



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Bupa Cardiff RACS ID: 2472

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 January 2018

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 2 July 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 22 August 2015 to 22 June 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 January 2018

Accreditation expiry date 22 June 2019



Australian Government

Australian Aged Care Quality Agency

Bupa Cardiff

RACS ID 2472

6 Harrisons Lane

CARDIFF HEIGHTS NSW 2285

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 22 August 2018.

We made our decision on 02 July 2015.

The audit was conducted on 02 June 2015 to 03 June 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 Cardiff 2472

Approved provider: Bupa Care Services Pty Limited

Introduction

This is the report of a re-accreditation audit from 02 June 2015 to 03 June 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 02 June 2015 to 03 June 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:	Kristine Hodyl
Team member/s:	Annette Barrett

Approved provider details

Approved provider:	Bupa Care Services Pty Limited
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Details of home

Name of home:	Bupa Cardiff
RACS ID:	2472

Total number of allocated places:	67
Number of care recipients during audit:	61
Number of care recipients receiving high care during audit:	61
Special needs catered for:	Nil

Street/PO Box:	6 Harrisons Lane	State:	NSW
City/Town:	CARDIFF HEIGHTS	Postcode:	2285
Phone number:	02 8247 3000	Facsimile:	02 4956 5829
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	Residents	10
Care manager	1	Representatives	7
Registered nurses	2	Catering, cleaning and laundry staff	5
Care staff	8	Chaplain	1
Activity staff	2	Maintenance officers (regional and site)	3
Administration officer	1	Physiotherapy team	3

Sampled documents

	Number		Number
Care recipients' files	12	Medication charts	20
Summary/quick reference care plans	12	Staff files	5
Resident accommodation agreements	4		

Other documents reviewed

The team also reviewed:

- Activity program documentation including monthly activity program, newsletters, weekly attendance sheets, authority forms, voting list, map of life, meaningful moments, life boards, tree of life and green books
- Audits and audit schedule
- Care folders and charts including resident/representative orientation checklist, clinical checklist for staff, plan of care, massage treatment record, staff care conference record, family conference record, initial assessments, admission data assessments, diet analysis, physiotherapy assessment, falls and safety risk assessment, pain assessment, registered nurse treatment folder – laser therapy, catheter insertion and due date, massage, pressure ulcer monitoring and wound care
- Cleaning schedules and completion logs
- Consolidated compulsory reporting register
- Continence program records including order, consumption, sizing and individual continence assessments
- Continuous improvement folder, improvement/feedback logs and survey results
- Fire and emergency documentation current annual fire safety statement, business continuity plan, emergency procedures manual and fire equipment service records
- Food documentation including current NSW Food Authority Licence, menus and menu choice forms, resident diet analysis forms and temperature record checks

- Human resource documentation including application and orientation packs; appraisal questions and listing; competency assessment records; employee handbook; nursing registrations; police certificate register; rosters and leave planner, and work routines
- Infection control documentation including colour coded infection control flip charts for all service delivery areas, infection statistics and analysis, monthly infection audits, meeting minutes, hand washing competencies, vaccination records, and pathology result reviews
- Maintenance program records including maintenance logs, maintenance schedule and service reports
- Medication system including pharmacy folder; medication charts; medication sign charts; doctor's orders; incident reports; fridge temperatures; anticoagulant drug monitoring charts, controlled drugs register; medication audits, and medication incident reports
- Meeting minutes
- Monthly ordering form and stock level list
- Palliative program including advanced care directives, palliative care plan and palliative care team reports/instructions
- Physiotherapy program including falls prevention education, registered nurse competencies re: laser and massage program, manual handling/mobility assessment and plans, physiotherapy care plans, laminated mobility requirement cards, site manual, benchmarking results and evaluation chart
- Preferred contractor and suppliers list and folders (including allied health providers)
- Privacy agreements showing consultation and agreement on use of resident's information including photographs
- Resident admission information package and resident handbook
- Staff education calendar and attendance records
- Volunteer information pack
- Work health and safety documentation including hazard logs, meeting minutes, risk assessments and safety alerts
- Work instructions (policies and procedures), flowcharts and forms

Observations

The team observed the following:

- Activities in progress and associated resources
- Cleaning in progress, associated equipment, supplies and storage
- Displayed notices including re-accreditation audit notices, aged care complaints scheme and advocacy brochures, Charter of residents' rights and responsibilities, menus and organisation's vision and values statement
- Equipment and supply storage areas
- Feedback log forms and locked collection boxes available for use
- Fire safety equipment, fire panel and evacuation maps on display
- Infection control resources available and in use including personal protective equipment; hand sanitizers and hand washing stations; bio-hazard spills kits; standard and additional precaution information; outbreak box; 'sharps' containers and colour coded cleaning equipment
- Information noticeboards

- Interactions between staff and residents/representatives
- Kitchen – main, servery and food storage areas
- Laundry
- Living environment
- Manual handling and mobility equipment
- Meals in progress
- Medication management including medication round; storage of medications and dressings; contents of medication fridge; oxygen cylinder storage, medication trolleys and dressing trolley
- Nurse stations
- Palliative care boxes containing orange essential oil, hand cream, music CDs and lavender oil for residents; number game, lollies, phone book which includes phone numbers of clergy and social worker for family
- Short group observation of residents in a dining room
- Staff room and training room

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

Management at Bupa Cardiff actively pursues continuous improvement across the four Accreditation Standards. Mechanisms used to identify improvement opportunities include surveys, feedback forms, audits and review of issues raised during staff and resident meetings. Evaluations of improvement activities are conducted through gathering staff and resident feedback and monitoring audit, clinical indicator and incident data. Information about continuous improvement activities is reported through meetings, notices and in direct feedback with stakeholders. Staff reported the home's management team encourages their participation in the continuous improvement process. Residents and their representatives said the home's management and staff are responsive to feedback.

Examples of improvement activities implemented at the home over the last 12 months relating to Standard 1 Management systems, staffing and organisational development include:

- As part of an organisational initiative, a staff information booklet "10 ways to look after information" was released and the associated policy promoted as the 'policy of the month' in September 2014. All staff at the home attended a compulsory meeting to discuss the policy and the organisation added a module on 'security of information awareness' to its e-learning suite of programs. Management said most of the home's staff have now completed the module and staff awareness of the principles of information management has significantly increased.
- A series of information technology upgrades at the home was commenced in 2014, including new computers for administration and management and the installation of computer data points. In early 2015, new computers with internet access were installed in both nurses' stations. Staff reported this has provided them with easier access to the organisation's intranet, assisted the registered nurses to maintain accurate care documentation, and has improved communication with the home's pharmacy.
- In response to staff feedback, a second education notice board was established in late 2014. Space on the previous board had been dominated by information for registered nurses; the new board contains more material relevant for other staff including administration and general service staff. Management said staff have been using the new board to identify training opportunities and are pleased to have their "own board".

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

Organisational systems are in place to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The organisation receives information about any changes from a range of government and professional agencies and has a legislation review committee which meets monthly. Relevant information is communicated to the home’s staff through meetings, memoranda and education sessions and associated policies are updated as required. An auditing program is in place to monitor compliance with legislation and regulatory requirements. Management and staff reported they receive timely information about regulatory issues and changes.

Examples of regulatory compliance relevant to Standard 1 Management systems, staffing and organisational development are listed below:

- Residents and representatives were informed in writing about the current re-accreditation audit 21 days prior to the audit. Notices were also on display to advise residents, representatives and staff that the re-accreditation audit was taking place.
- The organisation has a system to monitor police certificates for staff, volunteers and relevant contractors. There is also a system to monitor current nursing registrations of relevant staff.
- Information is provided to residents, their representatives and staff about internal and external complaints mechanisms.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The home has a range of mechanisms to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. Training needs are determined by staff feedback, audit and clinical indicator results, regulatory requirements, organisational directives and the care needs of residents. Education is delivered in orientation sessions, computer based learning modules and through in-service training. Annual mandatory training sessions for staff include fire safety and emergency procedures; infection control and hand hygiene; manual handling, compulsory reporting; work health and safety and, for relevant staff, safe medication management. Records are kept to monitor attendance at training and there is follow-up to ensure staff complete mandatory sessions. The knowledge and skills of staff are evaluated on an ongoing basis through competency assessments, observations by senior staff, and analysis of incidents and audit results. Staff said they are encouraged and supported to attend education relevant to their roles.

Examples of recent education and staff development topics relevant to this Standard include complaints management, organisation management system training, leadership, and security of information awareness.

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

Residents and their representatives have access to both internal and external complaints mechanisms at Bupa Cardiff. Information on available comments and complaints mechanisms is provided in the resident handbook and the resident accommodation agreement. Suggestion boxes and feedback forms are available within the home and brochures about external complaints and advocacy mechanisms are also displayed. Residents and representatives are encouraged to make verbal complaints and suggestions directly to staff and management. Further opportunities for feedback are provided to residents and representatives via residents' meetings and surveys. Management reviews all comments and complaints to ensure action is taken and feedback provided in a timely manner. Residents and representatives have a general awareness of the home's formal complaint mechanisms, although they reported being comfortable in raising their comments and concerns directly with staff and management.

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 organisation's values statement is displayed within the home and included in information provided to all new residents. The material is also documented in the employee handbook and discussed during the staff orientation program.

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

Bupa Cardiff has a system to ensure there is sufficient staff with appropriate skills and qualifications to meet residents' care and lifestyle needs. Staffing levels and rosters in the home are determined by the care needs of residents as well as current resident numbers. At least one registered nurse is on-site at all times. Recruitment of staff is conducted on a merit-based system using selection criteria. New staff attend an orientation program and all staff undertake annual mandatory training in a range of topics. Appraisal processes and skill competency testing are used to monitor the performance of staff members. Planned and unplanned vacancies are replaced through the use of part-time and casual staff. Staff advised that vacant shifts are normally filled and they have time to complete all their essential duties. Residents and their representatives expressed a high level of satisfaction with the care provided by the staff.

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 and appropriate stocks of goods and equipment to support quality service delivery. Designated staff are responsible for maintaining adequate stock levels and ensuring such stock meets required quality standards. Appropriate storage is provided and stock is rotated as required. Assets and equipment are maintained according to preventative program maintenance schedules and external contractors are used for specialised equipment service and repair. There are reporting systems for maintenance requests and hazard notifications and environmental audits are undertaken. Staff reported sufficient supplies of goods and equipment are available including food, continence and medical supplies, linen and cleaning chemicals. Residents and representatives are also satisfied with the goods and equipment provided at the home to meet resident needs.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has information management processes that promote the flow of information between all stakeholders. Communication mechanisms include the organisation's intranet, meetings, resident and employee handbooks, newsletters, work instructions, notice boards, training sessions, memoranda and management's 'open door' policy. There is a system for the storage, archiving and destruction of records. Access to confidential information is limited to authorised personnel and all staff sign a privacy statement as part of their conditions of employment. Staff are satisfied with the availability of information relevant to their roles and residents and representatives stated they are kept well informed.

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

There are effective systems and processes at Bupa Cardiff to ensure external services meet the care needs of residents. External service contractors provide allied health, fire safety, pest control, hairdressing, waste management and trade services at the home. The organisation manages service agreements for external service providers who are required to have current police certificates, insurances and licences as necessary. A listing of approved service providers and suppliers is accessible to relevant staff. Service provision is monitored on an ongoing basis through inspections, audits and feedback and suppliers/service providers are changed if they do not meet quality requirements. Staff, resident and representatives are satisfied with the quality of services provided by external suppliers.

Standard 2 – Health and personal care

Principle: Care recipients' physical and mental health will be promoted and achieved at the optimum level, in partnership between each care recipient (or his or her representative) and the health care team.

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to Expected Outcome 1.1 Continuous improvement for an overview of the home's continuous improvement system. Examples of improvement activities implemented at the home over the last 12 months relating to Standard 2 Health and personal care include:

- In February 2015 a new monthly staff meeting forum was established to review resident incidents arising from behavioural issues such as agitation and aggression. The discussion and outcomes of the meetings are documented in residents' notes and care plans. Staff stated the group discussion has been very useful in understanding possible triggers for behavioural incidents and discussing potential interventions.
- To improve dental and oral care for residents, the organisation's dental mobile service was contacted to determine whether they could visit the home. Following a site assessment, it was identified the mobile clinic bus could not easily access the home. Instead, an arrangement was made in early 2015 for the home's residents to attend the dental clinic service at a nearby sister facility. The home's bus is used to transport residents to the sister home where they are now able to receive regular care for their teeth and/or dentures.
- As part of an increased focus on identifying residents' end of life wishes, letters (with advanced care directive forms) were sent out to all residents and/or their families in mid 2014 inviting them to complete the forms in consultation with the home's care manager and registered nurses. Management reported has been a significant increase in the number of completed advanced care directives with approximately half of residents now having formally recorded their preferences.

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 an overview of the home's processes for identifying and ensuring regulatory compliance. Examples of regulatory compliance relevant to Standard 2 Health and personal care are listed below:

- There are procedures for the notification of any unexplained resident absences.
- Medication management audits and staff medication administration competency assessments are conducted to ensure compliance with regulations.
- Registered nurses supervise residents' specialised nursing care needs.

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 an overview of the home’s processes to ensure management and staff have the appropriate knowledge and skills to effectively perform their roles. Examples of recent education topics relevant to this Standard include safe medication management, person first - dementia second, continence management, and falls prevention.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents receive clinical care that is appropriate to their individual needs and preferences. On a resident’s entry to the home, an admission data assessment is completed which includes base line observations, preferred name, allergies, medical history and health history. Assessments are then conducted by the registered nurses and care staff covering all aspects of physical, emotional, spiritual and psychological care to ascertain each resident’s personal care needs. The information is used to develop individual care plans, which include interventions and strategies for staff to follow to deliver the identified care requirements. The home monitors care plans through case conferences, internal audits and reporting processes. Results show that residents’ needs are documented and reviewed, and care staff provide care consistent with documented care plans. Staff practices are monitored for compliance with the home’s processes and procedures. Residents and their representatives are satisfied with the level of consultation and with the personal care provided to residents.

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

Residents receive specialised nursing care that is identified and met by appropriately qualified nursing staff. Specialised care needs are identified at entry and via the assessment process. A registered nurse monitors the care each resident receives and ensures specialised needs, for example oxygen therapy, urinary catheterisation, laser treatments, and complex wound care, are delivered by appropriately qualified nursing staff. Results show that residents receive specialised nursing care consistent with identified special care requirements. Staff qualifications are maintained or upgraded through education and competency programs and monitored through the home’s internal procedures. Residents and their representatives are satisfied with the specialised nursing care residents receive.

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

Residents are referred to appropriate health specialists in accordance with their needs and preferences. The need for referral to appropriate health specialists is identified at entry, through the assessment process, and when care needs change. A registered nurse organises referrals to other services, for example speech pathology, physiotherapist and podiatrist. Diaries and change of shift handover reports inform staff of appointments to health specialists. Residents’ families provide transport or the home organises it. Documentation review confirmed referrals are made to an array of health specialists including speech pathologist, podiatrist, dietician, ophthalmologist, dentist and psycho-geriatrician. Staff interviewed were knowledgeable about the referral procedure. Residents and their representatives are satisfied with the arrangements for referral to appropriate health specialists

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

Residents’ medication is managed safely and correctly. Medication is delivered using an individual clear package system. Monitoring of the medication system is the role of the care manager and a registered nurse and includes checking expiry dates, sign sheets, storage, as required usage, pharmacy errors, poly-pharmacy and prescription errors. Care staff who administer medication are required to have completed medication education and a medication competency before delivering medication. Staff were observed administering medication to residents safely and correctly. All medications sighted were within the specified expiry date. Residents and their representatives are satisfied with the manner in which medication is managed.

2.8 Pain management

This expected outcome requires that “all care recipients are as free as possible from pain”.

Team’s findings

The home meets this expected outcome

All residents are as free as possible from pain. The medical officer, physiotherapist and nursing staff assess all residents during the assessment period and when needs change to ascertain the most effective pain management treatment, for example massages, laser therapy, exercise programs, pressure relieving mattresses, medication or a combination of treatments. Results show that pain management is tailored to each resident’s needs. A registered nurse monitors the effectiveness of pain management treatments through the home’s internal processes. Results show that all residents are as free from pain as possible. Staff interviewed were knowledgeable about each resident’s tailored pain management plan. Residents and their representatives are satisfied with the pain treatments used to ease residents’ pain.

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’ comfort and dignity during palliation is maintained. Care needs are assessed on a regular basis and care decisions made in consultation with the resident and or their representative when the resident is assessed as requiring palliation. The home has access to the local palliative care team for guidance and instruction. A chaplain visits regularly and is available for spiritual guidance and support during palliation. Relatives are able to stay with their loved one during end stage palliation. Gentle massage, soft music, pain relieving medication, pressure relieving mattress, aromatherapy and regular repositioning are examples of the comfort offered. An advanced care directive is completed in consultation with the resident and/or their representative to ensure their wishes are met and dignity is maintained. Feedback from relatives has been very positive and appreciative.

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

Residents receive adequate nourishment and hydration. Each resident’s dietary and hydration needs are assessed during the assessment period and on an ongoing basis. The home has access to a dietician when requested by the medical officer or registered nurse. The care manager and registered nurses monitor nutrition, hydration and weight loss and, where indicated, give specific instructions to staff which includes meal supplements, thickened fluids, soft diets and closer monitoring. Results show that residents receive adequate nourishment and hydration. Staff interviewed were knowledgeable about the dietary and hydration processes used at the home. Residents and their representatives are satisfied with the choice of meals and beverages offered to residents.

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

Residents’ skin integrity is consistent with their general health. Skin integrity is assessed during the assessment period after entry and when care needs change. Incidents, accidents, wound infections, skin tears and wounds are monitored and trends identified and appropriately actioned. Medical officer notes, care plans and wound charts show that skin care is managed effectively. Residents have access to a podiatrist for nail care needs. The home has a large supply and range of wound care products to use for different types of wounds. Results show that skin integrity is consistent with each resident’s general health. Residents and their representatives are satisfied with the way residents’ skin integrity is managed.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Residents’ continence is managed effectively. Continence requirements are assessed during the assessment period after entry and when care needs change. The registered nurses manage the continence pad program which includes measuring residents for the correct pad and issuing, ordering and monitoring the usage of continence pads. A registered nurse recommends and monitors Individual toileting programs, fluids, fibre, aperients, and exercise. Bowel care is monitored each shift to ensure bowels open regularly. Data on infections that affect continence are collected, analysed and actioned. Continence products were observed to be plentiful and varied. Results show that continence is managed effectively. Residents and their representatives are satisfied with the way the home manages residents’ continence.

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

Residents with challenging behaviours are managed effectively. A behaviour assessment is completed for wandering, physical, verbal and intrusive behaviour during the assessment period following entry and when care needs in relation to behaviours change. All residents are monitored very closely to ensure factors that can produce a change in behaviour are identified and actioned quickly, for example urinary tract infections, reduced oral intake, and fevers. The lifestyle program provides appropriate activities for residents with behavioural issues. Referrals to specialist services, for example a psycho-geriatrician, are made by a registered nurse in consultation with the medical officer and resident and/or their representative. Staff were observed interacting with residents with respect and they demonstrated knowledge of residents’ individual requirements. Results show that challenging behaviours are managed effectively. Residents and their representatives are satisfied with the way the home manages residents’ 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

Residents receive optimum levels of mobility and dexterity. The physiotherapist assesses all residents during the assessment period and when needs change to ascertain the most effective treatment to achieve and maintain mobility and dexterity. Examples of treatments include gentle massages, laser treatments, exercise programs, medication, mobility aids, or a combination of treatments. The physiotherapy team and registered nurses monitor the effectiveness of the programs. Referrals are made to other appropriate allied health services when required. Results show that each resident’s mobility and dexterity needs are achieved. Staff interviewed were knowledgeable about the programs. Residents and their representatives are satisfied that optimum levels of mobility and dexterity are achieved for residents.

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

Residents’ oral and dental care is maintained. An oral and dental assessment is completed during the assessment period following entry and when care needs change. Staff encourage residents to brush their own teeth and maintain denture care. The registered nurses manage and monitor oral and dental care. Referrals to dental specialist services are made after consultation with the medical officer and resident or their representative. Results show that oral and dental care is maintained. Staff interviewed were knowledgeable about the dental programs. Residents and their representatives are satisfied with the dental care provided at the home.

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 losses are identified and managed effectively. The five senses are assessed during the assessment process after entry to the home and form part of each resident’s care plan. The leisure program includes bread making and orange scented washers to stimulate the sense of smell, ice-creams and pancakes for taste, massage and nail care for touch, themed days and garden time for sight, and music and audio books for hearing. Care staff ensure glasses and hearing aids are properly fitted and maintained. The registered nurses monitor sensory loss and refer to specialist services when indicated. Results show that sensory losses are identified and managed effectively. Residents and their representatives are satisfied with the support provided to assist residents manage sensory loss.

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 are able to achieve natural sleep patterns. Sleep patterns are assessed during the assessment process after entry to the home and when needs change. Examples of strategies used to ensure natural sleep patterns include a warm drink, massage, pain management, pressure relieving mattresses, lavender scented washers and continence management. Results show that residents are able to achieve natural sleep patterns. Residents and their representatives are satisfied with the strategies in place to enable residents to achieve natural sleep patterns.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for an overview of the home’s continuous improvement system. Examples of improvement activities implemented at the home over the last 12 months relating to Standard 3 Resident lifestyle include:

- The home acquired a nine seater bus (with wheelchair access) in 2014 for resident outings. The bus is shared with a nearby sister facility on a ‘week about’ basis. Staff reported residents have enjoyed bus trips for scenic drives, inter-facility visits, church and other social events. The bus has also been used for shopping trips and for some specialist medical appointments.
- It was identified that an increasing number of the home’s residents were from non-English speaking cultures. Several initiatives were subsequently developed in 2015 to celebrate the cultural diversity of the resident population and assist staff in communicating with residents who speak languages other than English:
 - Residents’ cultural origins (including Australian) are identified for staff through an image of their country’s flag being displayed next to their name on their door. A cultural care reference folder was made available on each floor and communication cue cards sourced for residents from non-English speaking backgrounds. These communication cue cards are located in a plastic envelope near the resident’s door for easy staff access.
 - Information brochures about the Aged Care Complaints Scheme were ordered in different languages.
 - A cultural afternoon tea event was initiated. The first one – a general ‘European’ theme – was highly popular with the residents. The next one will have a British theme and will be held for the Queen’s birthday. Management stated the cultural afternoon tea will be a regular event and held approximately every two months.
- Other new activities have been added to the home’s leisure and lifestyle program in 2015:
 - A ‘Boys Beer Club’ was started due to the increased number of male residents.
 - A cooking demonstration has been re-established as a regular part of the activity program to stimulate residents’ sensory awareness. Staff stated it is a popular activity and residents have enjoyed eating pancakes and fresh bread made in the sessions.

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 an overview of the home's processes for identifying and ensuring regulatory compliance. Examples of regulatory compliance relevant to Standard 3 Resident lifestyle are listed below:

- Residents and their representatives are informed about the Charter of residents' rights and responsibilities in information provided at the time of the resident's arrival and as displayed in the home.
- Residents' right to security of tenure is upheld. All residents are offered a resident and accommodation agreement which provides information on accommodation costs, the care and services to be provided, and other related information.
- There is a system to meet regulatory obligations regarding mandatory reporting requirements.

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 an overview of the home's processes to ensure management and staff have the appropriate knowledge and skills to effectively perform their roles. Examples of recent education topics relevant to this Standard include privacy and dignity, volunteering, and compulsory reporting.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Residents receive support in adjusting to life in their new environment and on an ongoing basis. On arrival at the home, each resident is orientated and introduced to other residents and staff. A 'map of life' (life history) is completed when the resident enters the home and a green book (containing photos and short stories of their life journey while at the home) is commenced. Residents are encouraged to bring personal items to the home to personalise their bed space or room. A chaplain is available to give emotional support, both at a resident's arrival and on an ongoing basis. Staff interviewed were knowledgeable about emotional support interventions. Results show that residents receive emotional support at entry and on an ongoing basis. Residents and their representatives are satisfied with the emotional support received.

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 assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Interests and activities outside the home are encouraged and form part of the individual activity plan. Staff were observed assisting residents with a range of activities that encourage and support the residents to maintain their independence. Results show that maximum independence, participation in community life both inside and outside the home, and maintaining friendships are achieved. Residents and their representatives are satisfied with the encouragement and support residents are given to maintain their independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Each resident's right to privacy, dignity and confidentiality is recognised and respected. Residents have the option to consent or refuse the use of their photographs or personal details being on display or in print. Care information is kept in a lockable room. Care and support staff interviewed were able to describe their work practices in relation to privacy and dignity. Staff were observed talking to residents with dignity and respect while maintaining confidentiality. Results show that privacy, dignity and confidentiality is recognised and respected. Residents and their representatives are satisfied with the level of privacy and dignity given to residents.

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

Residents are encouraged and supported to participate in a wide range of interests and activities of interest to them. The home runs a comprehensive leisure program which is based on resident wants, needs and input. Group activities include bus trips, entertainers, bingo, newspaper reading, men's beer hour, skittles, balloon tennis, ball games, and craft. Resident meetings and surveys ensure input into the activity program. Leisure staff monitor each resident's participation at activities and offer alternative activities to those who choose not to join the group activities or are unable to do so. These individual activities include library books, hand massages, bed side movies, warm scented washers and reminiscence. Results show that residents are encouraged and supported to participate in a wide range of interests and activities. In general, residents and representatives are satisfied with the range of activities offered at the home.

3.8 Cultural and spiritual life

This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".

Team's findings

The home meets this expected outcome

Individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Regular events and theme days celebrate important national and religious days for Australia and other countries around the world. A variety of church services are held in the home and ministers are accessed as required. A chaplain visits the home each week to give spiritual support and guidance. Residents and their representatives are satisfied with the way the home values and fosters residents' interests, cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Residents participate in decisions about the services they receive and are enabled to exercise choice and control over their lifestyle while not infringing on the rights of other people. Residents and/or their representatives are included in discussions and decisions relating to care interventions. Residents have input into the leisure program at meetings and through surveys. All residents can exercise choice regarding their doctor, pharmacy, dentist, daily menu, clothes, shower time, wake up time and bedtime. Care staff are able to describe how they provide choice to residents each day. The home monitors resident choice and decision making through surveys, audits, case conferencing, complaints procedures, management's 'open door' policy and meetings. Residents and their representatives are satisfied with their participation in choice and decision making.

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

There are processes at Bupa Cardiff to ensure residents have secure tenure within the home and understand their rights and responsibilities. Designated staff officers discuss security of tenure and rights and responsibilities with residents and/or their representatives prior to entry to ensure their awareness of these issues. Documentation provided to all new residents and/or representatives includes an information package, resident handbook and a resident accommodation agreement. This agreement explains the services provided by the home, associated costs, complaints resolution processes and resident rights and responsibilities. The Charter of residents' rights and responsibilities is included in the resident agreement and the handbook and displayed throughout the home. Any proposed changes to resident's rooms are fully discussed with the resident and their representatives. Residents and representatives are satisfied with the information the home provides regarding their security of tenure and rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for an overview of the home’s continuous improvement system. Examples of improvement activities implemented at the home over the last 12 months relating to Standard 4 Physical environment and safe systems include:

- Upgrades have been completed to improve the safety of the home’s residents in relation to fire risk:
 - The installation of a fire sprinkler system was completed in January 2015 and the fire panel updated. New evacuation equipment was also purchased (rescue mats and ‘sleds’) and staff educated in their use.
 - All of the home’s registered nurses were trained as fire wardens in December 2014.
 - After a consultation process, a smoke free workplace for relatives and staff was implemented in January 2015.
- Changes to improve the appearance and utility of the home’s internal environment were initiated in 2015 in response to resident/relative survey feedback:
 - Access to air conditioning was installed in all resident rooms. Ducted units were installed on the second floor and split systems on the first floor.
 - Most of the bathrooms on each floor were stripped and re-lined and new fittings installed. On each floor, one of the toilet units has been replaced with a unit with attached arms to optimise mobility and independence.
- The 2014 resident/relative survey included comments that some resident rooms were too small. To help address this concern, the organisation took four beds “offline” in 2015 – one from each of the four most “space challenged” rooms - to create more area for residents. These four rooms were previously three bedded and now contain only two beds. Management reported this has improved the overall living environment and increased comfort for the residents in these 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 an overview of the home’s processes for identifying and ensuring regulatory compliance. Examples of regulatory compliance relevant to Standard 4 Physical environment and safe systems are listed below:

- The home has a current annual fire safety statement.
- The home has a current NSW Food Authority licence and a food safety system.

- The home has a work health and safety committee which ensures relevant work safety issues are raised.
- Chemicals are stored securely and safety data sheet information is available.

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 an overview of the home's processes to ensure management and staff have the appropriate knowledge and skills to effectively perform their roles. Examples of recent education topics relevant to this Standard include fire safety and emergency procedures, infection control, manual handling, and work health and safety fundamentals.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Bupa Cardiff provides residents with a secure and well maintained internal and external environment. The home is comprised of two residential floors with communal dining and lounge areas. Residents are accommodated in either single, two or three bedded rooms with shared bathroom facilities. Appropriate and sufficient furniture is provided and internal temperature, ventilation and noise levels are maintained at comfortable levels. There are security measures and maintenance programs to promote residents' comfort and safety. In addition, call bells are installed in resident rooms and handrails are located along corridors. The safety and comfort of the living environment is monitored through audits, hazard reports and through feedback from staff, residents and representatives. Residents and representatives provided positive feedback about the cleanliness and safety of the home's 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

Management is actively working to provide a safe working environment that meets regulatory requirements. The organisation has work health and safety (WHS) processes and the home has a regular meeting forum at which WHS issues are reviewed. Staff have access to information detailing safe work practices and are trained in manual handling, WHS, fire safety and evacuation procedures during their orientation and on an ongoing basis. Manual handling and personal protective equipment is readily available for staff use. The safety of the working environment is monitored through regular inspections and hazard and incident reporting. Staff stated they are aware of the home's procedures in relation to safety and felt they worked in a safe environment.

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

Management and staff are actively working to minimise fire, security and emergency risks at Bupa Cardiff. The home's fire safety system includes sprinklers, fire doors, emergency exit lights, fire alarms and smoke/thermal detectors. Fire evacuation plans are located throughout the building and the home has a business continuity plan and emergency procedures. Staff undertake fire and evacuation training when they are orientated and on an annual basis. Regular monitoring and testing of fire and other emergency equipment is carried out by an external contractor and there is an electrical tagging program. Evacuation plans are displayed throughout the home and emergency packs (with resident identification information) are maintained in case of evacuation. Security measures in operation include sign in/out registers, out of hours lock up procedures and restricted keypad access on specific doors. Residents and representatives reported they feel safe within the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home's general manager and care manager oversee the infection control system which includes audits, staff education and discussion of infection control matters during meetings. Infection data is collected, collated, analysed, monitored and followed up to ensure potential and identified infections are minimised. Staff complete mandatory annual training and are well versed in infection control practices including procedures for managing outbreaks and chronic infections. Vaccination programs are implemented for residents and staff. There are outbreak kits and backup supplies. A waste management program includes contaminated waste and sharps management. The catering and cleaning systems include the use of colour coded equipment and a colour coded flip chart. Residents and their representatives are satisfied with the infection control practices implemented and managed by the home.

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

The home has systems to ensure hospitality services are provided in a way that enhances residents' quality of life and the staff working environment. There are processes to identify residents' dietary preferences and requirements on their arrival at the home and to review this information on an ongoing basis. Meals are prepared onsite using a four week rotating winter/summer menu. This menu has been reviewed by a dietician, provides choices for residents and caters for special diets. Cleaning services are undertaken by the home's staff in accordance with scheduled routines. Residents' personal clothing and linen is laundered onsite with clothing being labelled to minimise any losses. Management monitors hospitality services and staff practises through regular audits, surveys, meetings and other feedback mechanisms. Residents said they are satisfied with the catering, cleaning and laundry services provided at the home.