	56
Number of care recipients receiving high care during audit:	56
Special needs catered for:	Care recipients with a diagnosis of dementia and related condition

Street/PO Box:	32 Tourist Road
City/Town:	TOOWOOMBA
State:	QLD
Postcode:	4350
Phone number:	(07) 4632 3278
Facsimile:	Nil
E-mail address:	tracey.lange@bupacare.com.au

Audit trail

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

Interviews

Category	Number
General manager	1
Clinical manager	3
Registered/enrolled nurse staff	3
Assistant in nursing	4
Administration staff	2
Physiotherapist assistant	1
Diversional therapist	1
Recreational activity officer	1
Care recipients/representatives	9
Catering staff	2
Laundry staff	1
Cleaning staff	2
Maintenance officer	1
Regional support manager	1
Regional property manager	1

Sampled documents

Category	Number
Care recipients' files	6
Personnel files	4
Medication charts	7

Other documents reviewed

The team also reviewed:

- 'Residential care and accommodation agreement'
- Activity calendar
- Activity evaluations
- Audits and results

- Blood Glucose monitoring records
- Bowel monitoring charts
- Bupa Management System (BMS) Updates
- Care recipients' information handbook
- Cleaning logs – kitchen and laundry
- Cleaning schedule
- Clinical incident data and analysis
- Complaints records
- Compulsory reporting register
- Continuous improvement plan
- Controlled drug registers
- Diabetes management plan
- Diaries and communication books
- Dietary analysis forms
- Education program
- Employee handbook
- External provider service records
- External supplier credentials and agreements
- Fire system service records
- Flip chart for managing incidents and mandatory reporting
- Food and fluid lists
- Food safety program Version 8 June 2015
- Hazard reports
- Infection control data collection/monitoring/analysis
- Kitchen monitoring records
- Mandatory reporting register
- Medication incidents and report
- Memoranda

- Minutes of meetings
- Needs analysis information
- Nurse initiated medication list
- Occupiers statement
- Pathology results
- Police certificate expiry dates report
- Position descriptions
- Preventive and corrective maintenance records
- Relevant staff registrations
- Residents needs list
- Safety data sheets
- Signature register
- Staff competency assessment records
- Staff handbook
- Staff qualifications folder
- Staff roster and allocation sheet
- Temperature monitoring records
- The home's self-assessment
- Wattle team charter
- Weight monitoring
- Work instructions
- Wound assessment and treatment

Observations

The team observed the following:

- Activities in progress
- Advocacy, complaints and other brochures on display
- Archives and secure file storage
- Charter of care recipients' rights and responsibilities displayed

- Communal bathrooms
- Equipment and supply storage areas
- Food licence
- Hand washing facilities and dispensers
- Handover in progress
- Interactions between staff and care recipients
- Internal and external living environment
- Kitchen
- Laundry
- Manual handling and mobility assistive devices in use
- Meal and beverage service and delivery
- Medication storage
- Notice boards
- Nurses' stations
- Short group observation
- Utility rooms
- Wound treatment storage/equipment

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 Toowoomba (the home) continues to pursue continuous improvement and has implemented improvements in response to the changing needs of care recipients, their representatives, staff and the organisation to meet the requirements of the Accreditation Standards. Planned audits, a continuous improvement plan, clinical indicator reports, incident and hazard reporting processes, external reviews and feedback from stakeholders are used to monitor systems and processes. Regular meetings for all levels of management, staff and care recipients facilitate communication and evaluation of improvement activities. Ongoing staff education ensures staff understand and implement relevant changes and improvements to the home's processes. Care recipients and staff are satisfied that improvements continue to be implemented at the home.

Examples of recent improvements relating to management systems, staffing and organisational development, include the following:

- The organisation has enhanced the nurse development program with the introduction of the Aspire and Inspire education programs, which have been developed by Bupa and are aligned with accredited courses to provide the participants with a diploma or graduate diploma qualification on completion. The care managers and General Manager at the home are enrolled in respective courses and have found the education helpful in their management roles.
- Bupa also provides incentive programs for new graduate registered nurses to receive mentoring and development opportunities, thereby increasing the availability of registered nurse staff and enhancing staff retention and consistency of practice within the home. Two staff at the home have completed this program including one staff member who is a care manager at the home. Management has found the program has been beneficial in providing sound clinical leadership.

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

Regulatory compliance changes are identified at head office level of the organisation and updates are communicated to relevant key staff at the home via Bupa Management System (BMS) updates as changes are integrated into the organisation’s policies and work instructions. Legislation and regulatory compliance information is also available to staff at the home through the Bupa intranet. Monthly memo meetings provide a forum to discuss changes and information provided in memoranda through the month, while regular management, staff and work health and safety meetings facilitate planning for implementation of changes and evaluation of monitoring activities. Compliance with relevant requirements is monitored through the annual internal audit calendar, third party reviews, central registers for monitoring criminal history clearance and registration requirements.

Policies and work instructions are reflective of legislative requirements, professional standards and guidelines.

In relation to Standard 1, Management systems, staffing and organisational development, for example,

- Care recipients are informed of planned accreditation site audits by the Australian Aged Care Quality Agency.
- Processes are established, that ensure staff, volunteers and relevant contractors have a current police certificate.
- Professional staff’s registrations are monitored in accordance with the Australian Health Practitioner Regulation Agency (AHPRA).

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

Staff are employed based on their skills, personal attributes and relevant qualifications held to perform the role. The staff orientation program ensures all new staff are provided with consistent information about the mission, vision, values and objectives of the organisation, legislative responsibilities and requirements of their roles. The home’s education calendar provides planned and mandatory training and responds to emerging issues. The organisation provides face-to-face and on-line mandatory education and other relevant in-service training in addition to opportunities for staff to attend external conferences, education and training in response to identified needs. In relation to Standard 1, Management systems, staffing and organisational development, six-monthly clinical leadership forums and four-monthly general manager forums are held by the organisation in Sydney and relevant staff attend regularly.

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

Care recipients and their representatives are able to raise concerns and provide feedback through the use of feedback forms, regular care recipient/representative meetings and individual care conferences. Information relating to internal and external complaints mechanisms is included in the residential care agreement and handbook. Information about external complaints mechanisms and advocacy services is displayed at the home. Feedback forms are available at the entrance to the home for care recipients and their representatives, or other interested parties to document any concerns or complaints. A locked suggestion box outside the General Manager's office provides an avenue for confidential complaints.

Meeting minutes indicate issues are discussed and responded to. Care recipients/representatives are generally comfortable approaching staff and generally satisfied the care recipients' concerns are addressed to their satisfaction.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home's management has documented the service's mission, vision, values, philosophy and commitment to quality in the care recipient and employee handbooks, position descriptions and orientation processes and has it displayed at the entrance to 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 organisation has established human resource management systems to support a skilled and professional workforce. Day-to-day operation of the home is managed by the General Manager (GM), who guides the team at the home. Care managers direct clinical care and a registered nurse is available on-site 24 hours, seven days a week. A pool of regular and casual staff is maintained to facilitate consistent care and services. Sufficiency of staff is monitored through care recipient and staff feedback. Staff are employed based on their skills, experiences, qualifications held relevant to the position. New staff are orientated to the organisation's policies and procedures, values and philosophy, and supported by an experienced staff member until they are comfortable in their role. Position descriptions, care recipient care plans and task lists guide staff practice. Ongoing education is provided across a

range of topics and staff skills are monitored through observation, competency assessments and regular performance appraisals. Care recipients/representatives expressed satisfaction that staff are generally prompt and courteous when attending to the care recipients' needs.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home uses the organisation's approved suppliers and order processes to ensure that adequate stocks of key supplies (linen, food products, medical supplies, chemicals, consumables and continence aids) are available. Orders are checked at the time of delivery to ensure product quality and deficiencies are followed up with suppliers. Stocks of goods held on site are appropriately stored. Equipment is purchased as required and maintained by appropriately qualified personnel through reactive and preventative maintenance programs and external service providers. Staff and care recipients/representatives are satisfied with the availability of goods and equipment at the home and that equipment is generally well maintained.

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

Processes are established by the home to ensure information is managed in a secure and confidential manner that includes storage and access to files. Computerised information is password protected and staff have authority to access information relevant to their roles. The home collects and uses key information in relation to care recipient infections, incident data, audits and other care recipient/staff data to assist in the improvement of care and services.

Key documents such as policies, work instructions and care plans are regularly reviewed and updated. Information is communicated effectively through meetings, memoranda, email communications and verbal feedback. Care recipients /representatives are generally satisfied with consultation processes about issues concerning the care recipients and staff have access to relevant and timely information to perform their roles.

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 uses external service providers to provide goods, equipment and specialised services in relation to pharmacy, allied health, pest control, equipment maintenance and fire safety. Management uses service agreements to manage the provision of key services such as pharmacy, allied health services and fire safety system. Service performance is monitored

on a job-by-job basis and through feedback from staff and care recipients. Suppliers provide the home with relevant licences, insurance details, registration certificates and criminal history checks as required within the terms of their agreements. Care recipients/ representatives and staff are satisfied with the quality of services provided by 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 home's continuous improvement systems and processes.

Recent examples of improvements in relation to Standard 2 Health and personal care include the following:

- The integrated health care model introduced by Bupa Toowoomba in 2013 has been taken up by two thirds of the care recipients, who have experienced improved outcomes as a result. The model includes the appointment of a general practitioner and clinical manager, who work from a clinic within the premises and provide monthly medical review of care recipients who are their patients. They participate in monthly care reviews, which have been expanded to include direct care staff and provide a holistic approach to caring for the “person first”.
- Staff are satisfied the “Resident Care List” introduced by the care manager, has improved their access to key care information and enabled more timely and accurate response to care recipients' requests for assistance. The Resident Care List is a one-page pictorial depiction of key elements of care for the individual care recipient, such as: hip, arm, or leg protectors, bed cradle, fall mattress, sensor mat, tubigrip/thromboembolism-deterrent stockings (TEDS) or bed wedges.

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 information in Expected outcome 1.2 Regulatory compliance for information about the system to ensure compliance with legislation, regulatory requirements, professional standards and guidelines. In relation to Standard 2 Health and personal care for example,

- Management ensures that care recipients receive appropriate care and services.
- Registered nurse staff are available to provide care as required.

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 education and staff development system and processes. The education program reflects identified training needs relating to health and personal care and staff have the opportunity to undertake a variety of training sessions, for example, continence management; skin care, Don’t Let Me Choke and safe medication administration.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has processes to assess care recipients’ initial and ongoing clinical care needs and preferences. Care recipients’ baseline assessments are completed on entry to the home from information provided by the care recipient/representative, hospital discharge and/or medical referral notes. Assessments are completed to form individualised care plans that direct the provision of care. The care recipient’s plan of care is reviewed at the monthly ‘case review’ or when care needs change. Medical officers visit the home on a regular basis and an onsite general practitioner is available each working day, as needed and for emergencies out of hours. Care recipients/representatives have input into the ongoing provision of their care through entry and annual care conferences and one to one discussion with registered staff. The effectiveness of clinical care is monitored through incident analysis, clinical monitoring by senior nursing staff and/or onsite general practitioner and audit processes.

Nursing staff have an understanding of individual care recipients’ care needs. Care recipients/representatives are satisfied with the clinical care provided.

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

The needs of care recipients requiring ongoing specialised nursing care are identified on entry to the home and/or as their care needs change. This information is included in the individualised care plans to guide staff practice. Registered nurses are available onsite 24 hours a day, seven days a week, to assess and oversee specialised nursing care requirements. These currently include catheter care, oxygen therapy, diabetic care, and anticoagulation therapy. Professional development training, the use of external health specialist services, guidance provided by the care managers and resource material is available to support staff to care for care recipients with specialised needs. Care

recipients/representatives are satisfied with the quality of care provided at the home and the support received with specialised care needs.

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 have access to, and/or are referred to, a range of health specialists who provide services such as physiotherapy, speech pathology, podiatry, dietetics, optometry, dental care, audiology and medical specialists (including mental health). A referral form is completed by care managers, registered nurses or medical officers and forwarded to relevant health specialists. Health specialists attend the home and staff coordinate external appointments when necessary and accompany care recipients if required. Interventions/care strategies are transferred to the care recipient’s relevant care plan when applicable and are monitored and evaluated through the ‘case review’ process. Care recipients/representatives are satisfied with the range and access to appropriate health specialists and the follow up care provided.

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

Registered and medication trained assistant in nursing staff administer care recipients’ medications. Scheduled medications are administered via a sachet system and registered nurses are available onsite 24 hours per day, seven days per week for consultation regarding administration of ‘as required’ (PRN) medication. Medications are stored securely. A review of care recipients’ medications is undertaken regularly by the care recipient’s medical officer with an external pharmacist conducting reviews as required. Registered and medication trained assistant in nursing staff have regular education in medication management and drug therapy and attend annual medication competencies. A medication advisory committee meets quarterly to monitor the quality of medication administration. Evaluation of the medication management system is conducted through monitoring of medication incidents, observation of staff practice and audit processes. Care recipients/representatives are satisfied that medication is administered 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

On entry to the home, consultation is undertaken with the care recipient/representative as part of the initial assessment process in relation to history of any pain experienced to identify triggers and interventions that have been used to manage the care recipient’s pain. Pain

assessments are commenced and on completion identified triggers and intervention strategies are compiled into an individualised plan of care for pain and evaluated third monthly or as required. Re-assessment and monitoring occurs when care recipients experience a new/acute pain or annually. An assessment tool is available to assist in identifying pain using non-verbal cues. Pharmaceutical and non-pharmaceutical strategies such as massage, heat packs, transcutaneous electrical nerve stimulation (TENS), repositioning and diversional therapy are used in the management of pain and the effectiveness of these strategies is monitored and evaluated. Nursing staff liaise with medical officers and/or physiotherapist where further intervention is required. Care recipients/representatives are satisfied that care recipients' pain is managed effectively.

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

Palliative care is provided in accordance with care recipients/representative's wishes and preferences, which are identified at a time that is fitting for the care recipients/representatives. The care recipients' pain and comfort needs are managed in consultation with the care recipient/representative, clinical staff and medical officers. Care recipients are supported to remain at the home during the palliative phase of care and family are able to visit and/or stay with their family member during this time. Pastoral care is available and provided according to care recipients' preferences. External palliative advisory services, the 'palliative care toolkit' and clinical supplies are accessible to assist the staff to meet the physical and emotional needs of care recipients. Education on palliative care and grief and loss is provided for staff. Staff have an understanding of how to meet the physical, and emotional needs of care recipients while supporting care recipients and their families.

Care recipients/representatives are satisfied staff are caring and attentive and respect care recipients' privacy and dignity.

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

Dietary requirements of care recipients are identified and assessed on entry to the home including their likes, dislikes and dietary needs. Strategies to support care recipients' nutrition and hydration needs are incorporated into their care plans and communicated to staff.

Strategies include assistance with meals, provision of dietary aids and the provision of thickened fluids and texture modified diets. Care recipients are weighed monthly unless otherwise indicated after consultation with their medical officer. Weight variances are monitored by clinical staff and if indicated as appropriate, supplements and fortified meals are implemented and results are evaluated. Referrals to dietitian and speech pathologist are initiated when indicated by clinical monitoring and in consultation with medical officers. Care recipients/representatives are satisfied with the quantity and quality of food and fluid provided to care recipients.

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’ skin integrity is assessed on entry to the home and identified care needs are included in the care recipient’s care plan to guide staff. The care plan is reviewed as part of the review schedule or when indicated by changes. Care recipients who have the potential for compromised skin integrity are assessed and preventative strategies are used. Strategies include the use of aids/equipment such as pressure relieving devices, moisturising creams as well as regular repositioning and attending to care recipients’ continence and/or hygiene needs. Wounds are assessed by registered nurses and wound plans are established and outcomes are evaluated on an ongoing basis. Care managers attend weekly review of all wounds and access external wound specialists when required. The incidence of injury/skin tears is captured and analysed for trends and/or triggers and interventions are implemented as identified. Nursing staff receive education in manual handling at orientation and annually to ensure care recipients’ skin integrity is not compromised. The effectiveness of skin care is reviewed through analysis of clinical indicators, the audit process and staff observation. Care recipients/representatives are satisfied with the care and assistance received to maintain skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Continence status of care recipients’ is assessed on entry to the home with urinary and bowel assessment charts commenced to identify patterns. Care recipients’ individual continence programs, such as regular toileting schedules, assistance with personal hygiene and provision of appropriate continence aids, are developed and detailed on care plans. A daily bowel record is maintained for each care recipient, which registered staff monitor and action according to bowel management protocols. Bowel management strategies include encouraging fluids, providing prunes and pear juice and the administration of aperients as prescribed. A specific nurse is delegated to continence care management and monitors ongoing continence aid use for appropriateness and training of staff in the correct application of continence aids. External continence product providers regular education and also provide training components for staff. Nursing staff have an understanding of care recipients’ individual toileting schedules and continence needs. Care recipients/representatives are satisfied with the level of assistance and aids provided to manage continence needs.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The needs of care recipients with challenging behaviours are identified during the initial assessment phase and on an ongoing basis. Behavioural assessments assist to identify the types of behaviours exhibited, possible triggers and management strategies. Strategies implemented to manage challenging behaviours include one-on-one interaction, providing a calm and safe environment, distraction and redirection, complementary therapy, involvement in group activities and medical and/or medication review as required. Referral to external mental health services is accessed to assist in the management of complex behaviours and to provide support and education for staff. Effective strategies are noted and inform the care plan, which is reviewed monthly or as needed. Nursing staff are aware of their reporting responsibilities in the event of a behavioural incident. The effectiveness of behavioural management is monitored through incident analysis, clinical monitoring by senior nursing staff and/or general practitioner and the audit process. Care recipients/representatives are satisfied the home manages care recipients’ challenging behaviours in an effective manner.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Care recipients are assessed for mobility and dexterity needs and fall risk on entry to the home by the physiotherapist and in conjunction with the registered nurse, to assist in maintaining and/or enhancing a care recipient’s mobility and dexterity. Care recipients’ use of mobility aids are reviewed by the physiotherapist who also ensures that the aid the care recipient is using or will use is appropriate. A mobility and dexterity care plan is compiled by a physiotherapist and is evaluated third-monthly or when care recipients’ needs change.

Individual and group exercise programs are provided and overseen by physiotherapist and physiotherapist assistant. Staff are trained in manual handling techniques to safely assist care recipients to mobilise and transfer using appropriate mobility aids and lifting devices. Care recipients at risk of falls are assessed and identified; this is recorded on care plans. Incidence of care recipients’ falls is recorded; incidents are reviewed by clinical staff and the physiotherapist and strategies are implemented to minimise the risk of future falls. Care recipients/representatives are satisfied with the support provided by staff to assist care recipients to achieve their optimal 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

Care recipients’ oral and dental health history is identified on entry to the home and their preferences relating to management of their teeth and dentures and other oral/dental care needs. Nursing staff monitor care recipients’ ability to self-manage their oral care and provide assistance as required. Appointments to dentist/dental technician can be organised by staff for care recipients when required and staff provide support for the care recipients to attend their clinics. Nursing staff receive education/training in relation to assisting care recipients to manage their oral and dental health. Care recipients/representatives are satisfied with the assistance provided by nursing staff to care recipients in maintaining their oral and dental health.

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

Assessment of care recipients’ sensory needs and/or losses occurs on entry to the home and as care needs change. Care interventions reflect care recipients’ sensory needs and preferences. Care staff provide support with activities of daily living and assist them to manage assistive devices such as glasses and hearing aids (including cleaning, care and replacing of batteries), to maximise sensory function. Care recipients are referred to specialists such as audiologists, optometrists and speech pathologists based on their assessed needs and in consultation with the care recipients/representatives and medical officer. Optometrist visits the home six-monthly and the speech pathologist visits when required. Staff coordinate external appointments for other specialists when required and any changes to care are incorporated into the care plan. Care recipients/representatives are satisfied with the assistance provided by staff to identify and manage sensory care needs and preferences.

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

Information is gathered on entry to the home about care recipients’ usual sleep patterns including past habits, routines and any aids/rituals that have previously been of assistance to achieve natural sleep. This information is included in the care recipient’s care plan. A sleep assessment is commenced and any other patterns around sleep that are identified by this assessment are included into the care recipient’s sleep care plan. Environmental factors that are conducive to sleep such as dim lighting and temperature control are provided. Other factors that may compromise sleep, such as pain or toileting needs are identified and addressed. Non-pharmaceutical measures are encouraged such as warm beverages;

preferred settling and rising times are supported. Night sedation is available as prescribed by the care recipient's medical officer; however it is used only where non-pharmacological interventions have been ineffective. Care recipients/representatives are satisfied with the support care recipients receive to establish 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 home’s continuous improvement systems and processes.

Recent examples of improvements in relation to Standard 3 Care recipient lifestyle include the following:

- The purchase of a new bus has enhanced the quality of life for care recipients, who are now able to participate more in the community, attend community events and go shopping. The difference has been significant for some care recipients who had not previously been out of the home and who are now enjoying regular outings.
- Care recipients expressed satisfaction with changes implemented to the activity program since January 2015, which have increased care recipient participation and reduced challenging behaviours previously being exhibited by care recipients in the Jacaranda wing of the home. The revised program has provided increased focus on activities for care recipients in Jacaranda wing, such as bread-making. It has also introduced increased community interaction with the involvement in the program of volunteers and local schoolchildren.

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 system to ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. In relation to Standard 3 Care recipient lifestyle, for example, the home has processes to

- Manage the reporting of care recipient assaults or suspected assaults.
- Ensure that confidentiality of care recipient information is maintained and care recipients/representatives are informed about how care recipient information is used, who has access and for which purpose that access is provided.

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 education and staff development system and processes. The education program reflects identified training needs and staff have the opportunity to undertake training sessions relating to resident lifestyle; for example, Privacy and dignity; grief and loss; and Person First, Dementia Second.

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

Information that has been gathered on care recipients' entry to the home is used to ensure their emotional needs and preferences are communicated to enable staff to assist their adjustment to life in the home. As the care recipient adjusts to their new surroundings, they are assessed by using a lifestyle assessment and care planning process. A care and lifestyle plan is developed from this information which guides staff in supporting the care recipients' emotional needs and preferences on an ongoing basis. Any identified change through ongoing evaluation of the care recipient's care and lifestyle plan ensures that each care recipient is receiving the emotional support related to their individual needs. Nursing staff and recreational activities staff provide emotional support and are involved in monitoring care recipients' emotional needs. Pastoral care and volunteers are also available to support both care recipient and their families. Care recipients are encouraged to personalise their own living areas. Care recipients/representatives are satisfied with the emotional support provided to care recipients as they adjust to their new surroundings 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 encouraged to establish and maintain family, social and community links where possible. A physiotherapist assesses care recipients' requirements for assistive devices and equipment to assist with mobility. Community visitors, volunteers and family/friends are encouraged to participate in activities of the home. The home has a bus to facilitate care recipients' participation in local community events and attend excursions of interest to them. Care recipients are encouraged to maintain control over their daily activities, make financial decisions where they have the capacity and are assisted to vote if they so desire. Staff practices promote and support care recipients' independence. The home monitors the

effectiveness of the process through audits, care recipients' feedback, 'case reviews' and meetings. Any changes identified guide the readjustment of the care recipient's care and lifestyle plan. Care recipients/representatives are satisfied with the level of independence afforded to care recipients.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Management and staff recognise and respect each care recipient's right to privacy, dignity and confidentiality. The home provides privacy to care recipients through the use of environmental factors, secured storage of information and by providing education to staff. Care recipients' administrative and care files are stored and accessed in a way that provides security and confidentiality of information. Staff interactions with care recipients maintain their privacy and dignity; care recipients are addressed by their preferred name and doors/screens are closed when personal care is provided. The home uses audits, care recipients' feedback and meetings to monitor effectiveness. Care recipients/representatives are satisfied with the provision of privacy and dignity afforded to them.

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 different activities at the home. In conjunction with information gathered on entry and after a settling-in period, the recreational activities' staff complete assessments in consultation with the care recipient/representative. This information assists in developing the care recipient's lifestyle plan and an activities program that is of interest to them. The effectiveness of the lifestyle plan and activities is monitored and evaluated through attendance records, meetings, care recipients' feedback and audits to ensure care recipients' continued interest. Volunteers work under the direction of diversional therapist and assist with planned group and individual activities. Scheduled activities are advertised through a weekly calendar, verbally one to one and public address system announcements. Care recipients/representatives are satisfied with the activities offered by the home.

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 are systems to ensure care recipient's' individual interests, customs, beliefs, cultural and ethnic backgrounds are fostered and valued. The home uses information that has been

gathered on and following entry to the home to ensure that care recipients' specific cultural and spiritual needs and preferences are incorporated in their care and lifestyle plan. Pastoral care is available and church services are held to support care recipients' spiritual needs. The activities program enhances cultural care through the celebration of specific cultural and significant days. The home uses audits, meetings, and care recipients' feedback to monitor effectiveness of the home's cultural and spiritual life. Care recipients/representatives are satisfied that the home values care recipients' cultural and spiritual life.

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

Care recipients/representatives are encouraged and supported to make decisions about the care recipient's activities of daily living and health care through one-on-one consultation with staff and at care conferences. When the care recipient has been assessed as being unable to make their own decisions, alternative decision makers (such as an adult guardian, enduring power of attorney or significant other) are identified and documented in the care recipient's chart. Staff interactions with care recipients support the right of care recipients to make choices and provide them with the opportunity to make their own decisions, within their capacity. Information for care recipients on complaints mechanisms are available throughout the home and the 'resident' handbook. Audits, meetings and care recipients' feedback assist the home in monitoring the effectiveness of the care recipients' rights of individual choice and decision making. Care recipients/representatives are satisfied the individual choices of care recipients are actioned and respected in lifestyle and care delivery at the home.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Care recipients/representatives receive information about the home that includes security of tenure and the care recipients' rights and responsibilities, prior to the care recipient moving into the home and on entry. Care recipients also receive a 'residential care and accommodation agreement'. The Charter of Care Recipients' Rights and Responsibilities along with external complaint and advocacy information are included in the 'admission pack' and on display throughout the facility. Ongoing information is provided through one-on-one consultation with key staff and/or management, care recipient meetings and displayed in communal areas and/or on noticeboards as the need arises. Care recipients/representatives are satisfied care recipients have secure tenure within the home and are aware of their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Recent examples of improvements in relation to Standard 4 Physical environment and safe systems include the following:

- Minor refurbishments have been completed to enhance the communal areas of the home. Feature walls have been painted; the home has been decorated; furniture has been purchased and bathrooms have been refurbished to enhance the living environment and comfort for care recipients. Care recipients/representatives are satisfied with the refurbishments implemented at the home.
- The Jacaranda garden area has been upgraded and fenced to provide care recipients with enhanced outdoor spaces to enjoy.

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 system to ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. In relation to Standard 4 Physical environment and safe systems, for example,

- All staff attend mandatory training in fire safety, manual handling, infection control and food safety.
- An accredited food safety program is in place and third party inspections are conducted as required.

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 education and staff development system and processes. The education program reflects identified training needs and staff have the opportunity to undertake a variety of education and training relating to Standard 4 Physical environment and safe systems, such as safe chemical handling; fire indicator panel; restraint and work, health and safety committee representative training.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe and comfortable environment consistent with care recipients' care needs. Processes include an on-site maintenance officer and gardener, a planned preventive maintenance schedule, prompt response to maintenance requests, regular environmental inspections, hazard and incident reporting processes. Care recipients are accommodated in a combination of single and multiple bed rooms with communal bathroom facilities and staff monitor the rooms to ensure furniture is safe and trip hazards are eliminated where possible. Common areas are easily accessed for meals and lifestyle activities. Incidents involving residents are documented and followed up in the care recipient's care record and through the incident management system. Care recipients

/representatives are satisfied with the maintenance and comfort of the living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home's safety system is supported by a workplace health and safety representative and committee, that meets regularly and reviews hazards and risk management processes.

Safety training is provided for staff at orientation and at compulsory training sessions conducted annually and as required. Policies and procedures are updated in response to legislative changes and staff are provided with information and training about the changes. Issues raised from regular environmental inspections are addressed promptly or included in the continuous improvement plan to ensure significant and systemic issues are prioritised and tracked to completion. Maintenance is conducted on buildings and equipment to ensure safety

and useability. Chemicals are stored securely and current safety data sheets are accessible to staff. Staff are familiar with incident and hazard reporting processes and satisfied with management's response to issues.

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

Fire detection and alarm system, fire-fighting installations and equipment, and emergency lighting have been inspected and maintained in accordance with the relevant standards. Fire exits and pathways to exit are free from obstacles and exit doors operate in accordance with requirements. Fire evacuation drills are conducted. Processes ensure that quick and easy access to current care recipient information is available in the event of an emergency evacuation. All staff have received fire safety training within the last 12 months. Staff have an accurate knowledge of fire and emergency procedures and their role in the event of an alarm and evacuation. Security procedures are in place and consistently implemented to protect care recipients and staff.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program and is supported by policies and procedures. The program is based on the identification and treatment of infections, staff education in infection control including hand washing and the collation and analysis of infection data. In addition, processes for care, catering, cleaning and laundry are designed to minimise the risk of cross infection. Hand washing facilities are located throughout the home and staff have access to personal protective equipment. Food is stored safely; temperature monitoring of cold food and of heated foods, storage and serving is conducted in accordance with the home's food safety plan. Staff and care recipients are encouraged and supported with regular immunisation programs. The home has policies and work instructions to guide staff in outbreak management. Care recipients/representatives are generally satisfied with the actions of staff to control the risk of infection.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Catering staff have been trained and implement quality monitoring processes to ensure food safety. Meals are prepared on site with a cook-chill process and temperatures are monitored to ensure safety and care recipient satisfaction. Temperature monitoring and quality control processes are consistently applied. Care recipients are consulted about their preferences and

their requests are considered and provided where possible. Equipment and supplies of cleaning products are available and in good working order. All kitchen and cleaning items and care recipients' clothing and flat linen is laundered on site. Care recipients are satisfied with the catering and the care taken with their clothes. They are generally satisfied with cleaning processes at the home. Staff are satisfied with their working environment.