



**Australian Government**

---

**Australian Aged Care Quality Agency**

**Bupa Tugun**

RACS ID 5380  
6 Croft Court  
TUGUN QLD 4224

**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 June 2018.

We made our decision on 06 May 2015.

The audit was conducted on 24 March 2015 to 26 March 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.

<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



**Australian Government**

---

**Australian Aged Care Quality Agency**

## **Audit Report**

**Bupa Tugun 5380**

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

### **Introduction**

This is the report of a re-accreditation audit from 24 March 2015 to 26 March 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 24 March 2015 to 26 March 2015.

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

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

## Assessment team

<b>Team leader:</b>	Mary Allen
<b>Team members:</b>	Lois Janetzki Lyntara Quirke

## Approved provider details

<b>Approved provider:</b>	Bupa Care Services Pty Limited
---------------------------	--------------------------------

## Details of home

<b>Name of home:</b>	Bupa Tugun
<b>RACS ID:</b>	5380

<b>Total number of allocated places:</b>	166
<b>Number of care recipients during audit:</b>	147
<b>Number of care recipients receiving high care during audit:</b>	115
<b>Special needs catered for:</b>	Care recipients requiring a secure environment

<b>Street/PO Box:</b>	6 Croft Court
<b>City/Town:</b>	TUGUN
<b>State:</b>	QLD
<b>Postcode:</b>	4224
<b>Phone number:</b>	(07) 5586 4000
<b>Facsimile:</b>	(07) 5586 4027
<b>E-mail address:</b>	<a href="mailto:amal.croft@croft.com.au">amal.croft@croft.com.au</a>

## Audit trail

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

### Interviews

Category	Number
General Manager	1
Regional Support Manager	1
Registered nurses	4
Care Managers	4
Care staff	10
Lifestyle/recreation staff	4
Assistants in Nursing Coordinator	1
Care recipients/representatives	24
Chef	1
Regional Property Manager	1
Clinical Manager	1
Catering/cleaning/laundry staff	5
Physiotherapist aide	1
Maintenance Officer	1

### Sampled documents

Category	Number
Care recipients' clinical files	18
Summary/quick reference care plan	1
Resident agreements	4
Medication charts	17
Personnel files	21

### Other documents reviewed

The team also reviewed:

- 'Map of life' documentation
- Activity attendance sheets
- Allied health referrals and records

- Appraisal invitation letter
- Assessment education packs
- Asset and purchase requisitions
- Audit schedule and completed audits
- Care delivery records
- Certificate of classification
- Cleaning schedules
- Clinical flip charts
- Competency assessments
- Confidential improvement logs
- Continuous improvement logs
- Dietary summaries and records
- Dining experience feedback forms
- Duties lists
- Education calendar
- Emergency flip charts
- Employee handbook
- End of life records
- Falls prevention records
- Fire safety inspection records
- Fire safety orientation
- Food and equipment temperature monitoring records
- Food safety program
- Guide to incident reporting
- Handover forms
- Improvement logs usage and trend analysis report
- Incident forms and incident trend analysis
- Induction program



- Job descriptions
- Legionella species reports
- Maintenance logs
- Maintenance management system folder
- Mandatory education records
- Massage therapy records
- Medication management records
- Meeting minutes
- Memorandum folder with staff memoranda
- Minutes of meetings
- Mobility cards
- Modified food, fluid and supplement lists
- Pain assessments
- Personal Best Commitment records
- Pest control records
- Physiotherapy plans
- Police checks
- Policy and procedure manuals
- Pre and post education evaluation
- Recruitment policies and procedures
- Resident/relative and staff newsletters
- Resident change of information folder
- Resident evacuation lists
- Resident welcome pack
- Resident handbook
- Restraint authorisation documentation
- Restraint authorisation guidelines
- Rosters

- Service and supply agreements
- Special care management plans
- Staff allocation and duty guides
- Staff training needs analysis
- Venue/location suitability checklist
- Warm water system daily log sheets
- Wound management and treatment charts

## **Observations**

The team observed the following:

- Allied health specialists attending to care recipients
- Care recipients participating in activities
- Equipment and supply storage areas
- Living environment
- Massage and pain management equipment
- Meal and beverage service
- Medication administration
- Menus and activities calendars displayed
- Notice boards
- Organisational posters on display
- Care recipients using mobility assistive devices
- Small group observation
- Staff interactions with care recipients and visitors
- Staff work practices
- Storage of medications
- Suggestions boxes

## 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 Tugun (the home) has processes to capture information from care recipients/representatives, staff and other stakeholders that assist the home to identify areas for improvement. Information captured through the home's processes include feedback forms, suggestions, compliments, comments and complaints, audits, incident, hazard reporting and resident/staff meetings. The General Manager (GM) logs improvements and monitors progress of quality improvement activities through feedback from care recipients/representatives and staff. Care recipients and staff are active participants in the home's pursuit of continuous improvement and responses to suggestions are provided in a timely manner.

Recent examples of improvement activities related to Standard 1 include:

- Following a review of how best to communicate important general information to families and staff, the home has implemented a text messaging and secure group email process to communicate with representatives and staff. Feedback about the improved communication has been positive.
- An evaluation of all senior clinical staff knowledge and skills identified they could benefit from additional leadership and clinical education training. This resulted in the home sourcing and supporting all senior clinical staff to attend an external course on clinical leadership. Staff reported this has improved their knowledge and skills and improved their clinical leadership ability.

#### 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 is advised of legislative changes, professional standards and guidelines through government notifications and through correspondence from the organisation's National Office.

The GM is responsible for monitoring and maintaining systems to identify and ensure compliance with relevant regulatory requirements. New and amendments to regulatory requirements result in updating of procedures, practices and subsequent policies, transfer of information to staff via meetings, memoranda and notices, plus training sessions when required. A system is in place to record and monitor staff attendance at training, currency of staff's police certificates and stakeholders are notified of accreditation visits.

### **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

There are processes to identify and support staff knowledge and skills in relation to management systems, staffing and organisational development. Recruitment processes incorporate verification of appropriate skills and/or qualifications to ensure staff have the relevant skills to perform their roles. Staff receive orientation on commencement at the home and a monitoring system ensures that staff mandatory education is current. Staff receive personal reminders of upcoming mandatory education requirements and general education information is promoted through flyers, text messages, meetings and memoranda. If a specific need is identified, short 'corridor conferences' are held with staff at handover or through individual one-to-one sessions. Self-directed e-learning packages are available for staff to increase their knowledge and skills. Staff feedback indicated they benefit from the knowledge, training, and skills development that the home regularly provides to all staff.

Examples of education provided relevant to Standard 1 include (but are not limited to) clinical leadership training, 'the Bupa way' and providing integrated care.

### **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 processes to provide care recipients and their representatives with information about internal and external complaint mechanisms. The home's management has an 'open door' policy for care recipient/representative issues to be resolved informally, and management maintains privacy and confidentiality in the management of complaints. Comments and complaints are investigated by the GM who strives to resolve the complaint and provides feedback about the outcome. There is a record of the issue and the outcome plus a log to enable analysis and identification of any trends. Meetings and informal discussions with management provide forums for care recipients/representatives to discuss issues and provide reminders of the mechanisms available. Information leaflets and brochures are on display with contact details for external complaints and advocacy services. Regular meetings also provide access for care recipients/representatives to raise issues and feedback confirms knowledge of and access to information about the complaints processes and satisfaction with the response by management when issues are raised.

## 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 vision, values, philosophy, objectives and commitment to quality is documented within handbooks provided to care recipients/representatives and staff and is on display throughout the home.

## 1.6 Human resource management

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

### **Team's findings**

The home meets this expected outcome

The home has systems to ensure appropriately skilled and qualified staff are recruited to enable services to be delivered to meet the changing needs of residents. Current staffing includes a mix of nursing, care, activities, administrative, and operational staff. The home's human resource management includes pre-appointment selection processes, such as interviews, qualifications verification, reference checks and criminal history checks; post recruitment processes include orientation, buddy shifts and ongoing monitoring of performance. Position descriptions and duties lists are provided to guide and support staff in their daily duties. Available staff employed by the organisation cover all shifts that are vacant due to planned and unplanned leave. Staff feedback indicated they are able to complete their duties within their rostered hours. Care recipient feedback indicated staff call bell response times are satisfactory and staff are aware of how to support them with their individual 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 has sufficient stock levels, ordering and delivery systems for goods such as food, cleaning products, and clinical supplies. To ensure quality the home's practices include all products being monitored on delivery by staff in various areas; issues regarding the quality of goods and services are addressed with the supplier and then monitored by the home. When a need for equipment is identified through processes that include staff feedback and changing care recipient needs, the management team reviews potential products to ensure the new products meet the needs of care recipients and staff. Corrective and preventative maintenance schedules ensure all equipment is regularly maintained and fit-for-purpose.

Staff are satisfied there are sufficient supplies of goods and equipment available to meet care recipient needs and that education in the use of the equipment is provided.

## 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

There are systems to enable staff and management to access sufficient and reliable information for appropriate decision-making. Policies, procedures, practices, tools and forms are regularly reviewed and changes are circulated to staff through education sessions, changes in manuals, meetings, newsletters and the home's memorandum system.

Confidential information is stored securely on computer files or in locked cabinets/rooms, and can be accessed by those staff with the authority and need to do so. Password protection is in place as well as a back-up system for computer records; access to care recipients' and staff records is restricted. Meetings are held regularly to support information sharing. An activity calendar, notice boards and personal communication opportunities are used to inform care recipients of daily activities. The archiving process is managed in accordance with regulatory, organisational and work station storage requirements. Staff and care recipients/representatives are satisfied communication of information is timely.

## 1.9 External services

*This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".*

### **Team's findings**

The home meets this expected outcome

Externally sourced services are contracted in order to meet the home's care service needs and service quality goals. Allied health services sourced external to the home include speech pathology, podiatry, physiotherapy and dietician. Other services sourced externally include gardening, pest control, chemicals, waste management and fire equipment maintenance.

External services are covered by service agreements and management monitors the frequency and quality of external services. Care recipients and staff are satisfied with the services provided.

## 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 related to Standard 2, Health and personal care include:

- Following an audit on skin care, findings identified deficiencies in assessment documentation including monitoring the size of the wound. As a result, the Care Managers developed a sample wound assessment chart as a guide and included disposable rulers in each wound folder. A follow up audit identified improved results in documentation of wounds.
- An analysis of infections over a two month period identified an increase in urinary tract infections. The clinical team implemented a symbol of a water drop to place on care recipients' bedroom doors and their mobile walking aids. These symbols assist staff to identify care recipients who need assistance with extra fluids and encouragement to drink more water. In addition, water coolers were also installed on every level of the home to make water more available to residents. Management reported a decrease in urinary tract infections following the introduction of the initiatives.
- A gap was identified in the monitoring of care recipients with pain. As a result the home called for expressions of interest for registered staff to become 'pain champions' resulting in 'pain champions' being nominated for each floor. Pain champions have received additional training in massage, laser and the application of transcutaneous electrical nerve stimulation (TENS) and other non-pharmacological approaches to pain management. They ensure care recipients in their allocated area are regularly monitored for pain, and act as resource persons for staff. An additional audit identified there are no longer gaps in monitoring pain and staff feedback relating to the use of 'pain champions' was positive.

## 2.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home’s systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to health and personal care.

Particular to this Standard management maintain and monitor the systems to manage care recipients’ care planning in accordance with the *Quality of Care Principles 2014*, protocols for medication management, and the reporting of unexplained absences as set out in *The Accountability Principles 2014*. Staff demonstrated knowledge of their legislative responsibilities under Standard 2 Expected outcomes.

## 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 systems and processes to manage the ongoing education program.

In relation to Standard 2 Health and personal care, education is provided to ensure staff have the knowledge and skills required for effective performance in relation to health and personal care. Examples of education provided relevant to Standard 2 include (but are not limited to) dementia care, medication management, pain management and hydration. Staff feedback demonstrated knowledge of their responsibilities under Standard 2 Expected outcomes.

## 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 a “Person First” approach to care and strives to meet each individual’s health care goals. Care recipients are assessed for need and an individual plan of care is implemented to meet the individuals expectations and preferences. The home uses a coordinated approach to review the achievement of goals and care outcomes. Care is delivered in partnership with the care recipient and their representative is kept informed.

Variations in health status are identified promptly and appropriate action is taken. A care recipient/representative care conference is offered regularly and other health professionals are consulted as required. Care recipients/representatives are satisfied with care delivery and expressed confidence in management and the health care team.



## 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 assessed by qualified nursing staff. The visiting medical officers, allied health practitioners and specialist services are consulted for support and advice. Instructions for care are recorded on ‘specialised care needs plans’ which are monitored for effectiveness. Training is provided to staff to ensure they have the skills and knowledge to deliver specialised care and procedures. Staff advise they have sufficient and appropriate equipment to support care recipients.

## 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’ allied health needs and preferences are assessed and planned through the care planning processes. All care recipients and representatives are informed of other health related services through the resident information booklet and discussions with staff. Referral to various health specialists is undertaken appropriately and directives prescribed by allied health specialists are implemented as ordered. Health specialists and services utilised by the home include; physiotherapy, podiatry, dietician, speech pathology and mental health services. Care recipients/representatives are referred to appropriate health specialists in accordance with their needs and preferences.

## 2.7 Medication management

*This expected outcome requires that “care recipients’ medication is managed safely and correctly”.*

### **Team’s findings**

The home meets this expected outcome

The care recipient’s need for assistance with medication management is assessed and individual plans are developed. Medication charts contain photographic identification, any past allergies and specific instructions for administration to assist staff. Each care recipient has an individual locked medication cabinet in their bedroom. Qualified staff administer medications via pre-packed medications supplied by a local pharmacy. All medication orders are reviewed by the medical practitioner and pharmacist every three months. The process for ordering and supply of packed, unpacked, ‘as required’ and short term medications is effective. All medications including controlled and refrigerated drugs are stored and monitored appropriately. Evaluation of the medication administration system is conducted through internal auditing processes. Ongoing medication related training is provided for staff. Care recipients are satisfied that their 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

The home has a pain management program including the identification, assessment and monitoring of care recipients who experience pain. A variety of pain management strategies are utilised including; laser, heat packs, repositioning, massage and exercise programs are implemented for care recipients to ensure they remain as free as possible from pain. The effectiveness of pain management strategies is closely monitored by qualified nursing staff. Care staff are aware of strategies to ensure each carer recipient is as pain free as possible. Care recipients advised they are satisfied with the way their pain is managed.

## **2.9 Palliative care**

*This expected outcome requires that “the comfort and dignity of terminally ill care recipients is maintained”.*

### ***Team’s findings***

The home meets this expected outcome

There are processes to ensure the comfort and dignity of terminally ill care recipients is promoted. Relatives and friends are supported during the terminal stages of the care recipient’s life. Relatives can be involved in care if they wish and are provided with information, emotional support and counseling as required. Staff have the knowledge and skills to co-ordinate and provide appropriate clinical care and emotional support. A palliative care plan is developed in consultation with the care recipient/representative and external specialists are consulted as needed. Staff advise they have sufficient equipment to assist in the care of the terminally ill. Care recipients/representatives advise staff are caring and respectful of their wishes and preferences in ensuring their care needs are met.

## **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’ nutrition and hydration needs are identified on entry to the home, through the completion of a dietary assessment. The information gathered is used to develop the care plan and to ensure appropriate meals and drinks are provided. Care recipients are weighed on entry to the home then monthly or more frequently, as needed. Variances in weights are trended and unintended weight loss or gain is analysed for causative factors. Dieticians and speech pathologists are regularly consulted to optimize care recipient nutritional intake. Care recipients are satisfied with the quality and sufficiency of food and fluids provided.

## 2.11 Skin care

*This expected outcome requires that “care recipients’ skin integrity is consistent with their general health”.*

### **Team’s findings**

The home meets this expected outcome

Care recipients’ skin condition and need for care is assessed on entry to the home and a risk assessment is completed as required. The care recipient’s care needs are communicated to staff via care plans, exception reports, verbal and written handover. When the care recipient’s skin is compromised, a wound assessment is undertaken and a treatment regime is put into place. Staff advise they have access to suitable stocks and equipment to maintain care recipients’ skin integrity including emollients and pressure relieving devices. Care recipients are satisfied with the care provided by staff to help maintain their 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

The home has processes to assess each care recipient’s need for toilet and continence management. Factors that affect continence are determined and strategies are recorded on individual plans for care. The process for ordering continence products is effective and staff receive training in relation to the management of personal care and incontinence. The home monitors the use of continence aids, aperients and urinary tract infections. Care recipients/representatives advise they are satisfied with the way toileting and continence care needs are managed.

## 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 home has processes to identify and care for those who may experience emotional disturbances and challenging behaviours. Each care recipient’s emotional needs and social history are assessed to identify the context of behaviour patterns, possible triggers and successful support interventions. Strategies to assist with the management of behavioural related issues are documented in the care recipient’s care plan and closely monitored. Staff liaise with the medical officer and referral to external behaviour management support services appropriately. Staff are respectful of the individual and take a ‘person first approach’. Care recipients/representatives are satisfied with the management of residents who may experience 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’ mobility and dexterity needs are assessed by a registered nurse and physiotherapist. The physiotherapist prescribes the appropriate mobility aid and develops an individual exercise program to maximise the care recipient’s level of function and safety. The lifestyle and physiotherapy programs include a variety of sessions used to promote exercise and care recipients are encouraged to attend. Mobility and transfer requirements are documented on an exercise care plan for care staff to follow. Specialised cutlery and other resources are available to assist care recipients to be as independent as possible. Care recipients advise that they are satisfied with their ability to mobilise and be as independent as possible.

## **2.15 Oral and dental care**

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ oral and dental health is identified and assessed to determine further care needs. The level of assistance required in maintaining oral and dental hygiene is included in the care plan to guide staff. Strategies to assist care recipients to maintain their oral and dental health include referral to relevant external dental services, fluid maintenance and application of oral moisturisers. Staff are provided with education on oral hygiene safety for those care recipients with impaired swallowing capacity. Care recipients are satisfied with the level of support provided to assist them with the maintenance of oral hygiene and their access to dental health services.

## **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’ degree of sensory loss is identified and assessed by qualified staff to determine their level of need and provide support. Care recipients are referred to a specialist such as an audiologist, optometrist and or speech pathologist in accordance with their needs and in consultation with the care recipient/representative and doctor. Staff provide assistance to attend external appointments as required. Staff have an understanding of individual care recipient needs and strategies to promote effective communication. Care recipients with sensory loss indicated they are satisfied with the assistance they receive from staff.

## 2.17 Sleep

*This expected outcome requires that “care recipients are able to achieve natural sleep patterns”.*

### ***Team’s findings***

The home meets this expected outcome

Care recipients’ sleep patterns are identified and assessed through the use of observation and a sleep monitoring chart. Staff conduct regular checks overnight to identify care recipients who are awake or uncomfortable and provide additional support and attention as required. Staff’s night routines maintain an environment that is peaceful and staff provide additional support for care recipients who may be confused, need assistance with the toilet, pain management and or hunger. Care recipients reported that they are able to sleep and receive sufficient rest.

## 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.

Improvement initiatives implemented recently by the home in relation to Standard 3, Resident lifestyle include:

- Feedback from care recipients/representatives who are not able to go on shopping trips requested a shopping trolley to provide them with independence and choice to purchase some personal items and small gifts for relatives and friends. This has been added to the activity calendar and verbal feedback has been positive from care recipients accessing the service.
- Management identified the need to provide extra emotional support for representatives of care recipients when placing them into permanent residential care. As a result, on the day of entry to the home, staff telephone the representative following entry and advise them of how the care recipient is settling into the home. They are also invited to attend the monthly representative support group meeting. Management report feedback from representatives and staff has been positive in alleviating anxiety experienced when placing a relative/friend into care.

### 3.2 Regulatory compliance

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

#### **Team’s findings**

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance processes.

In relation to Expected outcome 3.2 Regulatory compliance, the home has systems to ensure reportable and non-reportable events are managed according to legislative requirements; and maintain care recipients’ privacy, and ensure care recipients’ security of tenure in line with legislative requirements. Staff demonstrated knowledge of their legislative responsibilities under Standard 3 Expected outcomes.

### **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 systems and processes to manage the ongoing education program.

In relation to Standard 3 Resident lifestyle, education is provided to ensure staff have the knowledge and skills required for effective performance in relation to supporting residents' lifestyle requirements. Examples of education provided relevant to Standard 3 include (but are not limited to) privacy and dignity, integrated health care, and compulsory reporting. Staff feedback demonstrated knowledge of their responsibilities under Standard 3 expected outcomes.

### **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

Prospective care recipients and/or their representatives tour the home and are offered information regarding life in the home, care and services available. A welcome pack is provided with an opportunity to ask questions and discuss issues relating to adjustment to life in the home. Ongoing assessment, planning and evaluation systems identify social needs and preferences for emotional support. Family members and friends are welcomed as part of the supportive network and encouraged to visit the home. Staff are aware of and involved in monitoring residents' emotional needs and observe signs to provide additional emotional support. Ongoing monitoring by staff identifies changes in mood and behaviour and appropriate remedial action is taken to support the care recipient and their family. Care recipients and representatives are satisfied with support received during the settling in period and with the ongoing emotional support provided by management and staff.

### **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

The home encourages and supports care recipients to maintain a high level of independence, physically, emotionally, intellectually, culturally, socially and financially. Their level of independence and need for assistance are assessed when they move into the home and reviewed three monthly. Care staff promote independence in activities of daily living and care recipients are encouraged to participate in a wide range of home based and community activities. Regular meetings provide the opportunity for care recipients/representatives to raise

issues and provide feedback. Family and friends can visit at any time and we observed visitors participating in the life of the home and sharing meals. Care recipients confirmed they are encouraged to maintain friendships and interests.

### **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, confidentiality, dignity and respect is recognised and maintained by management and staff. Information about the right to privacy and dignity is contained in the resident handbook and information pack and is explained to care recipients/representatives on entry to the home. Administrative and care files are stored and accessed in a way that provides security and confidentiality of information. Information about each care recipient's personal preferences and needs regarding privacy and dignity are collected and specific needs are incorporated into care plans and communicated to relevant staff. Staff practices in relation to interactions with care recipients ensures their privacy and dignity is maintained for example knocking on doors, using preferred names and maintaining privacy when personal care is provided.

### **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' lifestyle preferences and wishes are identified at the time of admission and through ongoing conversations. Information is recorded on the admission database assessment form and the 'Map of Life' document. The lifestyle team develop and implement individual and group activity programs with consideration for care recipient participation and satisfaction. A calendar of activities is displayed on notice boards throughout the home and focus groups are conducted to gain feedback and to identify opportunities for improvement. The program is reviewed and evaluated to ensure it continues to meet care recipients' changing capabilities and preferences. Information is obtained from attendance records, activities evaluations and residents' meetings. Care recipients are satisfied with the activities available to them.

### **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

Each care recipients' cultural, spiritual preferences and personal significant anniversaries are documented when they move into the home. All staff are made aware of the cultural and spiritual needs through care plans, progress notes, care conferences and meetings. The home



has a culture of embracing and respecting religious and cultural beliefs and access to spiritual/religious services/practices is facilitated and supported. Activities reflect cultural diversity and residents celebrate culturally significant days such as Christmas, Easter, Australia Day, St Patricks Day and Anzac Day. Care recipients are satisfied with the pastoral care, spiritual services and support they receive.

### **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 are able to exercise choice and make decisions regarding the care and services they receive. Preferences are captured through ongoing consultation and conversations with staff and management, resident meetings and general feedback. A care recipient's Enduring Power of Attorney is held on their file in the event they may need their nominated person to make decisions on their behalf where the need may arise. Care recipients have an awareness of their rights and responsibilities and have access to information regarding advocacy services if required. Care recipients are satisfied they are able to participate in decisions relating to life 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

Each care recipient/representative is provided with an information package which includes a residential care agreement and a resident handbook. The information provided includes the Charter of residents' rights and responsibilities, security of tenure, fees and charges, internal and external complaint mechanisms, and the care, services and routines provided at the home. The GM clarifies any issues and care recipients/representatives are notified about changes relating to security of tenure, rights and responsibilities or fees. Care recipients/representatives are aware of their rights and responsibilities and are satisfied that their tenure at the home is secure.

## 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.

Improvement initiatives implemented recently by the home in relation to Standard 4, Physical environment and safe systems include:

- Following a resident/representative meeting, a suggestion was made to have an additional sign in/sign out book in the basement of the home near the lifts. Several visitors who visit the home park in the underground parking and had to go via reception to sign in and sign out. Feedback from care recipients following this initiative has been positive.
- Care recipients identified disturbances from other care recipients’ doors slamming if their windows were left open. Door stoppers were fitted in all the rooms, resulting in care recipients being able to keep their doors latched open, preventing them from closing and disturbing others. Feedback from staff and care recipients has been positive.
- Suggestions from care recipients attending a food focus group identified many would like a choice of savoury biscuits at morning and afternoon tea times. This has been added to the menu and care recipient feedback has been positive.

### 4.2 Regulatory compliance

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

#### **Team’s findings**

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance processes.

In relation to Expected outcome 4.2, management maintain and monitor the systems to manage fire safety and other emergencies, occupational health and safety, infection control and food safety. Staff feedback demonstrated knowledge of their legislative responsibilities under Standard 4 Expected outcomes.

### **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 systems and processes to manage the ongoing education program.

In relation to Standard 4 Physical environment and safe systems, education is provided to ensure staff have the knowledge and skills required for effective performance in relation to maintaining a safe environment. Examples of education provided relevant to Standard 4 include (but are not limited to) manual handling, infection control, fire safety, emergency management, food safety and chemical handling. Staff feedback demonstrated knowledge of their responsibilities under Standard 4 Expected outcomes.

### **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

The home has processes to provide a safe and comfortable environment for care recipients in accordance with their needs. Rooms are single ensuited and care recipients are encouraged to personalise their spaces with personal belongings. Communal lounge/dining areas and an external garden area provides a variety of places to socialise with relatives and friends. Hand rails are provided and pathways and internal and external surfaces are maintained to enable care recipients to mobilise safely. Authorisation is obtained for those care recipients who may require protective assistance. Lock down procedures and sensor lighting of car parks optimise the safety of care recipients and staff after daylight hours. The building, grounds and equipment are maintained in accordance with corrective, preventative and routine maintenance schedules and repairs are attended within reasonable time frames. Care recipients feel safe and comfortable in the home.

### **4.5 Occupational health and safety**

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

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

The home meets this expected outcome

The home monitors workplace health and safety through processes which include risk assessments audits, hazard identification, and staff/resident feedback. Data is collected, analysed, tracked and actions are implemented and evaluated. Workplace health and safety issues are discussed at regular staff meetings. The staff orientation program and the education plan include mandatory education in workplace health and safety. The environment is monitored for safety and actions taken to address issues. Staff feedback indicates that

management is prompt in addressing safety issues and staff have knowledge of safe chemical use, have access to material data sheets and personal protective equipment.

#### **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

Procedures are in place and staff are trained and understand the processes to follow in the event of a fire or other emergency. Training sessions are conducted as required and training records indicate all staff have completed their statutory fire training. Evacuation plans are displayed in public areas and emergency exits are marked, free from obstruction, illuminated, secure and large enough to facilitate transfer of care recipients and staff in the event of an evacuation. An approved external provider conducts regular independent fire inspections on all fire equipment and provides the home with reports and actions to be taken in relation to recommendations. Records of inspection and maintenance indicate the fire detection and alarm system, sprinkler system, fire door sets, fire-fighting equipment and emergency lighting have been regularly inspected and maintained. Sign in/sign out registers monitor movement within the facility. The home has a lock down procedure which is followed each evening and care recipients report they feel safe in the home.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home has an infection control program overseen by the GM with policies and procedures to guide staff practice. Staff complete education at orientation, annually and as required. Infections are monitored and reviewed monthly; audits are completed throughout the year and temperature control checks are maintained on food and equipment. Hand washing facilities are located throughout the home and staff were observed to use personal protective equipment. There are policies and processes to guide management and staff in the event of an infectious outbreak. Care, catering, laundry and cleaning staff practices are in accordance with standard precautions and infection control guidelines. Care recipients expressed satisfaction with the effectiveness of the infection control system and processes.

#### **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

Care recipients' dietary needs are assessed on entry to the home and reviewed as necessary to identify allergies, likes, dislikes and preferences. This information is communicated to the onsite kitchen and distributed to the community kitchens. Menus are developed with care recipient input and are discussed at meetings. Care recipients are able to make choices as

meals are served and provide written and verbal feedback to care and catering staff during meals. The cleaning program includes duties lists and schedules to guide staff in the regular cleaning of care recipients' rooms and the environment. Laundry services are provided on site with naming of clothing completed by staff. Regular stocktakes are conducted to ensure linen is replaced as necessary. The effectiveness of hospitality services is monitored through feedback, meetings, audits and surveys. Care recipients/representatives and staff are satisfied with the catering, cleaning and laundry services provided.