

Bupa Donvale

RACS ID: 4110

Approved provider: Bupa Aged Care Australia Pty Ltd

Home address: 269-300 Springvale Road DONVALE VIC 3111

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| 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 04 January 2021.We made our decision on 20 November 2017.The audit was conducted on 03 October 2017 to 04 October 2017. 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 care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

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:

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 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: Care recipient lifestyle

### Principle:

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

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 Care recipient security of tenure and responsibilities Met

## 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 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



Audit Report

Name of home: Bupa Donvale

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# Introduction

This is the report of a Re-accreditation Audit from 03 October 2017 to 04 October 2017 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.

During a home’s period of accreditation there may be a review audit where an assessment team visits the home to reassess the quality of care and services and reports its findings about whether the home meets or does not meet the Standards.

# Assessment team’s findings regarding performance against the Accreditation Standards

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

* 44 expected outcomes

# Scope of this document

An assessment team appointed by the Quality Agency conducted the Re-accreditation Audit from 03 October 2017 to 04 October 2017.

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

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

# Details of home

Total number of allocated places: 120

Number of care recipients during audit: 116

Number of care recipients receiving high care during audit: 116

Special needs catered for: N/A

# Audit trail

The assessment team spent 2 days on site and gathered information from the following:

## Interviews

| Position title | Number |
| --- | --- |
| Care recipients | 21 |
| Representatives | 14 |
| Administration staff | 3 |
| Care Service Manager | 1 |
| Care staff | 13 |
| Chef | 1 |
| General manager | 1 |
| Hospitality staff | 4 |
| Lifestyle staff | 3 |
| Maintenance officer | 1 |
| Medical Officer | 1 |
| Physiotherapists | 2 |
| Registered nurses | 8 |

## Sampled documents

| Document type | Number |
| --- | --- |
| Care recipients' files | 13 |
| Medication charts | 18 |
| Personnel files | 6 |

## Other documents reviewed

The team also reviewed:

* Activity calendar, individual plans, 'Map of life' and participation records
* Audits and audit schedules
* Business continuity plan
* Care recipient agreement
* Care recipient evacuation list
* Care recipient handbook
* Chemical register
* Cleaning schedules and request books
* Clinical charts and forms
* Complaints register
* Continuous improvement plan, improvement logs
* Criminal history certificate records and statutory declarations
* Education needs analysis education calendars, documentation and records
* Employment documentation including employee handbooks and induction program information
* Fire safety inspections and reports, inspections and reports for facility and essential safety measures report
* Food safety plan and associated documentation
* Handover documentation
* Incident register including consolidated compulsory reporting register
* Infection control documentation
* Medication management documentation
* Meeting minutes
* Memoranda
* Menu
* Pest control book
* Preferred contractor supplier list, induction of contractors register, product and external supplier agreement
* Restraint register
* Safety data sheets
* Site maintenance plan, maintenance schedules and request books
* Staff rosters.

## Observations

The team observed the following:

* Activities in progress and community entertainers
* Archive room
* Call bell system
* Cleaning in progress
* Designated smoking area
* Equipment and linen storage areas
* Evacuation egress, signs, maps and fire indicator board
* Evacuation kit
* Hand hygiene facilities
* Internal and external living environments
* Laundry in progress
* Meal service and staff assistance with meals
* Medication storage and administration
* Mission and values statement on display
* Noticeboards and brochures
* Outbreak resources
* Sharps waste management
* Short group observation during exercise activity
* Spill kits
* Staff interactions with care recipients
* The Charter of care recipients’ right and responsibility – residential care displayed.

# 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 services, 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 continuous improvement program includes processes for identifying areas for improvement, implementing change, monitoring and evaluating the effectiveness of improvements. Feedback is sought from care recipients, representatives, staff and other stakeholders to direct improvement activities. Improvement activities are documented on improvement logs and the plan for continuous improvement. Outcomes are evaluated for effectiveness and ongoing monitoring of new processes occurs. Care recipients, representatives, staff and other personnel are provided with feedback about improvements. During this accreditation period the organisation has implemented initiatives to improve the quality of care and services it provides.

Recent examples of improvements in Standard 1, Management systems, staffing and organisational development are:

* To recognise and reward staff for the ‘good work they do’ management introduced ‘thank you’ cards. These are available throughout the home for care recipients, representatives and staff to nominate and thank a staff member. The names of nominated staff go into a draw with the chance to win a monthly recognition award. Management report that feedback from staff is positive.
* Following staff requests for structured communication sharing, a newsletter format was adopted. In consultation with staff, management developed and distributed a newsletter to all staff in April 2017. The feedback has been positive and there are plans for this newsletter to be published regularly.
* Analysis of feedback and informal complaints received from care recipients and family members led to the development of a carer (family) support group. With the assistance of a volunteer, a carer support meeting is held regularly to provide information as well as enable the interaction between families of care recipients. Management report that the support group is well attended.

### 1.2 Regulatory compliance

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

#### Team's findings

The home meets this expected outcome

The home has a system to identify relevant legislation, regulatory requirements and guidelines and for monitoring these in relation to the Accreditation Standards. The organisation's management has established links with external organisations to ensure they are informed about changes to regulatory requirements. Where changes occur, the organisation takes action to update policies and procedures and communicate the changes to care recipients, their representatives and staff as appropriate. A range of systems and processes have been established by management to ensure compliance with regulatory requirements. Staff have an awareness of legislation, regulatory requirements, professional standards and guidelines relevant to their roles.

Examples of responsiveness to regulatory compliance relating to Standard 1, Management systems, staffing and organisational development include:

* Care recipients and representatives were notified regarding this re-accreditation audit within the required timeframe.
* There is a system to monitor staff, contractors and volunteers police certificates and statutory declarations as required.
* Management monitor nursing registrations.
* Stakeholders have access to information about advocacy services and internal and external complaint 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

Management and staff have the appropriate skills and knowledge to perform their roles effectively. New staff participate in an orientation program that provides them with information about the organisation, key policies and procedures and equips them with mandatory skills for their role. The organisation develops a yearly education plan based on regulatory compliance, training needs analysis and organisational requirements with compulsory topics and competency evaluation. Management and staff complete topics and competencies related to their role and across the Accreditation Standards. Additional education and training topics are provided in response to incidents, quality activities, feedback and changing care recipients' needs. Staff are scheduled to attend regular mandatory training, attendance is monitored and a process is available to address non-attendance. The effectiveness of the education program is monitored through attendance records, evaluation records and observation of staff practice. Care recipients and representatives interviewed are satisfied staff have the knowledge and skills to perform their roles and staff are satisfied with the education and training provided.

Examples of education and training provided in relation to Standard 1 Management systems, staffing and organisational development include:

* Accreditation standards
* ‘ACFI' documentation
* Incident management and reporting
* ‘Workday' telephone application for staff roster, leave and training schedules.

### 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

There are processes to ensure care recipients, their representatives and others are provided with information about how to access complaint mechanisms. Facilities are available to enable the submission of confidential complaints and ensure privacy of those making a complaint. Complaints are logged and monitored to track issues, actions, outcomes and feedback with these processes linked with the home's continuous improvement system. Where appropriate, complaints trigger reviews of and changes to the home's procedures and practices. Results show complaints are considered and feedback is provided to complainants if requested. Management and staff have an understanding of the complaints process and how they can assist care recipients and representatives with access. We received a small number of 'sometimes' responses to the consumer experience report question regarding staff follow up on issues raised. However the majority of respondents said staff do follow up issues. All care recipients, representatives and other interested people interviewed have an awareness of complaints mechanisms and are comfortable to approach management and staff or use feedback boxes provided.

### 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 has documented the purpose, values and commitment to quality. This information is communicated to care recipients, representatives, staff and others through a range of documents and on display throughout the home.

### 1.6 Human resource management

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

#### Team's findings

The home meets this expected outcome

There are systems and processes to ensure there are sufficient skilled and qualified staff to deliver services that meet the Accreditation Standards and the home's philosophy and objectives. Recruitment, selection and induction processes ensure staff have the required knowledge and skills to deliver services. Staffing levels and skill mix are reviewed in response to changes in care recipients' needs and there are processes to address planned and unplanned leave with access to Bupa 'bank' staff. The home's monitoring, human resource and feedback processes identify opportunities for improvement in relation to human resource management. Most staff interviewed were satisfied they have sufficient time to complete their work and meet care recipients' needs. Care recipients and representatives interviewed are generally satisfied with the availability of skilled and qualified staff and the quality of care and services provided. While we received some 'neutral' responses to the consumer experience report interview questions regarding staff abilities, care recipients indicated their needs are met.

### 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 processes to monitor stock levels, order goods and maintain equipment to ensure delivery of quality services. Goods and equipment are securely stored and where appropriate, stock rotation occurs. Preventative maintenance and cleaning schedules ensure equipment is monitored for cleanliness, operation and safety. The home purchases equipment to meet care recipients' needs and maintains appropriate stocks of required supplies. Preferred suppliers are used by the home. Inappropriate or faulty equipment is identified, removed from service and replaced or repaired as required. Staff receive training in the safe use and storage of goods and equipment. Staff, care recipients and representatives interviewed said they are satisfied with the supply and quality of goods and equipment available at the home.

### 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 systems to provide all stakeholders with access to current and accurate information. Locked rooms, cabinets and electronic processes are used to store private and confidential information. Management and staff have access to electronic and hard copy information that assists them in providing care. Relevant organisational and service information is disseminated to staff and care recipients verbally and through mechanisms such as memoranda, newsletters, meetings and informal discussion. Key information is collected, analysed, revised and updated on an ongoing basis. There is an archiving process and sensitive obsolete documents are securely destroyed. Staff interviewed said they are satisfied they have access to current and accurate information. Care recipients and representatives interviewed are satisfied the information provided is appropriate to their needs, and supports them in their decision-making. A small number of care recipients and representatives provided a 'neutral' response to the consumer experience report question that the place was well run.

### 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 is a system to ensure external providers deliver services in a way that meets the residential care service’s needs and quality goals. Management oversee external provider service agreements which specify the quality and level of service required. The organisation has procedures to ensure contractors are appropriately qualified, certified, registered, insured and have current police certificates, as relevant, as part of the contractual engagement and review process. Contractors are oriented to the site and must sign for entry. Management monitor the quality of services through mechanisms including feedback from staff, care recipients and their representatives, audits and observation. Care recipients, representatives and staff are satisfied with the services provided by external contractors.

## 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 systems to identify and implement improvements.

Recent examples of improvements in Standard 2, Health and personal care are:

* As a result of feedback from family members about the difficulty identifying the clinical staff on shift, management placed display boards at the nurse's station in every unit identifying the care manager (registered nurse) on duty. This information is updated at the commencement to each shift. The display boards include a photograph of the nurse, their name and telephone contact details. An internal telephone is located nearby for visitors to contact the nurse on duty. Management report that feedback from families is positive.
* An analysis of incident data related to medication errors led to management improving the training and competency assessment for care staff administering medication. When a medication error is reported, the relevant staff member is removed from administering medication and given one-to-one supervision with a registered nurse which includes a thorough review of requirements and responsibilities of administering medication and satisfactory completion of three competency assessments overseen by three different nurses over the period of one week. Management said this has improved monitoring and training and has contributed in a reduction in medication errors.

### 2.2 Regulatory compliance

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

#### Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home's systems to identify and ensure compliance with relevant regulatory requirements.

Examples of regulatory compliance regarding Standard 2, Health and personal care include:

* Registered nurses supervise the provision of clinical and specialised nursing care according to the relevant legislation and care recipient needs.
* There are policies and procedures to guide management and staff in the event of a care recipients' unexplained absence.
* Staff demonstrate compliance with the policy and legislative requirements relating to medication management and storage.

### 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

The home has a system to monitor and ensure staff have the knowledge and skills to enable them to effectively perform their roles in relation to health and personal care. Refer to Expected outcome 1.3 Education and staff development for more information.

Examples of education and training provided in relation to Standard 2, Health and personal care include:

* Continence management
* Dementia care
* Falls prevention
* Medication management
* Pain management
* Wound care.

### 2.4 Clinical care

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

#### Team's findings

The home meets this expected outcome

Appropriately qualified staff provide care to care recipients and ensure clinical information is accurate and current and appropriate to care recipients needs and preferences. Care needs are identified on entry and on an ongoing basis through a review and transfer of information, consultation with the care recipient and/or their representative and assessment processes. Care plans are developed by qualified staff and reviewed regularly. Care recipients' clinical care needs are monitored and evaluated and changes are identified and documented and where appropriate, referrals are made to medical officers or health professionals. Staff provide care consistent with individual care plans. Care recipients and representatives interviewed said they are satisfied with the clinical care being provided.

### 2.5 Specialised nursing care needs

This expected outcome requires that “care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

#### Team's findings

The home meets this expected outcome

Care recipients' specialised nursing care needs are identified through assessment processes on entry to the home. Care is planned and managed by appropriately qualified staff. Assessment information, together with instructions from medical officers and health professionals is documented in the care plan. Specialised nursing care needs are reassessed when a change in care recipient needs occurs and on a regular basis. Staff have access to specialised equipment, information and other resources to ensure care recipients' needs are met and deliver care consistent with care plans. Care recipients and representatives interviewed are satisfied with how care recipients' specialised nursing care needs are managed.

### 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 ensure care recipients are referred to appropriate health specialists in accordance with their needs and preferences. Medical officers visit the home regularly. Health specialist directives are communicated to staff and documented in the care plan and care is provided consistent with these instructions. Staff practices are monitored to ensure care is in accordance with care recipients needs and preferences. Staff support care recipients to attend external appointments with health specialists. Care recipients and representatives interviewed said they are satisfied referrals are made to appropriate health specialists of their choice and staff carry out their instructions.

### 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 care recipients' medication is managed safely and correctly. There are processes to ensure adequate supplies of medication are available and medication is stored securely and correctly. Documented medication orders generally provide guidance to staff when administering or assisting with medications. Procedural guidelines provide clarification surrounding safe medication practices. The home's monitoring processes include review of the medication management system and collation of medication incident data. Staff who administer or assist with medications receive education in relation to this. Care recipients and representatives interviewed are satisfied care recipients' medications are provided as prescribed and in a timely manner.

### 2.8 Pain management

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

#### Team's findings

The home meets this expected outcome

Care recipients' pain is identified through assessment processes on entry to the home and as needs change. Specific assessment tools are available for care recipients who are not able to verbalise their pain. Care plans are developed from the assessed information and are evaluated to ensure interventions remain effective. Medical officers and allied health professionals are involved in the management of care recipients' pain. Staff assess care recipients' indicators of pain and offer appropriate strategies to manage comfort levels. Strategies include medication, massage, exercising and repositioning. Care recipients and representatives interviewed are satisfied care recipients' are as free as possible from 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

There are processes to ensure the comfort and dignity of terminally ill care recipients and to provide support for their representatives and those involved in their care. Assessments are completed with care recipients and/or representatives to identify individual end of life care needs and preferences. The home uses a multidisciplinary approach that addresses the physical, psychological, emotional, cultural and spiritual support required by care recipients and their representatives. There is a supportive environment which provides comfort and dignity to care recipients in accordance with their preferences. Referrals are made to medical officers, palliative care specialist teams and other health specialist services as required. Staff follow end of life plans and respect any changes which may be requested. Care recipients and representatives interviewed are satisfied care recipients' comfort, dignity and palliative care needs are maintained.

### 2.10 Nutrition and hydration

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

#### Team's findings

The home meets this expected outcome

Care recipients receive adequate nutrition and hydration with individual requirements, preferences, allergies and special needs identified and assessed on entry to the home. There are processes to ensure catering and other staff have information about care recipient nutrition and hydration needs. Staff monitor care recipients' nutrition and hydration and identify those care recipients who are at risk. There are processes to refer care recipients to other health specialists such as dietitian, speech pathologist and dentist if a need is identified. Staff assistance, equipment, special diets and dietary supplements to support care recipients' nutrition and hydration are provided where required. Staff practices are monitored to ensure nutrition and hydration needs are delivered in accordance with care recipients' needs and preferences. Care recipients and representatives interviewed are satisfied care recipients' nutrition and hydration requirements are met.

### 2.11 Skin care

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

#### Team's findings

The home meets this expected outcome

Care recipients' skin care requirements, preferences and special needs are assessed and identified, in consultation with care recipients and/or representatives to ensure consistency with their general health. Care plans reflect strategies to maintain or improve care recipients' skin integrity and are reviewed regularly. Skin care needs are monitored, evaluated and reviewed as required. Referral processes to health specialists are available if a need is identified. There is a process for documenting incidents relating to skin integrity. Staff promote skin integrity through the use of moisturisers, pressure relieving devices, pressure area care and safe manual handling techniques. Care recipients and representatives interviewed are satisfied with the assistance provided to maintain skin integrity.

### 2.12 Continence management

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

#### Team's findings

The home meets this expected outcome

Established systems ensure the effective management of care recipients' continence. Care recipients' continence needs and preferences are identified during the assessment process. Strategies to manage care recipients' continence are documented in the care plan and changes in continence patterns are identified, reported and reassessed to identify alternative management strategies. Equipment and supplies such as continence aids are available to support continence management. Management collect and analyse data relating to infections Infection related data is collated. Staff have an understanding of individual care recipients' continence needs and how to promote privacy when providing care. Care recipients and representatives interviewed are satisfied with the support provided to care recipients in relation to continence management.

### 2.13 Behavioural management

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

#### Team's findings

The home meets this expected outcome

The needs of care recipients with challenging behaviours are managed effectively. Needs are identified through assessment processes and in consultation with care recipients, their representatives and/or allied health professionals. Individual strategies to manage responsive behaviours are identified and documented in care plans and are regularly evaluated to ensure they remain effective. Staff are provided with education on appropriate methods for managing care recipients with challenging behaviours and have an understanding of how to manage individual care recipients' responsive behaviours. Care recipients and representatives interviewed said staff are responsive and support care recipients with behaviours which may impact on others.

### 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

Systems ensure all care recipients achieve optimum levels of mobility and dexterity. Care recipients' mobility, dexterity and rehabilitation needs are identified through assessment processes and in consultation with care recipients and/or their representatives Strategies to manage care recipients' mobility and dexterity are documented in care plans and are regularly evaluated and reviewed to ensure care recipients' needs are met. Where a need is identified, referrals are made to medical officers and other health specialists, including physiotherapists. Care recipients and staff have access to a variety of equipment to assist with care recipients' mobility, dexterity and rehabilitation needs. Staff are trained in falls prevention, manual handling and the use of specialist equipment. Care recipients and representatives interviewed are satisfied with the support provided for achieving optimum levels of mobility and dexterity.

### 2.15 Oral and dental care

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

#### Team's findings

The home meets this expected outcome

Care recipients' oral and dental health is maintained, individual needs are identified through assessment processes and in consultation with care recipients and/or their representatives. Care strategies are documented on the care plan and are regularly evaluated and reviewed to ensure care recipients' changing needs are met. Equipment to meet care recipients' oral hygiene needs are available. Staff provide assistance with oral and dental care and where necessary referrals are made to health specialists such as dentists. Care recipients and representatives interviewed are satisfied with the assistance given by staff to maintain care recipients' teeth, dentures and overall oral hygiene.

### 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

Sensory losses are identified through assessment processes and in consultation with care recipients and/or their representatives. Staff complete assessments with each care recipient and develop care plans for the management of sensory losses. Care recipients are referred to health specialists, such as audiologists and optometrists, according to assessed need or request and are assisted to attend appointments as required. Staff receive instruction in the correct use and care of sensory aids and are aware of the assistance required to meet individual care recipients' needs. Care recipients and representatives interviewed are satisfied with the support provided to manage care recipient sensory needs.

### 2.17 Sleep

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

#### Team's findings

The home meets this expected outcome

Care recipients' sleep patterns, including settling routines and personal preferences, are identified through assessment processes. Care plans reflect care recipients' needs and preferences and staff identify and address barriers to natural sleep including pain, continence needs, hunger, lack of exercise and emotional state when planning care. Care recipients experiencing difficulty sleeping are offered a range of interventions to promote sleep and where appropriate medical officers are informed of sleep problems. The environment is optimised to ensure it supports natural sleep and minimises disruption. Care recipients and representatives interviewed are satisfied support is provided to care recipients and they are assisted 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 information about the home's systems to identify and implement improvements.

Recent examples of improvements in Standard 3, Care recipient lifestyle are:

* To make art work and images more relevant to care recipients, management placed photographs of care recipients with their 'words of wisdom' on the wall in the dining room area. Photographs of well-known celebrities and art work painted by a care recipient have also been placed on walls throughout the home. Management report that the photographs and art work have created conversation with other care recipients requesting their photographs to be included in the gallery.
* As a result of feedback from families whose loved one had passed away at the home, a memorial ceremony was held to remember the life of the care recipients. An afternoon tea was held in the courtyard garden with a non-denominational talk by a local minister. The home's manager gave a presentation with special words and sayings for each care recipient and family members released a butterfly for their loved one. Feedback from family has been very positive. This ceremony will be held again this year with plans to make it an annual event.

### 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 systems to identify and ensure compliance with relevant regulatory requirements.

Examples of responsiveness to regulatory compliance relating to Standard 3, Care recipient lifestyle include:

* At entry care recipients or their nominated representative are offered an agreement and provided with information on their user rights and responsibilities and the 'Charter of care recipients' rights and responsibilities-residential care' is displayed within the home and in documentation.
* Established policies and procedures guide the maintenance of care recipients' privacy and confidentiality.
* There are procedures and guidelines in relation to elder abuse and compulsory reporting and processes to make staff aware of their responsibilities.

### 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

The home has a system to monitor and ensure staff have the knowledge and skills to enable them to effectively perform their roles in relation to care recipient lifestyle. Refer to Expected outcome 1.3 Education and staff development for more information.

Examples of education and training provided in relation to Standard 3, Care recipient lifestyle include:

* Cultural awareness
* Privacy and dignity
* Reportable incidents
* Security of tenure.

### 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

Care recipients' emotional needs are identified on entry and on an ongoing basis. Processes to assist care recipients include the provision of information prior to entering the home, support during the settling in period, involvement of family and significant others and an individual activity plan that meets care recipient needs, interests and preferences. Monitoring processes include feedback and care reviews to identify opportunities for improvement in relation to the emotional support provided. During a short observation of a group activities program, staff were observed warmly engaging with care recipients and later in individual interactions. Care recipients and representatives interviewed were mostly satisfied with the emotional support provided and agreed there were staff they could talk to if worried or sad, however others preferred to talk with family supports and had a 'neutral' response in the consumer experience report.

### 3.5 Independence

This expected outcome requires that "care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".

#### Team's findings

The home meets this expected outcome

Care recipients' needs and preferences are assessed on entry and on an ongoing basis to ensure there are opportunities to maximise independence, maintain friendships, develop new friendships and participate in the life of the community. Strategies to promote care recipients' independence are documented in the care plan, evaluated and reviewed to ensure they remain current and effective. Lifestyle staff arrange for community visitors and entertainers to visit and arrange regular outings into the community. Bupa Donvale has a bus with wheelchair access available for outings. Staff describe strategies to maintain independence and their interactions are reflective of this. Activities offered by the home support independence and socialisation. Most care recipients and representatives interviewed are satisfied with the information and assistance provided to care recipients to achieve independence, maintain friendships and participate in the community within and outside the home. A small number of care recipients who participated in the consumer experience report had a 'neutral' response when asked if they are encouraged to do as much as possible for themselves.

### 3.6 Privacy and dignity

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

#### Team's findings

The home meets this expected outcome

Care recipients' individual preferences in relation to privacy, dignity and confidentiality are identified on entry and on an ongoing basis. Strategies for ensuring privacy, confidentiality and maintaining dignity are planned, implemented and documented in care plans. The home's monitoring processes, include feedback, meetings and care reviews and identifying any opportunities for improvement in relation to privacy, dignity and confidentiality. Staff have received education in privacy and dignity and their practices support this. Staff were observed knocking on doors, requesting access and addressing care recipients by their preferred names. Care recipients and representatives interviewed said staff treat them with respect, maintain privacy and they feel their personal information is secure.

### 3.7 Leisure interests and activities

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

#### Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a wide range of interests and activities of interests to them. Information is provided about the activities program with a view to continuing care recipients' past interests and activities in a home-like environment. Whilst they are encouraged to attend, staff respect their choices if they choose not to participate. Barriers to participation, past history, cultural and spiritual needs are recognised and accommodated. The diverse program is reviewed regularly with care recipient participation, to ensure activities continue to meet the needs and preferences of care recipients. The activities program includes group, one to one and community activities. Observations were made of staff encouraging participation in respectful and inclusive ways. Care recipients and representatives interviewed are satisfied with activities on offer and confirmed they are supported to participate in activities of interest to them.

### 3.8 Cultural and spiritual life

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

#### Team's findings

The home meets this expected outcome

Individual care recipients' customs, beliefs and cultural and ethnic backgrounds are identified on entry through consultation with the care recipient and their representatives. Relevant information relating to care recipients' cultural and spiritual life is documented in care plans which are regularly evaluated and reviewed. Provision is made to observe days of significance and accommodate religious beliefs relevant to their denomination within the home. Care recipients' cultural and spiritual needs are considered in meal planning and the facilitation of leisure activities. The home's monitoring processes identify opportunities for improvement in relation to the way care recipients' cultural and spiritual life is valued and fostered. Staff support care recipients to attend and participate in activities of their choice. Care recipients and representatives interviewed confirmed care recipients' customs and beliefs are respected.

### 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 processes to ensure care recipients and their representatives are provided with information about their rights and responsibilities on entry to the home and on an ongoing basis. The home assesses each care recipients' ability to make decisions and identifies authorised representatives where care recipients are not able to make decisions for themselves. Strategies to foster care recipient participation in decision making include care recipient meetings, comments and complaints mechanisms, case conferences, surveys and newsletters. Staff practices are monitored to ensure care and services are delivered in line with the choices and preferences of care recipients. Staff demonstrated their understanding of care recipients' rights to make choices and how to support them in their choices. In response to the consumer experience questionnaire the majority of care recipients indicated staff explain the care and services they receive to assist them with 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

Care recipients and their representatives are provided with information about care recipients' rights and responsibilities, the terms and conditions of their tenure, any limitations to care provision within the home, fees and charges and information about complaints mechanisms, when they enter the home. ‘The Charter of care recipient's rights and responsibilities – residential care’ is displayed in the home. Any changes in room and/or location within the home are carried out in consultation with care recipients and/or their representative. The home's monitoring processes, including feedback, meetings and care reviews, identify opportunities for improvement in relation to care recipient rights, responsibilities and security of tenure. Staff demonstrate an understanding of care recipient rights. Care recipients and representatives interviewed are satisfied care recipients have secure tenure within the home and understand their rights and responsibilities.

## Standard 4 - Physical environment and safe systems

### Principle:

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

### 4.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for information about the home's systems to identify and implement improvements.

Recent examples of improvements in Standard 4, Physical environment and safe systems are:

* To improve cleaning standards, management changed the rostering of cleaners to enable the same cleaner/s to be allocated to the same community area (unit). Management report this enabled cleaners to develop a sense of 'ownership' within their community area and improved relationships between the cleaning staff and the care recipients. Feedback is positive.
* Management identified that due to the layout of the home, finding unmarked rooms was difficult for new staff and visitors. After consultation on what would be the best signage arrangements, management implemented a complete signage system which included number plates being positioned at the end of corridors showing the room numbers within that corridor, numbers on all care recipient rooms and ceiling signs showing the direction of lifts, dining room and wings. Complimentary feedback shows the positive response to this change.

### 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 systems to identify and ensure compliance with relevant regulatory requirements.

Examples of regulatory compliance regarding Standard 4, Physical environment and safe systems include:

* There are infection control procedures including a food safety plan, third party auditing and outbreak guidelines.
* The organisation actively promotes and monitors workplace health and safety.
* Regular monitoring and maintenance of emergency and essential service systems and procedures occur.

### 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

The home has a system to monitor the knowledge and skills of staff members and enable them to effectively perform their role in relation to physical environment and safe systems. Refer to Expected outcome 1.3 Education and staff development for more information.

Examples of education and training provided in relation to Standard 4, Physical environment and safe systems include:

* Fire and emergency training
* Food safety
* Infection control and hand hygiene
* Medical emergency
* Work health and safety.

### 4.4 Living environment

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

#### Team's findings

The home meets this expected outcome

The home's environment reflects the safety and comfort needs of care recipients, including comfortable temperatures, noise and light levels and sufficient appropriate furniture. There is access to secure courtyard areas through a key-code system. The safety and comfort of the living environment is assessed and monitored through feedback from meetings, surveys, incident and hazard reporting, audits and inspections. There are appropriate routine preventative and reactive maintenance programs for buildings, furniture, equipment and fittings. Staff support a safe and comfortable environment through hazard, incident and maintenance reporting processes. The results of consumer experience report shows not all care recipients feel safe at the home all the time. These care recipients indicated this was due primarily to another care recipient coming into their rooms. Management said strategies have alleviated this issue.

### 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

There are processes to support the provision of a safe working environment, including policies and procedures, staff training, routine and preventative maintenance and incident and hazard reporting mechanisms. The home maintains a register of hazardous substances and staff have access to safety data sheets. Opportunities for improvement in the occupational health and safety program are identified through audits, inspections, supervision of staff practice, and analysis of incident and hazard data. Sufficient goods and equipment are available to support staff in their work and minimise health and safety risks. The organisation has appointed trained work, health and safety representatives to oversee the home's safety system. Staff have an understanding of safe work practices and their responsibilities in reporting hazards and risks. Staff were observed to carry out their work safely and are satisfied management is actively working to provide a safe working 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

Policies and procedures relating to fire, security and other emergencies are documented and accessible to staff; this includes an emergency evacuation plan, emergency procedure manual and a business continuity plan. Staff are provided with education and training about fire, security and other emergencies when they commence work at the home and on an ongoing basis. Trained fire wardens oversee fire safety at the home and staff participate in mandatory training in fire awareness and response. The home has a smoking policy, a dedicated smoking area and risk assessments are completed for those care recipients who choose to smoke. Emergency equipment is inspected and maintained and the environment is monitored to minimise risks. Staff have an understanding of their roles and responsibilities in the event of an emergency and there are routine security measures. Care recipients and representatives interviewed are aware of what they should do on hearing an alarm and feel safe and secure in the home.

### 4.7 Infection control

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

#### Team's findings

The home meets this expected outcome

The home has processes to support an effective infection control program. The infection control program includes regular assessment of care recipients' clinical care needs in relation to current infections, susceptibility to infections and prevention of infections. Staff and management follow required guidelines for reporting and management of notifiable diseases. Care plans describe specific prevention and management strategies. Preventative measures used to minimise infection include staff training, a food safety program, cleaning regimes, vaccination programs, a pest control program, waste management and laundry processes. Staff are provided with information about infections at the home and have access to policies and procedures and specific equipment to assist in the prevention and management of an infection or outbreak. Care recipients, representatives and staff interviewed are satisfied with the prevention and management of infections.

### 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 identifies care recipients' needs and preferences relating to hospitality services on entry to the home through assessment processes and consultation with the care recipient and their representatives. All meals are freshly cooked on site and food preferences, allergies and special dietary needs are communicated to catering staff. The chef is responsive to suggestions regarding the meals. Special occasions and cultural/religious days are celebrated with special foods. Cleaning is carried out according to a schedule with daily cleaning of care recipients' rooms and communal areas and regular detail cleaning of rooms. Laundry services are provided on site and include a clothing labelling service. The home's monitoring processes identify opportunities for improvement in relation to the hospitality services provided which includes feedback from care recipients and representatives and monitoring of staff practice. Hospitality staff interviewed said they have access to information about care recipient preferences and receive feedback about services provided. Care recipients interviewed are satisfied with the cleaning and laundry services and staff are satisfied the hospitality services enhance the environment. Results of the consumer experience report show a high number of care recipients like the food ‘most of the time’ or ‘all the time’. While we received some 'some of the time' and 'never' responses, care recipients indicated this related to cultural preferences and meal temperatures. Management said they will continue to seek feedback from stakeholders to improve care recipient satisfaction with the meals in the home.