



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Bupa Armidale RACS ID: 2551

Approved Provider: Bupa Aged Care Australia Pty Ltd

Reconsideration of decision regarding the period of accreditation of an accredited service under section 2.19(1)(a) of the *Quality Agency Principles 2013*.

Reconsideration Decision made on 8 December 2017

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 22 June 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 21 July 2015 to 21 April 2019.

Reason for decision Under section 2.69 of the *Quality Agency Principles 2013*, the decision was reconsidered under 'CEO's own initiative'.

The Quality Agency is seeking to redistribute the dates for site audits for a number of services that have demonstrated consistent and sustained compliance with the Accreditation Standards to achieve a more level distribution of the timing of accreditation site audits over a three year period. More information is available on our website at <http://www.aacqa.gov.au/publications/news-and-resources/redistribution-of-aged-care-accreditation-program>.

The Australian Aged Care Quality Agency will continue to monitor the performance of the service including through unannounced visits.

This decision is effective from 8 December 2017

Accreditation expiry date 21 April 2019



Australian Government

Australian Aged Care Quality Agency

Bupa Armidale

RACS ID 2551
112 Brown Street
ARMIDALE NSW 2350

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 21 July 2018.

We made our decision on 22 June 2015.

The audit was conducted on 19 May 2015 to 20 May 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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Bupa Armidale 2551

Approved provider: Bupa Care Services Pty Limited

Introduction

This is the report of a re-accreditation audit from 19 May 2015 to 20 May 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

Audit report

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 19 May 2015 to 20 May 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:	Richard Scott
Team member/s:	Rosemary Chaplin

Approved provider details

Approved provider:	Bupa Care Services Pty Limited
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Details of home

Name of home:	Bupa Armidale
RACS ID:	2551

Total number of allocated places:	66
Number of care recipients during audit:	62
Number of care recipients receiving high care during audit:	58
Special needs catered for:	N/A

Street/PO Box:	112 Brown Street	State:	NSW
City/Town:	ARMIDALE	Postcode:	2350
Phone number:	02 6776 8000	Facsimile:	Nil
E-mail address:	Nil		

Audit trail

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

Interviews

	Number		Number
General Manager	1	Care recipients	12
Regional manager	1	Representatives	2
Regional support manager	1	Volunteer	1
Quality co-ordinator	1	Lifestyle officers	2
Registered nurses	2	Physiotherapist assistant	1
Endorsed enrolled nurses	2	Catering staff	5
Care staff	10	Laundry staff	2
Visiting mental health specialist	1	Cleaning staff	2
Business Administrator	1	Maintenance staff	1

Sampled documents

	Number		Number
Care recipients' files including assessments, care plans, progress notes, medical and allied health documentation, referrals and transfer information	8	Medication plans, medication charts and nurse initiated medication lists	11
Resident incident notification reports	10	Wound assessment and progress charts	6
Self-medication assessment	1	Personnel files	8
Resident agreements	7		

Other documents reviewed

The team also reviewed:

- Audit schedules and results across the Accreditation Standards, 2014 customer feedback survey results, food survey results, improvement logs folder
- Chemical records and safety data sheets
- Cleaning procedures, and schedules
- Clinical monitoring forms including behaviour charts, pain charts, intake and output records, blood pressure, urinalysis and weight charts, blood glucose level monitoring plans and diabetic records, bowel charts, transdermal patch charts, monthly pressure ulcer monitoring form
- Compulsory reporting register online
- Continuous improvement folders – including logs, plans, and feedback
- Contractor agreement sample

- Criminal history register and alerts online
- Education and induction records, attendances, evaluations, and competencies
- Emergency procedures and incident reporting documents
- Family conference records, staff care conference records, medical orders for life sustaining treatment (advanced care planning) forms, care conference schedule, 3 monthly care plan evaluation list
- Fire systems maintenance records, evacuation plans, annual fire statement
- Food safety folder, annual food safety certificate,
- Handover reports, diaries at the nurses' stations, doctors communication folders, pharmacy communication facsimiles, complex care calendar
- Infection control; infection control manual, residents' monthly infection control records, residents' flu vaccination records
- Job descriptions and duty statements
- Laundry manual and schedules
- Maintenance records, preventative maintenance schedules, contractors service reports
- Manual handling / mobility plans, individual exercise plans, physiotherapy work book, physiotherapy care plans, physiotherapy daily individual activities records, massage/ heat/ splint treatment records, residents' protective and supportive devices list
- Medication and nutritional supplement refrigerators' temperature checking and defrosting records
- Meeting minutes including staff, residents/representatives, focus groups
- Memorandum to staff
- Mini nutritional analysis on electronic format
- Newsletters
- Policies and procedures
- Professional registration records
- Resident diet needs and preferences forms
- Residents admission pack
- Rosters and staffing records
- Schedule eight medication registers
- Self-assessment report
- Sign/in out books
- Staff and resident handbooks
- Staff meetings and education calendars
- Staff training records including staff training matrix, staff competencies matrix, skills assessments, mandatory training records
- Stores ordering records
- Weekly activity program, monthly highlights calendar, Map of life and individual activity plans, residents' birthday list, activity attendance records

Observations

The team observed the following:

- AACQA notice displayed
- Activities in progress with lifestyle staff and volunteers
- Activity resources available to residents and staff including large print books, cooking and craft material and equipment, activity mats
- Annual fire certificate on display
- Charter of residents rights and responsibilities on display
- Cleaning in progress, with appropriate signage
- Clinical guidelines and instruction available to staff
- Comments, complaints, advocacy and feedback mechanisms available
- Equipment and supplies in use and in storage
- Firefighting and detecting equipment, fire panel, evacuation plans, evacuation box, designated assembly points
- Ice cream trolley visits to rooms
- Individual manual handling instruction cards, personal hygiene bags and daily continence supplies in residents' wardrobes
- Infection control; specimen refrigerator, personal protective equipment in use and available to staff, spills kits, sharps containers, colour coded cleaning and waste equipment and instruction available to staff, utility rooms
- Interactions between staff, residents and visitors
- Job descriptions and duty statements available to staff
- Living environment internal and external
- Lunch time meal service
- Meal preparation with residents preferences being consulted
- Medication round
- Menu displayed
- Mobility aids/equipment in use
- Notice boards for residents, staff and visitors
- Nurse call bell system
- Photographic records of activities and special occasions
- Podiatry clinic notice displayed
- Policies and procedures available to staff
- Residents interacting with the pet rabbit, fish and bird
- Residents' life boards
- Short observation in the recreational activity room
- Stand up alarm signage outside residents' rooms
- Storage of medications including secure trolleys, cupboards, refrigerator, medication blister packs, emergency supplies, non-packed medication, opened dates and expiry dates on medications

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The organisation actively pursues continuous improvement through a system of quality management across the four Accreditation Standards. The home is part of a larger organisation that supports management in the implementation and development of continuous improvement systems and processes. This includes the monitoring of clinical indicators, audits and surveys, meetings, comments and complaints, or through management and staff observations. Feedback is returned to originators through letters, emails or by phone. Staff and residents are aware of the continuous improvement system and know their input is appreciated and considered.

Examples of recent improvement relating to Accreditation Standard One, Management systems, staffing and organisational development include the following:

- Due to difficulties in securing trainers to conduct formal in-house training at the home, management approached current staff to take on a secondary role as an educator. One of the registered nurses was supported by the home to do their Certificate IV in Workplace Training and Assessment. This training has equipped the new educator in conducting training needs analysis, course development, and instructional techniques. This has resulted in an additional training resource for the home, and the new educator said they are confident and excited about the additional responsibilities and opportunities.
- In response to a customer satisfaction survey, management approached residents and representatives to form focus groups. These focus groups were asked to formulate action plans, specifically addressing concerns raised in the survey. The areas initially targeted include the building and surrounds, dining experience, and resident's rooms. This has resulted in several additional continuous improvement activities, including a building beautification project due to start in June 2015, and has engendered amongst residents, a sense of contributing directly to their home environment.
- Each year the organisation conducts a global people survey to engage all staff in a high performance engagement model. Three clear and identifiable responses were high on the staff's priorities. The first was about improving communications in the home. Management addressed this with providing refresher training on correct use of various reporting logs, handovers, and providing pocketbooks for staff to enable notes on future tasks to be tabled. Second was information for all staff to be made aware of possible future employment opportunities within the home. Third was for management's recently created sick leave draw to continue. Any staff with zero sick leave absences during the previous month are placed in a draw to win a cash prize. As a result sick leave absences have decreased within the home. Staff feedback has been positive since management addressed these.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The organisation has systems to identify and ensure compliance with changes in relevant legislation, professional standards and guidelines. With support from the organisation’s legislative review committee, and regulatory compliance sub-committees, the general manager is also invited to regular updates through the general manager’s forums. Regulatory compliance is reflected in policies and procedures, work, health and safety manuals, infection control manual, agreements, job descriptions, and duty statements. Any changes are distributed to staff and residents through education sessions, meetings, notices, and staff texting software. Compliance with regulatory requirements is monitored through audits, surveys, competency assessments and spot checks/observations by management. Specific examples of regulatory compliance relating to Accreditation Standard One include:

- Residents, representatives and staff were informed of the upcoming accreditation audit by posters, letter and at meetings.
- The organisation monitors and ensures currency of criminal history checks for staff and other personnel.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The organisation has systems to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. Staff provide evidence of their qualifications during recruitment. Staff have an orientation program on commencement of employment and ongoing education in a range of subjects. Mandatory education is given to all staff and monitored to ensure all staff have attended. Education needs are identified through staff appraisals, audits, competency skills assessments, observation and feedback. Throughout the year education sessions are added to the education calendar as needs and opportunities arise and are identified. Education is provided through e-learning modules, senior staff and external providers. At the conclusion of each session, staff are encouraged to complete evaluation forms. All sessions are planned and advertised internally to encourage participation. Staff complete the attendance record, which is filed in the education folder, and entered into the education database. Staff confirm they have education to ensure they perform their jobs effectively. Education of staff and management in relation to Accreditation Standard One include:

- Living longer living better education for General manager and business administration officer
- Business administration training for the business administration officer
- Personal best induction training
- Leadership

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 organisation has systems to ensure all residents, their representatives and other interested parties have access to internal and external complaints mechanisms. The residents' handbook and agreement provides details of complaints and comments mechanisms, and detailed posters and brochures are displayed as reminders. Residents are reminded of the complaints mechanisms at meetings and improvement forms are accessible throughout the facility with suggestion boxes. Management have an open door policy to encourage residents and representatives to raise issues. Management maintain a record of issues raised through the continuous improvement process and feedback is offered individually. Management and staff monitor trends in complaints and discuss outcomes at relevant meetings. Residents and representatives said they felt comfortable in making suggestions or complaints and are satisfied they were considered.

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, mission and values are well documented and on display in the home. This information is also available in a number of documents including the residents' information book, staff handbook, policy and procedure manuals and other publications by the home. Staff interviewed are aware of their roles in reflecting the home's vision, mission and values.

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 and processes to ensure that sufficient, suitably skilled and qualified staff are available to provide services to residents in accordance with the Accreditation Standards and the philosophy and objectives of the home. Policies and procedures are in place and cover staff recruitment, orientation and induction. Orientation processes, duty lists, 'buddy shifts' and schedules support new staff during the initial probation period. Performance reviews are undertaken through staff appraisals, regular monitoring and a competency assessment program. The home has disciplinary and grievance processes. Position descriptions outline roles for all jobs and duties lists identify the tasks for each shift. Staffing skill mixes and staffing levels are monitored through observation of residents' care needs, staff feedback and comments and complaints. Permanent staff and staff from a casual pool provide relief for planned and unplanned leave. Residents and their representatives express satisfaction with the staff's skills and said staff respond to their needs in an acceptable and timely manner.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has stocks of goods and equipment to support quality service delivery. Specific staff are designated for maintaining adequate stock levels and ensuring such stock meets the required quality standards. The home has appropriate storage to ensure the integrity of the stock and stock is rotated as required. Equipment is purchased or replaced in response to identified needs. The home has preventative and reactive maintenance programs. Requests for maintenance are registered on maintenance request forms and action is taken in an efficient and effective manner. Emergency maintenance requirements are dealt with in a timely manner. Staff stated there are sufficient amounts of supplies and equipment available to ensure the provision of quality care and services.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The organisation has effective information management systems in place and processes enabling the dissemination of information to staff, residents and representatives, relating to management, clinical care, lifestyle and the physical environment. The resident and staff handbooks and information folders, resident agreement, staff orientation program, information on noticeboards and education are also mechanisms to ensure all stakeholders receive current information. There are electronic back-up systems and password protection to control access to key information. Administration and organisational staff maintain the archive process and ensure secure storage of records. Staff maintain confidentiality and communicate key information through verbal mechanisms, documentation and handover processes. Staff and residents/representatives have access to relevant information, and staff receive education to assist in using the home's information systems effectively.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home has systems to ensure all externally sourced services are provided in a way that meets the residential care service's needs and quality goals. A range of contractors and external providers operate within contracts and formalised agreements covering resident and care related services, fire systems, various building and maintenance services, and supplies. Key personnel monitor the performance of external providers and provide supervision when contractors are on site. Staff and residents/representatives are satisfied with the external 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 system for actively pursuing continuous improvement.

Examples of recent improvements relating to Accreditation Standard Two, Health and personal care include the following:

- Recent comparisons of skin tear incidents to the organisation's average showed a higher than desired result. Addressing these concerns at clinical meetings resulted in several strategies being suggested and trialled. The physiotherapist conducted several toolbox talks regarding skin tear prevention and this was accompanied by additional safe manual handling training. The quality manager also introduces staff to three hot tips each month regarding skin tear prevention best practice. This has resulted in a reduction of skin tears within the home, with additional education on preventing itching and scratching amongst residents, forecast for June 2015.
- The lack of available speech pathologists in the area meant the home could wait several weeks for a specialist to attend to a resident's comprehensive swallowing assessment. To assist registered nurses make more informed decisions regarding resident's dietary requirements, a speech pathologist conducted in-depth training in comprehensive swallowing assessments for staff. Staff now feel more confident in conducting these assessments. This has resulted in a positive outcome for residents.
- To ensure clinical outcomes are achieved, the quality manager created a complex care calendar for staff to quickly track various clinical requirements such as catheter management, oxygen system checking, cleaning requirements and wound management. This calendar points staff on the appropriate days to relevant information for additional directions. Staff said they find the calendar invaluable in their day to day tasking's.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

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

Examples of the home's monitoring and compliance with legislation and guidelines relevant to Accreditation Standard Two include:

- Assessments, care plans, medical records, progress notes and other medical records are kept in accordance with Aged Care Act 1997 and the Aged Care Principles.
- There is a system to manage unexplained absences of residents in accordance with regulatory requirements.

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 on how the home ensures management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of recent examples of education and training relevant to Accreditation Standard Two include:

- Wound and Pain care/management
- Skin integrity
- Pharmacology for nurses
- Certificate IV in Aged Care for Cert III care staff

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 systems to ensure residents receive appropriate clinical care. A comprehensive program of assessment is undertaken when a resident moves into the home and a care plan is developed. Residents and/or their representatives are consulted during the assessment and care planning process including through family conferences. Documentation review confirms allied health professionals and medical officers are involved in the planning and delivery of residents' clinical care. Registered nurses are available 24 hours a day to oversee and monitor the residents' clinical care. Registered nurses develop care plans which are reviewed on a regular basis and when residents' identified needs and preferences change. Medical officers review residents regularly and as requested and residents are referred to specialist medical and allied health services as required. A range of clinical audits, clinical indicators and resident surveys are used to monitor the quality of care. Care staff are provided with current resident clinical care information through handovers, communication diaries, wardrobe care guides and clinical monitoring folders in each area of the home. Staff report they have appropriate equipment, resources, education and supervision to ensure residents receive appropriate clinical care. Staff interviews demonstrate that they are knowledgeable about the care requirements and preferences of individual residents. Residents are satisfied with the clinical care they receive

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 home has systems to ensure residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Specialised nursing care needs are assessed and documented on care plans when residents move into the home. Changes are documented in the progress notes, clinical charts, specialist forms and charts and in the care plans. Care plans are regularly reviewed and evaluated in consultation with residents and/or their representatives. Registered nurses oversee residents’ specialised nursing care and equipment is supplied as necessary to meet identified needs. External nursing specialist services are accessed as required including the services of wound, stoma and palliative specialists. Staff informed us they have appropriate training, resources, equipment and support to provide specialised nursing care for residents. Residents are satisfied with the specialised nursing care provided.

2.6 Other health and related services

This expected outcome requires that “care recipients are referred to appropriate health specialists in accordance with the care recipient’s needs and preferences”.

Team’s findings

The home meets this expected outcome

The home has systems to assist staff to identify, assess and refer residents to appropriate health specialists in accordance with the resident’s needs and preferences. Review of documentation including residents’ files demonstrates that residents are referred to medical specialists and other allied health professionals such as a dietician, speech pathologist, podiatrist, behaviour management specialists, physiotherapist and audiology and optometry services as required. Information is documented in residents’ files and residents’ changed care needs are documented into care plans. External providers of specialist services visit residents in the home or residents are assisted to attend appointments outside the home. Residents informed us they are satisfied with the referral process and are consulted when referral to health specialists is required.

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 home has systems to ensure residents’ medication is managed safely and correctly. Medication needs and preferences are assessed on entry to the home and as residents’ needs and preferences change. Registered nurses, endorsed enrolled nurses and competency tested certificate IV care staff administer medication within their scope of practice. Medications are prescribed by medical officers and dispensed by a pharmacist using a blister package system. Residents’ medications are regularly reviewed by a medical officer and the pharmacist. The home has a medication advisory committee which meets to communicate such issues as legislative requirements and current best practice. Review of medication charts confirms residents’ identifying information is documented clearly including photographs, name, date of birth and allergies. Observation and staff interview demonstrates

medication is stored safely in locked areas and dispensed in accordance with the home's policy. Review of documentation confirmed that medication incidents are recorded and addressed appropriately. Residents who wish to manage their own medications are able to if assessed as safe to do so. Residents informed us they are satisfied with their medication management.

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 systems to ensure all residents are as free as possible from pain. A range of pain assessments including assessments used for residents living with dementia is undertaken by nursing staff and the physiotherapist to identify residents' pain. Care plans are developed for each resident including individualised interventions in line with their assessments. Interventions used to assist residents to manage their pain include application of heat packs, gentle exercise, massage and analgesic medication. Pain management measures are evaluated for effectiveness and residents are referred to their medical officers or the physiotherapist if required. Residents informed us they are consulted regarding their pain management and 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

Residents who are terminally ill are regularly assessed in consultation with their representatives and medical officer to ensure their comfort and dignity is maintained. On entry to the home residents are offered an opportunity to provide information regarding end of life wishes and medical orders for life sustaining treatment. Interviews demonstrate that staff are aware of maintaining the respect and dignity of residents who are terminally ill, and of supporting their families. Music and aromatherapy are utilised in conjunction with medical and nursing interventions to maintain comfort. Emotional and spiritual needs and preferences are included in the care planning for terminally ill residents. We observed supplies of equipment used for palliative care including specialised pressure relieving equipment, electric beds and mechanical lifters. Representatives informed us the staff are compassionate and respectful of families and residents who are receiving palliative care.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

The home has systems to ensure residents receive adequate nourishment and hydration including initial and ongoing assessments of residents' needs and preferences. Care plans are developed and reviewed regularly and as required. Registered nurses identify residents at risk of weight loss and malnutrition by monitoring monthly weight records and food and fluid intake. A dietician and speech pathologist are consulted when required. Nutritional

supplements, modified cutlery, equipment and assistance with meals are provided as needed. Staff are aware of special diets, residents' preferences and special requirements such as any modified textured meals. Changes to residents' assessed needs are conveyed to the catering staff through diet analysis forms. Residents have input into menu planning through resident meetings, comments and complaints mechanisms and informal discussions with staff. Observation confirms the menu is displayed for residents in the dining areas of the home. Residents are complimentary about the catering services provided and informed us they are consulted daily regarding their menu choices.

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

The home has systems to ensure that each resident's skin integrity is consistent with their general health. Residents' skin integrity is assessed when they move into the home through the initial assessment process. Ongoing assessment occurs regularly and as residents' needs and preferences change. Care staff confirm they monitor residents' skin integrity as part of daily care and report any changes to the registered nurse for review and referral as appropriate. Complex wound management is carried out by registered nurses. Wounds are assessed regularly using comprehensive wound assessment and progress charts and photographs when appropriate. Skin tears and infections are recorded and data is analysed by the management team. A podiatrist and hairdresser attend the home on a regular basis. A range of skin protective devices is available, if needed, including pressure relieving mattresses, hip protectors, skin emollients and limb protectors. These are available to all residents and are consistent with individual care plans and identified resident needs. Residents informed us they are satisfied with the provision of skin care and the range of equipment available to them.

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 systems to ensure residents' continence is managed effectively. Clinical documentation review and interviews with staff confirms continence management strategies are developed for each resident, if required, following initial and ongoing assessment. Staff said they assist residents with their toileting regime, monitor skin integrity and receive training and supervision in the management of continence and the use of continence aids. The home has sufficient stock of continence aids in appropriate sizes to meet resident needs. Residents/representatives are satisfied with the management of residents' continence needs. Staff were observed being considerate of residents' privacy and dignity at all times.

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 systems to effectively manage the needs of residents with challenging behaviours. In consultation with residents and/or their representatives, assessment and monitoring is undertaken on entry to the home and on an ongoing basis. Challenging behaviours, triggers that lead to challenging behaviours and successful interventions are identified and documented on residents’ care plans. Care plans are regularly reviewed and evaluated for effectiveness. Residents are referred to their medical officer and behaviour management specialists for clinical review and assessment when necessary. Staff receive ongoing training and we observed their interactions with residents who exhibit challenging behaviours to be consistent with the documented interventions in the care plans. Residents/representatives are satisfied with the management of residents with challenging behaviours and informed us they are not disturbed by these 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

The home has systems to ensure that optimum levels of mobility and dexterity are achieved for all residents. Residents’ mobility and dexterity, fall’s risk and pain needs and preferences are assessed on entry to the home and on a regular basis or as needs change. The physiotherapist develops individual and group exercise and mobility programs for residents with identified needs. The physiotherapy and exercise programs are implemented by the physiotherapy assistant, care staff and lifestyle staff. Programs are regularly reviewed and evaluated by the physiotherapist and registered nurses. Staff are trained in falls prevention, manual handling and the use of specialist mobility and transfer equipment. Assistive devices such as mobility frames, mechanical lifters and wheelchairs are available if required. Falls’ incidents are referred to the physiotherapist, documented and the data is analysed by management. Residents informed us they are satisfied with the way their mobility and dexterity needs are managed.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure residents’ oral and dental health is maintained. A review of documentation shows that residents’ oral and dental health is assessed when they move into the home and individual care plans are regularly reviewed and evaluated to meet changing needs. Diet and fluids are provided in line with the resident’s oral and dental health needs and preferences. Specialist advice for residents with swallowing problems is sought if needed. Dental appointments and transport are arranged in accordance with residents’ needs and preferences. A dental technician is available to visit the home for repair and adjustment of residents’ dentures. Staff have received education in oral and dental care.

Residents informed us staff provide assistance with residents' oral and dental care as required or as requested.

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

Residents' sensory loss is assessed when they move into the home, on an ongoing basis and as needs and preferences change. Management strategies are implemented, regularly reviewed and evaluated in consultation with the resident and referral to specialist services is arranged as needed. External optometry and hearing services are accessed. We observed the environment to have good lighting, including natural light, and that rooms and walkways are uncluttered to ensure they facilitate resident safety. Staff said they use a variety of strategies to manage sensory loss, including appropriate equipment and support to promote independence. Residents informed us staff are attentive to their individual needs, including the care of glasses, hearing devices and if needed assistance to move around the home.

2.17 Sleep

This expected outcome requires that "care recipients are able to achieve natural sleep patterns".

Team's findings

The home meets this expected outcome

Residents' sleep patterns and known strategies to assist sleep are assessed when they move into the home and their care plans are regularly reviewed and evaluated by appropriately qualified staff. Staff including the registered nurse monitor and are available to assist residents during the night. Residents' preferences for rising and retiring are respected and accommodated by staff. A review of documentation and discussions with staff show residents are offered comforts such as soft music, heat packs, aromatherapy, snacks, warm milk and any other support to assist them achieve natural sleep patterns. Disturbances in sleep patterns are monitored and referred to the medical officer as needed. Lighting and noise levels are subdued at night. Residents informed us they are satisfied with the management of their sleep and the night time environment.

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 system for actively pursuing continuous improvement.

Examples of recent improvements relating to Accreditation Standard Three, Care recipient lifestyle include the following:

- In response to resident surveys, residents are currently working with lifestyle staff to create personalised lifeboards. These lifeboards can take whatever form the resident wishes, and contain things identified by the resident for inclusion. Presently approximately 40% of the residents have now produced lifeboards. Recently, on the passing of a resident, the family requested the lifeboard to be at the memorial service, as they felt it best captured their family member at passing. Residents have provided positive feedback regarding this addition to their rooms.
- To empower resident’s choice and decision-making, the home’s activity program is generated by the residents. Every activity is voted upon by residents and the various activities are produced from residents meetings and surveys. Lifestyle staff assist residents in formulating activities and manage the activities and outings. This has resulted in a positive outcome for residents.
- Staff at the home have recently been approached by management to ‘adopt a wall’ to enhance the home’s person-centred care philosophy. The adopt a wall program is for staff to choose a blank wall in the home, and with resident assistance, work together to produce a meaningful space. For example, the kitchen staff’s wall has a noticeboard with menus, surrounded by seasonal trappings, meal photos and in the centrepiece, a resident produced painting reflecting each season. Residents and staff have provided positive feedback to management about this program.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

Examples of the home's monitoring and compliance with legislation and guidelines relevant to Accreditation Standard Three include:

- The Charter of residents' rights and responsibilities is displayed in the home, and included in the residents' handbook and resident agreement which are given to all residents when they enter the home.
- The organisation has a system to report and record alleged and suspected assaults. Staff and management are aware of their obligations in regard to reporting assaults.

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 on how the home ensures management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of recent examples of education and training relevant to Accreditation Standard Three include:

- Privacy and dignity
- Cultural awareness
- Person centred care
- Activities for people living with dementia

3.4 Emotional support

This expected outcome requires that "each care recipient receives support in adjusting to life in the new environment and on an ongoing basis".

Team's findings

The home meets this expected outcome

The home has systems to ensure each resident is supported in adjusting to life when they enter the home and on an ongoing basis. Care staff and lifestyle staff spend one to one time with residents during their settling in period and thereafter according to the resident's needs. Individual support is offered to residents and their representatives prior to and during the entry process. The entry process includes gathering information from residents and/or their representatives to identify residents' existing care and lifestyle preferences. Feedback about residents' levels of satisfaction with the provision of emotional support is gained through meetings, audits and resident surveys. Residents expressed satisfaction with the level of emotional support and assistance staff provide to them on entry to the home 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

Residents are encouraged to entertain at the home and visitors and relatives are made to feel welcome when they visit. Staff facilitate resident participation in the local community, for example, through the arrangement of regular bus trips and walks. Residents are assisted to access the internet including programs which enable contact with friends and family who are not able to visit often. Regular exercise programs and the mobility programs assist residents to maintain their mobility levels and independence. Residents are able to decide whether they wish to remain on the electoral roll and assistance is provided to them to vote if they wish to do so. Observations and interviews confirm staff promote residents' independence when assisting with their activities of daily living. Residents state they are satisfied with the opportunities available to them to participate in the life of the community within and outside the home.

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

The home has systems to ensure each resident's right to privacy, dignity and confidentiality is recognised and respected. Residents' care plans and progress notes provide evidence of consultation regarding their preferences for the manner in which care is provided. Residents' individual preferences are documented and known by staff. Resident records are securely stored and the organisation's privacy and sharing of personal and health information policy is included in the resident and accommodation agreement. The staff handbook provides information on code of ethics and confidentiality and privacy. Observations confirm staff address residents in a respectful manner by their preferred names and residents are appropriately dressed to respect their privacy and dignity. Staff were observed to knock on residents' room doors before entering. Residents informed us staff respect their privacy and dignity.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home has systems to ensure residents are encouraged and supported to participate in a wide range of interests and activities of interest to them. Map of life assessments are undertaken when residents move into the home in consultation with residents and/or their representatives. Individual activity plans are developed and evaluated regularly. Lifestyle staff plan weekly activity calendars for each area of the home which include a variety of events and activities in consultation with residents. One on one activities are included in the calendar to cater for those who prefer not to attend group activities. Activity programs are displayed throughout the home to remind residents of the planned activities. Care staff and

lifestyle staff assist and encourage participation in activities. Residents are consulted through resident meetings, focus groups and surveys regarding the activity program. This information is evaluated to make improvements to the program on an individual and group basis. Residents informed us they enjoy the activities and particularly enjoy the singalongs, happy hour, bus trips, bingo and word games.

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

Residents are assessed on entry to the home for their individual customs, beliefs and cultural and ethnic backgrounds. A variety of religious services and devotions are held regularly at the home and residents are assisted to attend services outside the home if they prefer. Specific cultural days such as ANZAC Day, Australia Day, Christmas and Easter are commemorated with appropriate festivities. Each resident's birthday is recognised and celebrated with a cake and a card. Interviews confirm the lifestyle and care staff have knowledge of and respect for the residents' individual backgrounds and beliefs. Residents informed us they are satisfied with the cultural and spiritual life offered at the home.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure residents and/or their representatives participate in decisions about the services they receive and are able to exercise choice and control. Mechanisms providing this include regular and as required family conferences, discussions with staff, residents' meetings, surveys and comments, complaints and feedback processes. Residents informed us they are involved in decisions about their care routines and their participation in the activity program. Residents' choice of medical officer and allied health services is respected. Residents have personalised their rooms with memorabilia and items of their choosing including furniture and pictures. Residents informed us they are satisfied with the level of choice and decision making offered.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has systems to provide residents with security of tenure and to understand their rights and responsibilities. Interviews with staff and review of documentation confirmed that all residents are offered a resident agreement and are provided with comprehensive information about the home including residents' rights and responsibilities, the comments and complaints system, prescribed services and security of tenure. Residents and

representatives interviewed confirmed they are aware of their rights and responsibilities, and felt secure in the home

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 system for actively pursuing continuous improvement.

Examples of recent improvements relating to Accreditation Standard Four, Physical environment and safe systems include the following:

- Feedback from residents residing upstairs in the home, regarding room temperatures, has seen management procure and install reverse-cycle air conditioners in each resident’s room. Residents said they were happy with the response and the new air conditioners.
- To enhance the dining experience, catering staff embarked on a project designed to assist residents with choice. Catering staff each day, provide residents with a menu album which contains photos of all meals produced by catering staff. Especially for residents with cognitive deficits, or those with sensory loss, or have confusion over meal names, these photo’s assist in the decision process. Residents said they like the new menu album and it has helped them decide each day.
- With management adapting resident room layouts and creating new spaces for residents, specifically in shared rooms, privacy curtains previously installed in the rooms were inadequate. With future-proofing in mind, management has installed new privacy curtains in shared rooms. These not only provide a measure of privacy for residents, but also allow for shared communal spaces to be created in the rooms.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

Examples of the home’s monitoring and compliance with legislation and guidelines relevant to Accreditation Standard Four include:

- The home meets compliance with fire safety regulations, has a current fire safety certificate, and recently installed a fire sprinkler system in accordance NSW fire legislation.
- The home has a food safety program in place, and a current food safety certificate.

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 on how the home ensures management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of recent examples of education and training relevant to Accreditation Standard Four include:

- Fire officer training for the new Maintenance officer
- Fire warden training for all registered nurses
- Chemical training
- Return to work coordinators 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 and staff actively work to provide a safe and comfortable environment consistent with the residents' care needs. Residents' needs are identified on entry and residents and representatives are advised of care and services available at the home. Mechanisms such as residents' surveys and suggestion forms allow residents and representatives to have input into the living environment. There is a range of single and shared accommodation options with shared bathrooms as well as individual rooms with ensuite bathrooms in the low care area. A number of independent living residences have been added to the hostel area of the home as another option. Residents have access to a range of lounge, dining and courtyard areas. The home is well lit and ventilated, and is maintained at a comfortable temperature suited to the season. Residents are invited to personalise their bed space or rooms. A preventative maintenance program ensures the environment is safe and well maintained. Key personnel monitor the safety of environment through the use of audits and observation and take corrective action where indicated. Residents/representatives are satisfied with 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 is actively working to provide a safe working environment that meets regulatory requirements. Interviews with management and staff indicate the home has systems to help ensure a safe working environment is provided for all members of staff, visitors and residents. There are systems for hazard identification, risk management, chemical

management and incident reporting. The work health and safety committee meets regularly to support safe practices at the home. Staff injury prevention practices are promoted through training, observation of practices and review of incidents and individualised return to work programs. Risk management is conducted organisationally and monitoring systems include environmental audits, workplace inspections and supervision of staff practice. Staff are aware of appropriate health and safety practices relevant to their roles.

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

There are systems to ensure the safety and security of residents and staff. Regular checks of equipment by external contractors, audits and fire and emergency evacuation procedures are in place. Staff wear identification badges and there is a sign in and sign out register for residents and visitors. Fire evacuation maps are correctly orientated and emergency procedure folders are located at strategic points throughout the building. The home is fitted with fire warning devices, smoke detectors, and emergency lighting. There is firefighting equipment such as extinguishers, fire sprinklers, fire blankets and fire hoses. All these are checked and maintained according to the home's policy. Staff confirmed their attendance at compulsory fire safety training and demonstrated an understanding of evacuation procedures and use of firefighting equipment. Emergency evacuation kits are in place and contain an occupancy list with current residents' names, photographs, tags and relevant information.

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 covering all service areas and residents and representatives are satisfied with infection control practices. Key personnel monitor infections, and report these through monthly reports and trend analysis. Clinical waste, sharps management and outbreak management guidelines are accessible and staff are familiar with these requirements. Cleaning schedules, food safety program practices and laundry management procedures are monitored by key personnel. Pest control services and waste disposal services are provided regularly. Residents and staff are offered immunisations annually. Staff receive competency based education during orientation and repeat education sessions as part of the mandatory training program. Staff are aware of infection control practices and have access to reference resources, procedures, personal protective equipment and hand-washing and sanitising facilities.

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

Hospitality services at the home are provided in a way that enhances the residents quality of life and the staff's working environment. All residents are assessed for their dietary

preferences and needs when they move into the home. There is a rotating menu that has been assessed by a dietician, caters for special diets and provides choices for residents. All meals are cooked fresh on site. The home is responsive to suggestions and the changing needs and preferences of residents. Cleaning work schedules guide the cleaning staff, who demonstrated a comprehensive knowledge of the home's cleaning requirements, infection control practices and safe chemical use. An on-site laundry provides services for residents. Clean and dirty laundry areas are maintained and there is a system for the collection and identification, laundering and delivery of residents' personal clothing. The hospitality services are monitored through audits, surveys, meetings and the feedback mechanisms of the home. Residents/ representatives interviewed, say they are satisfied with the hospitality services provided.