

Bupa Edithvale

RACS ID: 4488

Approved provider: Bupa Aged Care Australia Pty Ltd

Home address: 256 Station St EDITHVALE VIC 3196

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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 01 June 2021.We made our decision on 16 April 2018.The audit was conducted on 06 March 2018 to 07 March 2018. 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 Edithvale

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# Introduction

This is the report of a Re-accreditation Audit from 06 March 2018 to 07 March 2018 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 06 March 2018 to 07 March 2018.

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: 117

Number of care recipients during audit: 82

Number of care recipients receiving high care during audit: 30

Special needs catered for: Care recipients with dementia or related disorder

# Audit trail

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

## Interviews

| Position title | Number |
| --- | --- |
| Ancillary staff  | 2 |
| Care recipients/representatives  | 16 |
| Clinical care manager | 2 |
| Corporate support  | 2 |
| General manager | 1 |
| Hospitality staff  | 6 |
| Nursing, care and lifestyle  | 7 |
| Medical and allied health staff  | 1 |

## Sampled documents

| Document type | Number |
| --- | --- |
| Care recipients' care files | 11 |
| Lifestyle assessments  | 6  |
| Medication charts | 8 |

## Other documents reviewed

The team also reviewed:

* Asset register
* Audit checklist and schedule
* Audit reports and documentation
* Clinical incident reports
* Communication books/diaries
* Contracted services documentation
* Contractor service agreement
* Education calendars and documentation
* Emergency contingency plans and procedures, including fire service records
* Fire certificate documentation
* Fluid balance chart
* Handover documentation
* Hazard log and hazard identification reports
* Human resources documentation
* Legislative information
* Maintenance documentation
* Medication drug licence
* Meeting minutes – General

## Observations

The team observed the following:

* Activities in progress
* Advocacy information displayed
* Care recipients being supported to walk with staff
* Cleaning in progress
* Clinical equipment
* Interactions between staff, care recipients and representatives
* Living environment
* Medication administration and storage
* Noticeboards with information displayed
* Secure storage of confidential care recipient and staff information
* Service areas
* Short group observation

# 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 at Bupa Edithvale 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. Improvements are documented in an electronic system which produces the plan for continuous improvement; these both include quality assurance and continuous improvement activities. Management uses a range of monitoring processes such as audits and survey analysis to monitor the performance of the home's quality management systems. 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 regarding Standard 1 Management systems, staffing and organisational development includes:

* A Graduate Nurse Program committed to developing future clinical leaders has been implemented across Bupa Aged Care. The program assists graduate nurses to perform within a legal and ethical framework, supports the rights and interests of care recipients and stakeholders, and meets duty of care requirements. The program was introduced to address nurse shortages and to support the vision for person-centred, consumer driven care. The graduate nurse program was evaluated as being both essential and effective in integrating nursing skills and knowledge from theory into clinical practice in the aged care environment.
* The general manager of the home undertook training in 2016-2017 and successfully achieved the qualification of an Advanced Diploma in Leadership and Management. Two care managers have also commenced the course obtaining a Diploma in Leadership. Management stated the course assisted with enhancing critical thinking, added self-awareness and improved focus and drive.

### 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 organisations’ 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, procedures and work instructions and communicates these changes to care recipients, their representatives and staff, as appropriate. A range of systems and processes has 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 regulatory compliance in relation to Standard 1 Management systems, staffing and organisational development include:

* Management are aware of their regulatory responsibilities in relation to police certificates.
* Care recipients and their representatives received notification of this re-accreditation audit within the required timeframe.
* There are processes to monitor the professional registrations of staff to ensure performance of tasks by qualified individuals.

### 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's processes support the recruitment of staff with the required knowledge and skills to perform their roles. New staff participate in an orientation program that provides them with information about the organisation, policies and procedures and equips them with skills relevant to their role. Staff are scheduled to attend regular mandatory training; attendance is generally monitored, with non-attendance mostly followed up. 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:

* Complaints management
* Documentation
* Ignite program - induction program
* Leadership forum
* Three day accreditation course

### 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

Internal and external comments and complaints mechanisms are accessible to care recipients, representatives and other interested parties. The system includes improvement logs, meetings and an ‘open door’ policy of access to key staff and management. Facilities are available to enable the submission of confidential complaints and ensure privacy of those using complaints mechanisms. Feedback processes link with the home's continuous improvement system and where appropriate, may trigger a review of, and change to the homes’ procedures and practices. Management and staff have an understanding of the complaints process, and staff interviewed said they assist and address the concerns raised by care recipient and representative, but verbal complaints are not always recorded. Staff, care recipients and representatives said they are mostly comfortable raising feedback.

### 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 home's commitment to quality and governance structure which includes Bupa Values - passionate, caring, open, authentic, accountable, courageous and extraordinary. The Bupa purpose is for longer healthier happier lives. This information is communicated to care recipients, representatives, staff and others and displayed in 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, additional staff shifts have recently been allocated, and there are processes to address planned and unplanned leave. Registered nurses are available each shift to supervise care staff and manage specialised nursing care needs. The home's monitoring, human resource and feedback processes identify opportunities for improvement in relation to human resource management. Staff are mostly satisfied they have sufficient time to complete their work and meet care recipients' needs. Care recipients and representatives interviewed are mostly satisfied with the quality of care and services provided. One care recipient interviewed with the consumer experience report stated they can wait some of the time for staff to attend to their requests for assistance with their toileting care needs, and two care recipients said staff do not always explain things to them as they appear busy.

### 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. Preferred suppliers are used by the home. Goods and equipment are securely stored and, where appropriate, stock rotation occurs. Preventative maintenance and cleaning schedules ensure equipment is generally monitored for operation and safety. The home purchases equipment to meet care recipients' needs and maintains appropriate stocks of required supplies. Staff receive training in the safe use and storage of goods and equipment. Staff, care recipients and representatives interviewed stated 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. Management and staff have access to information that assists them in providing care and services. Electronic and hard copy information is stored securely and processes are in place for backup, archive and destruction of obsolete records, in keeping with legislative requirements. Key information is generally collected, analysed, revised and updated on an ongoing basis. Data obtained through information management systems is generally used to identify opportunities for improvement. The home regularly reviews its information management systems. Staff interviewed stated they are satisfied they have access to information to assist them to undertake their duties. Care recipients and representatives interviewed are satisfied the information provided is appropriate to their needs, and supports them in their decision-making.

### 1.9 External services

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

#### Team's findings

The home meets this expected outcome

The home has mechanisms to identify external service needs and quality goals. The home's expectations in relation to service and quality is specified and communicated to the external providers. The home has agreements with external service providers which outline minimum performance, staffing and regulatory requirements. There are processes to review the quality of external services provided and, where appropriate, action is taken to ensure the needs of care recipients and the home are met. Staff interviewed said they are able to provide feedback on external service providers and care recipients and representatives interviewed stated they are satisfied with the quality of externally sourced services.

## 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 include:

* Feedback from hearing impaired care recipients’ family members identified both the staff and the care recipients were frustrated with not being able to communicate effectively with each other. Management contacted an external sign language provider and together they developed a sign language training course for staff. Feedback from family, staff and a care recipient said this has improved communication between staff and hearing impaired care recipients.
* The home was part of a clinical capability pilot program which commenced in January 2017, involving the assessment of staff clinical knowledge and competencies in nine care domains. The project identified an opportunity to improve staff knowledge in palliative care. The home developed networks with local and specialists services who provided education in grief and loss and dementia. Staff stated the project and partnerships have enhanced their understanding surrounding clinical and emotional care needs during end of life.

### 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 in relation to Standard 2 Health and personal care include:

* Management are aware of the regulatory responsibilities in relation to medication management.
* Qualified staff oversee specific care planning activities and care tasks.
* There are processes to ensure compliance with legislation in the event of a care recipient's unexplained absence.

### 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
* Dementia care essentials
* First aid
* Medication management
* Palliative Care
* Registered nurse education day
* Wound management

### 2.4 Clinical care

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

#### Team's findings

The home meets this expected outcome

The home has mechanisms to ensure care recipients receive clinical care that is appropriate to their 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. Individual care plans are developed by qualified staff with 'person first' principles applied. Care plans are reviewed regularly and updated where changes to care needs occur. There are processes to ensure staff have access to current information to inform care delivery including care plans, progress notes and handovers. Care recipients' clinical care needs are monitored, evaluated and reassessed through incident analysis, reviews, audit and feedback. The home has a 'no restraint' policy, with protective equipment such as falls mats, sensor beams and concave mattresses utilised where an assessed need is identified. Risk assessments are undertaken and associated risk generally reviewed where protective equipment is used. Monitoring systems are effective and identified gaps result in corrective action plans. Where appropriate, referrals are made to medical officers or allied health professionals. Staff provide care consistent with individual care plans and are able to discuss individual care needs for care recipients in their care. Care recipients and representatives interviewed are complimentary of 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 ongoing assessment processes and on entry to the home. Care is planned and managed by appropriately qualified staff. Complex care plans and specialised care guidelines, including instructions from health professionals and medical officers are documented for care recipients requiring specific specialised nursing care. Specialised nursing care needs are reassessed when a change in care recipient needs occurs and on a regular basis. The home's monitoring processes include audit, feedback, incident analysis and discussion at clinical meetings. Staff have access to specialised equipment, information and other resources to ensure care recipients' needs are met. Specialised nursing care is delivered by appropriately qualified staff consistent with the care plan. 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. Health specialist directives are communicated to staff and documented in the care plan, and care is provided consistent with these instructions. Management, staff and medical officers refer care recipients to services, such as podiatry, optometry, audiology, dentists, dental technicians, wound care providers, palliative care, dementia and mental health specialists. The home also uses a tele-health service to provide care recipients access to allied health specialists where they are unable to attend consultations in person. Staff practices are monitored to ensure care is in accordance with the care recipients' needs and preferences. Staff said they support care recipients to attend external appointments with health specialists. Care recipients and representatives interviewed stated they are satisfied referrals are made to appropriate health specialists of their choice and care is delivered in accordance with specialist 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 in care recipients’ rooms. A medication imprest system is utilised for additional stock, nurse initiated medications and other approved items. Regular stock audits by the home's preferred pharmacy service ensure medications are not expired and adequate stocks of required medications are on hand. Medical officers prescribe and review medication orders and these are dispensed by the pharmacy service. Documented medication orders provide guidance to staff when administering or assisting with medications. Procedural guidelines provide clarification surrounding safe medication practices. The home's monitoring processes include audits, review of the medication management system, and analysis of medication incident data. Staff who administer medications, including clinical and medication competency assessed personal care staff generally receive education in relation to this. Staff are able to describe safe delivery of medications in accordance with best practice guidelines and documented care plan instructions. 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 regularly reviewed to ensure interventions remain effective. Medical officers and allied health professionals are involved in the management of care recipients' pain. The home's monitoring processes in relation to pain management system include audits, feedback, observation and clinical review. Staff monitor care recipient's pain and record the use and effects of interventions and strategies for pain relief. Staff are able to discuss strategies to assess care recipients' verbal and non-verbal indicators of pain and the implementation of appropriate actions to manage care recipient comfort levels. 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

The home has processes for identifying and managing care recipients' individual palliative care needs and preferences. Assessments are completed with the care recipient and/or representative to identify end of life care wishes. 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 the care recipient and their representatives. Care recipients remain in the home, whenever possible, in accordance with their preferences. Referrals are made to medical officers, palliative care specialist teams and other health specialist services as required. Staff practices are monitored to ensure the delivery of palliative care is in accordance with the end of life plan. Staff follow end of life plans and respect any changes which may be requested. Care recipients and representatives interviewed are complimentary of the manner in which 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' nutrition and hydration requirements, preferences, allergies and special needs are identified and assessed on entry and on an ongoing basis. Care recipients' ongoing needs and preferences are monitored, reassessed and care plans updated. 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 intake, weights and incidences of urinary tract infection, and implement appropriate strategies to minimise the risk of malnutrition or hydration issues. The home provides staff assistance, equipment, special diets and dietary supplements to support care recipients' nutrition and hydration. Staff have an understanding of care recipients' needs and preferences including the need for assistance, texture modified diet or specialised equipment. 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 and the medical officer. Clinical nurses oversee wound management and appropriate clinical staff are responsible for wound treatments, completion of treatment records, and documenting interventions. 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. Documentation viewed demonstrates complex wounds are managed by appropriately qualified clinical staff in consultation with skin care specialists. Clinical data indicates a low incidence of skin tears or other injuries caused by poor manual handling practices or other incidents. 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

Care recipients' continence needs and preferences are identified during the assessment process and reassessments occur as required. Strategies to manage care recipients' continence are documented in the care plan and regular evaluation occurs to ensure strategies remain effective. Care staff have an understanding of individual care recipients' continence needs and how to promote privacy when providing care. 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. The home's monitoring processes identify opportunities for improvement in relation to continence management; this includes the collection and analysis of data relating to infections. Staff are conscious of care recipients' dignity while assisting with continence needs. The majority of care recipients and representatives interviewed are satisfied with the support provided to care recipients in relation to continence management. One care recipient interviewed with the consumer experience survey said they sometimes wait for staff assistance with their continence care needs.

### 2.13 Behavioural management

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

#### Team's findings

The home meets this expected outcome

The needs of care recipients with challenging behaviours are identified through assessment processes and in consultation with the care recipient, their representative and/or allied health professionals. Individual strategies to manage challenging behaviours are identified and documented in the care plan and are regularly evaluated to ensure they remain effective. Consultation with psychiatric, dementia support and gerontology specialists occurs where a need is identified. The home's monitoring processes identify opportunities for improvement relating to behaviour management; this includes the collection and analysis of behavioural incident data. Staff were observed using various strategies to effectively manage challenging behaviours whilst supporting the dignity of care recipients. Staff interviewed were able to discuss strategies used to manage individual care recipients' challenging behaviours in line with documented care plans. 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

Care recipients' mobility, dexterity and rehabilitation needs are identified through assessment processes and in consultation with the care recipient and/or their representative. Nurses and physiotherapists undertake initial assessment of mobility requirements and care plans are developed from these assessments with input from the care recipient/representative, medical officers, and other health professionals as required. Strategies to manage care recipients' mobility and dexterity are documented in the care plan and are regularly evaluated and reviewed to ensure care recipients' needs are met. Monitoring processes include audits, feedback, analysis of falls data, and care plan reviews. Care recipients and staff have access to a variety of equipment to assist with care recipients' mobility, dexterity and rehabilitation needs. Associated programs are delivered by appropriately skilled staff, consistent with the care plan. Staff interviewed said they undertake manual handling training and training in the use of specialist equipment. Care recipients and representatives interviewed are satisfied with the support provided to assist them to achieve 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 needs are identified through assessment processes and in consultation with the care recipient and/or their representative. Care strategies are documented on the care plan and are regularly evaluated and reviewed to ensure care recipients' changing needs are met. The home's monitoring processes identify care recipients requiring specialist dental intervention. Care recipients are assisted to attend external dental appointments, and a mobile dental van visits the home for care recipients who wish to see a dentist on site. Equipment to meet care recipients' oral hygiene needs is available. Staff said they provide assistance with oral and dental care and monitor care recipient oral hygiene during activities of daily living. 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 representative. Care plans identify individual needs and preferences and are reviewed regularly. Care recipients are referred to health specialists, such as audiologists and optometrists, according to assessed need or by request and are assisted to attend appointments as required. Audiology and optometry services are available at the home on a routine basis. Taste, smell and touch are assessed through observation, discussion with care recipients and family members and review of medications which may affect the senses. Individual care plans identify strategies to be used where sensory deficits are identified. Staff said they 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 and on entry. Care plans are developed and reviewed to ensure strategies to support natural sleep remain effective and reflect care recipients' needs and preferences. Care recipients experiencing difficulty sleeping are offered a range of interventions to promote sleep; where appropriate medical officers are informed of sleep problems. The environment is optimised to ensure it supports natural sleep and minimises disruption. Environmental and clinical monitoring processes identify opportunities for improvement in relation to sleep management. Staff interviewed are able to provide strategies used where care recipients normal sleep patterns are not being achieved. 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 include:

* Bupa Aged Care introduced a ‘Person First’ approach to care. The ‘Person First’ approach is about ensuring holistic care, focussed on the person and not just on care recipients’ diagnosis. This was implemented in January 2017. Training was provided to staff in five areas, including end of life care, care planning, dementia and the environment, living with dementia and meaningful activities. Feedback from staff who have attended the training said it has enabled them to put the person at the centre of the caring process and has improved the quality of care being provided.
* The home introduced ‘Memories and milestones’ as an extension to an existing activity to provide the opportunity for staff and other care recipients, to understand the life history of participating care recipients. This allowed care recipients and staff to understand each other on a deeper level and has increased communication. Feedback has been positive, staff and representatives said this has allowed them to gain further insight into care recipients’ experiences and past lives.

### 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 regulatory compliance in relation to Standard 3 Care recipient lifestyle include:

* Management are aware of the regulatory responsibilities in relation to compulsory reporting.
* There is a privacy statement.
* Care recipients receive information on services provided, their rights and responsibilities and information regarding the Aged Care Complaints Commissioner.
* Care recipients receive a residential care agreement.

### 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:

* Bedtime to Breakfast - caring for people with dementia
* Cultural awareness
* Elder abuse training
* Person first training
* Sign-language training

### 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

Management and staff support care recipients to adjust to life in the home and on an ongoing basis. Care recipients and representatives have an opportunity to tour the home prior to entry and are orientated and introduced to staff and fellow care recipients on entry. Lifestyle staff meet with care recipients within the first few days of entry and assess their emotional support needs and preferences once settled in. Staff encourage care recipients to personalise their rooms with items from home. Staff monitor care recipients’ emotional status as part of the day to day interactions and encourage them to join in social activities of interest. Lifestyle staff provide individual visits and volunteers and religious representatives provide support as required. Staff review and update care plans in response to changing needs. The majority of care recipients and representatives are satisfied with emotional support for care recipients. Two care recipients interviewed with the consumer experience survey said they would prefer to talk to their family if they were feeling sad or worried.

### 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

Staff assist care recipients to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Staff undertake initial assessment and regular review of care recipients’ independence in physical, social and cognitive function. Strategies to promote care recipients independence are documented in the care plans and are evaluated to ensure they remain current and effective. Health care providers identify strategies and equipment which support maximising independence. The environment is uncluttered and maintained to support independent and safe movement. Lifestyle staff incorporate exercises, cognitive stimulation and dexterity tasks into the activity program. When asked about independence the majority of care recipients interviewed agreed they were encouraged to do things for themselves. However two care recipients interviewed with the consumer experience survey said they disagree or provided a neutral response to the statement they are encouraged to do as much as possible for themselves, they were unable to provide an example.

### 3.6 Privacy and dignity

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

#### Team's findings

The home meets this expected outcome

Management and staff respect care recipients’ right to privacy, dignity and confidentiality. Management discusses privacy as part of the entry process and provides care recipients with information on privacy and confidentiality. Management and lifestyle staff ensure care recipients or their representatives complete consent forms regarding the use and display of personal information. Staff implement respectful practice by knocking prior to entering care recipients’ rooms and ensuring personal tasks and conversations take place in private. Management monitors staff practice through observations, audits, feedback and surveys. Care recipients and representatives are satisfied staff respect care recipients’ rights to privacy and dignity

### 3.7 Leisure interests and activities

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

#### Team's findings

The home meets this expected outcome

Management and staff demonstrate there are systems to encourage and support care recipients to participate in a wide range of interests and activities of interest to them. On entry to the home staff consult care recipients and representatives and assess lifestyle and leisure needs and goals. A ‘Map of Life’ profile is undertaken to provide further information about individual needs and preferences, and care plans are reviewed regularly and as necessary. Activity calendar and program notices keep care recipients informed of activities, outings and social events offered. Staff inform care recipients of all changes and provide personal reminders, assistance and encouragement to join, but respect their choices if they choose not to participate. Volunteers support the program as needed. Care recipients have an opportunity for input into the lifestyle program through discussions, meetings, feedback forms and surveys and the program is adjusted in response to this. Activities and events are evaluated to ensure they continue to meet the needs and preferences of the care recipients. Care recipients and representatives are satisfied with the lifestyle program.

### 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

The home values and fosters individual interests, customs, beliefs and cultural and ethnic backgrounds. Lifestyle staff identify care recipients’ cultural and spiritual needs and preferences as part of the assessment processes. Non-denominational services are held within the home and staff assist care recipients to access other religious services as required. The home has access to support services such as interpreters and community groups. Catering staff adjust the menu for days of significance which are acknowledged and celebrated. Care recipients and representatives are satisfied with the support provided for care recipients’ cultural and spiritual needs, however three care recipients and representatives interviewed in the consumer experience report said the menu could include more culturally specific food.

### 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 supports and encourages care recipients to exercise choice and control over their lifestyle. Care recipients and representatives have an opportunity to participate in care assessment and planning and to provide feedback and suggestions about the home’s activities through meetings, feedback forms, surveys and discussions. Staff support care recipients to manage their own affairs or to nominate an authorised representative if appropriate. Staff encourage care recipients to express their personal preferences on a day to day basis with tasks such as rising and retiring times, hygiene time, dining location and social activities. Care recipients and representatives are satisfied with choices for care recipients.

### 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 have secure tenure within the home, and understand their rights and responsibilities. Management provides prospective care recipients with information about security of tenure, fees, care and service entitlements and their rights and responsibilities. Relevant information is included in residential agreements, handbooks and information packs. Posters regarding rights and responsibilities are on display and there is a process of consultation and agreement when assisting care recipients to find more appropriate accommodation. Care recipients and representatives are satisfied care recipients have security of tenure and know 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.

A recent example of an improvement in Standard 4 Physical environment and safe systems includes:

* Bupa Aged Care launched an organisational wide ‘Healthy Planet’ awareness campaign where more than 60 of their aged care homes were fitted with solar panels and a solar power generator to reduce carbon emissions. Bupa Edithvale is part of this launch. By implementing these solar panels, the business reduced their carbon emissions and is now generating more than 15 percent of their electricity through solar energy.

### 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 in relation to Standard 4 Physical environment and safe systems include:

* Management is aware of the regulatory responsibilities in relation to work, health and safety.
* There is an effective infection control program including guidelines in the event of an outbreak
* The home has a food safety program which includes third party auditing.
* Management has a system to monitor compliance regarding fire safety regulations.

### 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:

* Chemical training
* Fire and safety
* Infection control – Handwashing
* Manual handling
* Occupational 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. There are ceiling fans in all care recipient rooms and ducted air-conditioning vents in common areas and hallways. Care recipients have the option of installing their own air-conditioning unit in their room if desired. There is a communal area in each section of the home for care recipient and visitor to use, including access to outside garden areas. For safety and ease of mobility there are hand rails in corridors and support rails in bathrooms. Care recipients can choose to be accommodated in either a single room with shared or ensuite bathroom or shared rooms with communal bathroom facilities. The home has a dedicated memory support unit that offers a safe and supportive environment for care recipients with special needs. Environmental strategies are employed to minimise care recipient restraint. The safety and comfort of the living environment is assessed and monitored through feedback from meetings, maintenance logs and incident and hazard reports. There is a preventative and routine maintenance program for the buildings, furniture, equipment and fittings, and this is generally monitored for completion of work undertaken. Staff support a safe and comfortable environment through hazard, incident and maintenance reporting processes. Care recipients and representatives interviewed are mostly satisfied the living environment is safe and comfortable and said the home has recently undergone major renovations, with the reduction of four bed bays into single and double rooms. One care recipient interviewed in the consumer experience survey said, they have not always felt safe as items have gone missing, but are satisfied management are dealing with issues as they are raised.

### 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. Management monitors work health and safety through the audit program, staff meetings and generally through the collation and analysis of staff incidents. Staff receive training during orientation and generally on an ongoing basis about safety, including manual handling, chemical training, infection control, handwashing and incident reporting. Sufficient goods and equipment are available to support staff in their work and minimise health and safety risks. Staff have an understanding of safe work practices and are provided with opportunities to have input to the home's workplace health and safety program. Staff were observed to carry out their work safely, and confirmed they have access to appropriate equipment 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. Staff are provided with education and training about fire, security and other emergencies when they commence work at the home and generally on an ongoing basis. 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 a fire, security breach or other emergency. There are routine security measures in place to provide a safe environment, including testing of electrical equipment, environmental controls and designated smoking areas. Care recipients and representatives interviewed are aware of what they should do on hearing an alarm and said they feel safe and generally 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 for care recipients with infectious conditions. The home's monitoring processes identify opportunities for improvement in relation to infection control; this includes observation of staff practices, analysis of clinical and infection data and evaluation of results. 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 said they 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. There are processes available that support care recipients to have input into the services provided. Meals are cooked fresh onsite based on a seasonal rotating menu and the chef is responsive to suggestions regarding the meals and to the changing dietary needs of care recipients. Care recipients' personal clothing is laundered onsite and includes processes to manage lost/misplaced clothing. We observed the home to be clean and care recipients and representatives interviewed stated, they are mostly satisfied with the standard of cleaning, which is carried out according to a schedule, including regular additional high/low cleaning. The home's monitoring processes identify opportunities for improvement in relation to the hospitality services provided; this 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, receive feedback about services provided and generally have enough time to complete their duties. Staff are mostly satisfied the hospitality services enhance their working environment. Care recipients and representatives interviewed are generally satisfied with the hospitality services. However four care recipients and one representative interviewed with the consumer experience survey said they are not always satisfied with the meal service. For example, they would like more culturally appropriate food and the meals are not always warm enough. One representative said they would like to see staff offer alternative meals to care recipients with cognitive decline, who are observed, to not eat the meal they are provided.