



Australian Government

Australian Aged Care Quality Agency

Bupa Mildura

RACS ID 3947
514 Deakin Avenue
MILDURA VIC 3500

Approved provider: Bupa Care Services Pty Limited

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 14 December 2019.

We made our decision on 24 October 2016.

The audit was conducted on 13 September 2016 to 14 September 2016. 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.

Expected outcome	Quality Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2: Health and personal care

Principle:

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.

Expected outcome	Quality Agency decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

Standard 3: 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 service and in the community.

Expected outcome	Quality Agency decision
3.1 Continuous improvement	Met
3.2 Regulatory compliance	Met
3.3 Education and staff development	Met
3.4 Emotional support	Met
3.5 Independence	Met
3.6 Privacy and dignity	Met
3.7 Leisure interests and activities	Met
3.8 Cultural and spiritual life	Met
3.9 Choice and decision-making	Met
3.10 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.

Expected outcome	Quality Agency decision
4.1 Continuous improvement	Met
4.2 Regulatory compliance	Met
4.3 Education and staff development	Met
4.4 Living environment	Met
4.5 Occupational health and safety	Met
4.6 Fire, security and other emergencies	Met
4.7 Infection control	Met
4.8 Catering, cleaning and laundry services	Met



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Audit Report

Bupa Mildura 3947

Approved provider: Bupa Care Services Pty Limited

Introduction

This is the report of a re-accreditation audit from 13 September 2016 to 14 September 2016 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, care recipient lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Quality Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 13 September 2016 to 14 September 2016.

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

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

Assessment team

Team leader:	Gerard Barry
Team members:	Jill Packham Tamela Dray

Approved provider details

Approved provider:	Bupa Care Services Pty Limited
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Details of home

Name of home:	Bupa Mildura
RACS ID:	3947

Total number of allocated places:	100
Number of care recipients during audit:	98
Number of care recipients receiving high care during audit:	70
Special needs catered for:	Dementia specific wing

Street/PO Box:	514 Deakin Avenue
City/Town:	MILDURA
State:	VIC
Postcode:	3500
Phone number:	03 5024 4400
Facsimile:	N/A
E-mail address:	quality@bupacare.com.au

Audit trail

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

Interviews

Category	Number
Management/administration	4
Nurses/carers/lifestyle	9
Hospitality/environmental	5
Care recipients	9
Representatives	3

Sampled documents

Category	Number
Care recipients' files	11
Accommodation agreements	4
Service agreements	4
Medication charts	10
Personnel files	4

Other documents reviewed

The team also reviewed:

- Audits
- Bupa's vision values statements
- Care recipients' information handbook
- Catering and dietary management documents
- Cleaning and laundry services management documents
- Clinical documents
- Compliments and complaints
- Consolidated register for mandatory reporting
- Continuous improvement plans and improvement logs
- Education and competencies records

- Electronic information systems
- Essential services records
- External service provider records
- Handover sheet
- Home's self-assessment
- Incident reports
- Infection control program records
- Inventory and equipment management records
- Leisure and lifestyle program documents
- Maintenance records
- Memoranda
- Menus
- Minutes of meetings
- Newsletters
- Police certificates, statutory declarations, professional registrations
- Position descriptions
- Safety data sheets
- Selected policies and procedures
- Site evacuation plan
- Staff handbook
- Staff rosters.

Observations

The team observed the following:

- Activities in progress
- Bupa Boutique shop
- Confidential document storage and archive room
- Equipment and supplies availability and storage areas

- External complaints and advocacy information
- Infection control practices and resources
- Interactions between staff and care recipients
- Internal and external living environment
- Internal feedback forms and suggestion box
- Laundry and cleaning practices
- Meal and refreshment services
- Noticeboards and information displays
- Pet birds
- Short group observation in Crystal dining room
- Staff room and nurses' stations resources
- Storage and administration of medications.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Bupa Mildura (the home) and its parent organisation, Bupa Care Services Pty Limited, actively pursue continuous improvement in all aspects of care and service. The quality system includes improvement forms, audits, risk assessments and feedback mechanisms. Key staff regularly analyse a range of data for trends that are reported and actioned through meetings and the quality system. Management registers improvement activities, monitors progress and evaluates actions to confirm completion. Staff perform internal audits and a corporate services team performs an annual gap analysis. Management informs staff of the outcomes of those audits, improvements and actions taken. Care recipients and representatives are satisfied with management's actions and the improvements management is making.

Examples of improvements undertaken or in progress relating to Standard 1- Management systems, staffing and organisational development include:

- The organisation is seeking to attract new graduate nurses into aged care. To achieve this, the organisation has introduced a graduate nurse program. The home currently has a nurse working through this program. This is providing the home with increased nursing skills and increasing their future resource of aged care qualified nurses.
- Following feedback from care recipients, representatives and staff, the home's management introduced an improved induction program for new starters. The program involves several staff being trained on how to conduct 'buddy shifts' and act as preceptors for new staff. Staff and management stated the program has increased the knowledge and awareness of new staff and assisted them to meet the needs of the care recipients.
- In April 2016 the home introduced the 'Bupa Model of Care', an organisational initiative aimed at improving the quality of care for all those living in the home. The model involves an innovative and cost effective medical service, staff education and facilities to deliver preventive and restorative medical management to enhance the lives of the care recipients. The home's management is currently seeking the services of a general practitioner to take up the role of the in house doctor.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The organisation has processes for identifying, communicating and enabling legislative compliance. Corporate management issues information regarding legislative changes through to the home’s manager. Meetings, memoranda, electronic mail and revised policies and procedures inform staff about compliance requirements. Staff conduct internal audits to monitor compliance with relevant legislation, regulations and guidelines. Management and staff said they are aware of their obligations in relation to regulatory compliance.

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

- Nursing staff having current professional registrations.
- Staff, volunteers and external contractors having current police certificates and signed statutory declarations as needed.
- Storing and destroying confidential documents according to legislative requirements.
- The home notifying care recipients and representatives of re-accreditation site audits.

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 knowledge and skills required for effective performance relating to the Accreditation Standards. An annual calendar schedules mandatory and other relevant topics and is responsive to the current care recipients' needs and suggestions from staff. Staff record attendances at education sessions and has an evaluation system to ensure effectiveness. Staff undertake appropriate competencies to maintain and monitor their practices. There are suitable training facilities on site and staff are encouraged and supported to attend external courses and conferences to increase their skills and qualifications. Management and staff are satisfied with the education opportunities offered to them at the home.

Education undertaken relating to Standard 1 - Management systems, staffing and organisational development includes:

- leadership forum
- understanding accreditation
- clinical capabilities framework.

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

Management records, actions and monitors concerns, suggestions and compliments through their continuous improvement system. The system for complaints is accessible to all stakeholders. Forms are readily available and stakeholders can lodge completed forms anonymously. Information about the internal and external complaint processes is accessible through multilingual brochures, handbooks, newsletters and accommodation agreements.

Concerns are registered in the continuous improvement system and actioned by management who in turn informs the originator of the final outcome. Care recipients and representatives said they are encouraged to voice any concerns and felt comfortable in doing so.

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

Management has documented its vision, values and commitment to quality. Management displays these statements prominently in the home and repeats them in selected documentation such as information books for care recipients and staff.

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 processes to ensure the recruitment of appropriately skilled and qualified staff for the delivery of care and services to care recipients. Management follows a formal recruitment process and monitors qualifications and credential information with support from a corporate human resource department. New staff complete an orientation program of 'buddy shifts', with trained preceptors, to assist them in adjusting to their new roles. All roles have position descriptions and staff sign employment contracts including a confidentiality agreement. Rosters confirm adequate staffing levels occur over all shifts and a registered nurse is on site at all times. Management offers shift vacancies to a bank of casual staff.

Care recipients, representatives and staff are satisfied with staffing levels at the home.

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

Management demonstrates systems to ensure appropriate goods and equipment are available for quality service delivery. Key personnel monitor stock levels and re-ordering processes are through an approved suppliers list. Adherence to maintenance and cleaning programs occurs and electrical equipment is tested and tagged for safety. Reviewing and updating of goods and equipment reflects identified special needs of the current care recipient population. New equipment is trialled prior to purchase and staff receive training. Equipment, supplies and chemicals are securely stored with access restricted to authorised personnel. Care recipients and staff stated adequate supplies of appropriate goods and equipment are available at all times.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

There are effective strategies to ensure staff have access to current information necessary for the effective delivery of services and to inform care recipients and representatives of activities and care management. Staff have position descriptions, duty lists, policies, and procedures relevant to their departments. Distribution of new information is through electronic alerts, meetings, memoranda, communication books, handover sheets, care plans and progress notes. Management updates care recipients and representatives through meetings, noticeboard displays, newsletters and individual case conferences as needed. The computer system is password protected with restricted levels of access. Care recipient and staff files are stored, archived and destroyed securely according to regulations. Staff, care recipients and representatives are satisfied with their level of access to relevant information provided at the home.

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

Management ensures ongoing quality and responsiveness of externally sourced services. The organisation monitors contractors' agreements including insurance cover, police certificates and qualifications and ensures services meet relevant regulations. Contractors undertake an induction program prior to commencing and given a code of conduct information handbook. Management regularly reviews satisfaction with external service providers through feedback from staff, care recipients and representatives, audits, surveys and observations. A list of preferred service providers is available and staff have access to after hours' emergency assistance. Staff and care recipients are satisfied with the quality of currently sourced external suppliers.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for more details on the home's overarching system.

Management collates and analyses clinical information for trends to identify improvements. Care recipients and staff are satisfied with how the home actively promotes and improves care recipients' physical and mental health.

Examples of improvements undertaken or in progress relating to Standard 2 - Health and personal care include:

- Management felt the need to improve the continence system for care recipients. This resulted in the implementation of a new method of sorting and packing continence aids to allow for better access to products. The change encouraged staff to utilise the continence nurse and the supplier's representative to ensure care recipients received the aids most suitable to their individual needs. The change has resulted in improved dignity, privacy and independence for care recipients.
- Management felt the need to improve the medication management system to reduce the time spent by staff on medication rounds and to reduce medication incidents through improved charting and easy to use dose administration aides. Staff education on the new system accompanied the changeover and also involved the installation of separate medication boxes in each bedroom. Qualified staff, agreed to by the care recipient, administers their medication in their bedrooms. Care recipients and staff favour the changes.

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 regulatory compliance systems and processes.

Examples of regulatory compliance relating to Standard 2 - Health and personal care include:

- Appropriately qualified persons perform specific care planning activities and care tasks.
- Registered nurses maintain registration currency and are aware of their responsibility of mandatory reporting for health professionals.
- Staff and management are aware of their responsibilities in the event of the unexplained absence of a care recipient.
- Staff safely store and administer medication in accordance with relevant guidelines and legislation.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for more information about the home’s systems and processes.

Management demonstrates staff have appropriate knowledge and skills to provide effective health and personal care to care recipients. Staff selection and recruitment practices ensure employment of appropriately qualified and skilled staff. Ongoing education opportunities maintain their skills and reflect the current care recipients’ needs.

Education undertaken relating to Standard 2 – Health and personal care includes:

- dysphasia and thickened fluids
- medication management
- nutrition and wound healing.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Management and staff at Bupa Mildura ensure care recipients receive appropriate clinical care. Staff use corporately established clinical systems to assess care needs upon entry and develop plans of care around these assessed needs. Clinical care is centred on the Bupa Model of Care with a person first approach. Staff use documentation to track the monitoring of clinical care through charts, assessments, care plans and progress notes. There is a regular care plan review process and review of care needs occurs as changes in care recipients’ health status require. The clinical coordinator and care managers oversee clinical care and registered and enrolled nurses support clinical care provision. There are currently 26 medical practitioners that service the care recipients at the home. Visiting allied health professionals enhance the holistic approach to care. Formal and informal care consultations with care recipients and their representatives ensure satisfaction with the care provided and observation of any identified preferences and needs. Care recipients and representatives stated they are satisfied with the clinical care provided to care recipients.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

The home has registered and enrolled nurses and access to specialised community nurses through local health services to assess, plan, manage and deliver specialised nursing care.

Specific complex needs care plans are developed and individually tailored to guide staff with specialised equipment, such as syringe drivers, available to deliver care. Staff reported changes in the needs of care recipients are communicated effectively and they are supported to ensure they have the appropriate skills and knowledge to meet a diverse range of specialised needs. Care recipients and representatives are satisfied staff identify and manage specialised nursing care needs appropriately.

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

Management and staff ensure care recipients have access to appropriate health specialists in accordance with their needs and preferences. Medical practitioners visit the home at regular intervals with care recipients able to choose to retain their own doctor if desired. A podiatrist and a physiotherapist, who works closely with an occupational therapist, attend the home regularly. A dietitian and speech pathologist are available as needed with other allied health

staff such as ophthalmology, audiology and dental services offered in the home when available. Staff assist care recipients to attend other health professionals and specialists in the community as required. Care recipients and representatives are satisfied with the range of health specialists available.

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 support safe and correct medication management. Competency tested nursing and care staff administer medications, and education and incident management processes ensure medication is given safely and correctly. The home has a process for assessing and monitoring those care recipients who wish to self-manage and self-administer medications. Processes exist for the ordering, delivery and disposal of medications with access to urgent medications through local pharmacy services. Medications are generally stored safely and securely and in accordance with regulatory guidelines. A multi-disciplinary advisory committee meets regularly to discuss the medication needs at the home and instigate any improvements. Policies, procedures, and current medication resources are readily accessible and guide staff practice. Care recipients are satisfied with how staff manage their medication needs.

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

Management and staff ensure all care recipients’ are as free as possible from pain. Staff assess care recipients for previous and current pain on entry and changes in pain status prompt staff to reassess and make referrals to appropriate health professionals. A variety of methods are utilised to help manage care recipients’ pain and these include the use of ‘as needed’ medication where appropriate. A nurse led program manages chronic pain in conjunction with the physiotherapist as required. Staff are aware of verbal and non-verbal pain cues in care recipients and use these to guide pain prevention and management on an individual level. Care recipients and representatives are satisfied with the pain management strategies provided by the home.

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

Staff and management ensure the comfort and dignity of care recipients in their final phase of life. Consultation occurs between staff and care recipients or their representatives about

advance care wishes and this forms the basis for care provided in the terminal stage. If required, staff access palliative care assistance through the local hospital or palliative care service. Spiritual and emotional support is available for the care recipient and their family if desired and staff support representatives to stay by their loved one's side overnight if they wish. Staff engage additional comfort measures such as mouth care and pressure relieving mattresses to help with the palliative stage of life.

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

Management and staff ensure care recipients receive adequate nourishment and hydration. Clinical systems prompt staff to identify and assess care recipients' nutritional needs, preferences and the level of staff assistance required with meals and drinks. Staff monitor care recipients' weight and guidelines prompt staff on how to manage any losses or gains with the medical practitioners providing input as required. Referrals to the dietitian provide additional nutritional advice when needed and a speech pathologist is available to assess and help manage swallowing deficits. Assistive devices are available to help care recipients maintain their independence with eating and drinking and texture modified diets manage any risks associated with swallowing. Care recipients are satisfied with the quality of food and beverages provided at the home.

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

Staff and management ensure care recipients maintain optimal skin integrity in line with their general health. Staff assess care recipients' skin integrity on entry, during care plan reviews and as health needs change. Barrier cream is applied and pressure area care strategies utilised to promote skin integrity. Staff assist care recipients to maintain their skin in a healthy state and a visiting podiatrist and hairdresser help them maintain their nails and hair.

Monitoring of skin tears and wounds occurs and staff reflect the care on appropriate charts.

Policies and procedures are available to guide staff in wound management, and specialist care in wound care is available if staff need further advice. Care recipients are satisfied with the home's approach to maintaining their skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Management and staff ensure care recipients’ continence needs is managed effectively and with dignity. Staff assess the care recipients’ continence needs on entry and as their needs change. Assessments take into consideration the staff assistance levels required and any continence aids needed. There is a staff member dedicated to managing the continence portfolio and ensure adequate stocks and advice as needed. The home’s approach to continence management encourages promotion of independence and dignity. Staff receive education on continence management strategies from the company that supplies continence aids. Care recipients’ are satisfied staff meet their continence 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

Management and staff ensure the needs of care recipients with challenging behaviours are managed effectively. Staff conduct behavioural assessments and use the information gathered to formulate care plans that outline any identified triggers and management strategies. Staff receive education to help manage behavioural challenges especially those related to dementia. Local health services, a geriatrician and specialist groups are utilised as a supportive resource for staff and to help implement strategies for care recipients with challenging behaviours. The home contains a secure unit to help keep care recipients living with advanced dementia safe. Care recipients are satisfied with the management of any behavioural issues that occur within the home and the behaviour of other care recipients does not impact on their own wellbeing.

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

Staff and management provide care in a way that guarantees care recipients achieve optimum levels of mobility and dexterity . Staff assess each care recipients’ mobility and dexterity needs on entry and mobility aids provided if required. The home regularly provides physiotherapy services , with all care recipients assessed and reviewed as required.

Assistive devices, such as those for eating, are available and their use promoted. There are adequate mobility and dexterity aids to cater for care recipients’ needs. Care recipients report staff support their mobility and dexterity when needed and staff provide encouragement to maintain their independence with the assistance of aids if required.

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

Staff provide assistance to care recipients to maintain optimal oral and dental health. Staff conduct assessments of care recipients’ oral and dental needs and preferences on entry and include details in care plans about assistance levels required and daily care of teeth, mouth and dentures as appropriate. Staff assist care recipients to access dentists and dental technicians, which may be of their own choice if desired. Staff assist and prompt care recipients with daily dental hygiene and observe and document any relevant dental issues.

There is a process for ensuring toothbrushes are changed seasonally and the provision of additional oral and dental care during the palliative phase. Staff formulate specific strategies for care recipients with swallowing difficulties which include texture modified diets and staff assistance with meals. Care recipients stated staff provide assistance with their oral and dental 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

Staff and management ensure care recipients’ sensory losses are identified and managed effectively. Staff assess care recipients’ sensory deficits upon entry and as changes in care needs require. Staff organise assistance for care recipients to attend appointments with their own preferred provider or specialist providers when required for hearing and vision assessments. The home is well lit, has adequate handrails and visible signage. Staff are aware of individual needs and assist care recipients who require help with care, maintenance, fitting and cleaning of aids and devices. Care recipients’ stated staff assist with their sensory loss 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

Staff and management assist care recipients to sleep in a natural and non-invasive way. Normal sleep and wake patterns are assessed on entry and, if possible staff support their pre entry patterns through the care planning and actioning process. Varieties of methods are used to promote sleep including settling routines, evening drinks and snacks and medication as prescribed. Records show staff respect care recipients’ wishes regarding sleep and rest. Care recipients said the home is quiet at night, staff respect their preferred wake and sleep times and they sleep as soundly as possible.

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 more details on the home’s overarching system.

Management conducts continuous improvement activities in relation to care recipients’ lifestyle guided by internal audits and resident satisfaction surveys. The home’s improvement plan also takes note of comments, complaints and feedback from resident/representative meetings. Staff document and evaluate improvements and formally notify the originator of the results. Care recipients and representatives said the home’s management informs them of improvement activities through meetings, newsletters and informal discussions.

Examples of improvements undertaken or in progress in relation to Standard 3 - Care recipient lifestyle include:

- To improve the emotional support delivered to care recipients, management adjusted the staffing arrangement in the lifestyle department. Staff now regularly work within allocated wings allowing improved consistency of staffing so care recipients are not upset or disoriented by changes in staff. Behavioural issues have reduced.
- A suggestion from care recipients resulted in the formation of the ‘Bupa Boutique’. Care recipients and staff supply and purchase used items of clothing, bric a brac and books/magazines. The boutique is a boon to care recipients with low mobility that restricts their accessing the local shops and a care recipient manages shop thereby fulfilling a lifestyle role.

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 details of the home’s compliance system.

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

- Providing care recipients with an accommodation agreement detailing security of tenure and services provided upon entering the home.
- There are policies and procedures and a register to manage reportable incidents.
- Processes ensure continued privacy of care recipients’ personal information.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for more information about the home’s systems and processes.

Management provides education and development opportunities to staff to ensure they have the skills and knowledge to perform their duties in relation to care recipients’ lifestyle outcomes.

Education undertaken relating to Standard 3 – Care recipient lifestyle includes:

- elder abuse and incident reporting
- lifestyle program training for volunteers
- person centred care.

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 provide initial and ongoing emotional support to care recipients and representatives. New care recipients and representatives meet with management and receive an information pack and handbook explaining services and levels of care. They go on a tour of the facility and meet other care recipients and staff. Care plans document preferences, emotional triggers and strategies for the care recipients to enjoy life at the home. Care recipients are encouraged to personalise their rooms and staff invite representatives to join in activities and maintain close contact. The home has access to external behavioural management specialists and support services if required. Regularly reviewed care plans capture change and the activity program schedules individual time with care recipients. We observed staff interacting with care recipients in a caring and friendly manner and care recipients said the home meets their emotional needs.

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

Management and staff demonstrate they support care recipients to achieve optimal independence, maintain friendships, family connections and community links. The home's assessment and care planning process identifies care recipients' cognitive, mobility and dexterity levels, any risk taking behaviours and preferences for social interaction. Exercise programs assist to maintain mobility and strength and lifestyle programs include sensory stimulation activities and community outings. The home assists care recipients to vote in elections, shop for personal items, attend community groups and entertain visitors. Supplied equipment aids and utensils encourage independence and audits ensure the environment is free of hazards. Care recipients stated they feel they are part of the local community and said staff assist them to be independent.

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 each care recipient's right to privacy, dignity and confidentiality. The organisation provides information to care recipients and staff on their privacy and confidentiality policies. Care recipients sign consent forms for the release of personal information and the display of photographs. The home accommodates care recipients in single

rooms with private ensuite bathrooms. There are numerous internal and external areas to meet with visitors and rooms to hold private functions. Files are kept in secure areas, handover occurs discreetly and care recipients have access to a key to lock their door and to a secure drawer in their room. Staff knock on doors before entering and address care recipients by their preferred name. Care recipients said staff treat them with respect and maintain their privacy.

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 support and encourage care recipients to participate in a range of activities and events both in groups and individually. Lifestyle profiles capture past and current interests, preferences for social interaction and community and family links. Care plans document these choices and regular reviews reflect changes in the individual needs of the care recipients. Activity evaluations, surveys, feedback from meetings and participation records monitor satisfaction and care recipients can make suggestions for future planning.

Community groups and volunteers are welcomed at the home and care recipients receive assistance to go on outings and to maintain individual hobbies. Friends and family are encouraged to be involved in life at the home and to join in activities. Care recipients stated staff assist them to attend the daily events and they are satisfied with the variety of the activities 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

Management and staff demonstrate they foster and value care recipients' cultural and spiritual lives. Initial assessments and care plans document preferences including celebratory days, beliefs, religious choices, cultural preferences and palliative care wishes. Staff access interpreters if needed. Various denominations hold group and individual religious services. Cultural and volunteer groups are welcome and staff assist care recipients to attend community clubs and events. Special events and significant days are celebrated and care recipients' dietary preferences accommodated. Care recipients are satisfied with the support provided to meet their cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Management and staff are committed to promoting the care recipients' right to participate in choices and decisions regarding their clinical care and lifestyle preferences. Authorised powers of attorney or guardianship information is available where required. Regular risk assessments and care plan reviews capture change. Displayed brochures, handbooks and agreements contain information on care recipients' rights and responsibilities, the complaints process, external advocacy services and clinical care and lifestyle choices. Audits, surveys and feedback from meetings monitor satisfaction and staff have access to policies and procedures and ongoing education on this outcome. Care recipients are satisfied with the opportunities provided to continue to make independent choices and decisions.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The organisation has a system to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. Information on; security of tenure and care recipients' rights and responsibilities is included in the resident's handbook. Management displays complaints and advocacy information brochures in the home. Management discusses entry requirements and agreements with care recipients and representatives.

Resident agreements are consistent and include information about the care and services the home provides, including information about change of needs. Care recipients and representatives confirmed care recipients have secure tenure in the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for a detailed explanation of the home’s overarching system.

Management monitors the physical environment and safety systems through environmental inspections, analysis of incident and infection reports, resident and staff surveys, comments and complaints. Care recipients can make suggestions or express concerns through the regular resident and relative meetings or improvement forms. Actions identified for attention are included on the continuous improvement register for further development.

Examples of improvements undertaken or in progress in relation to Standard 4 - Physical environment and safe systems include:

- Following concerns raised by staff, management investigated the ventilation system in the bedroom ensuites. Action taken has seen the installation of exhaust fans in all ensuites. This has resulted in improved comfort for care recipients and staff when assisting with showers.
- In the Crystal secure dementia wing, care recipients were interfering with the wall mounted fire extinguishers. Management sought a solution from the relevant contractors which has resulted in the installation of lockable boxes to safely store the extinguishers. Staff have keys for emergency situations. Fire extinguishers remain in their allotted place, ready for use and staff have constant access to them.
- Management upgraded the home’s kitchen with a deep fryer, griddle plate to provide care recipients with an increased variety of meals. They also installed a new air-conditioning unit which has improved conditions for staff working in the kitchen. Care recipients and staff are appreciative of the changes.

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 details of the home’s compliance processes.

Examples of regulatory compliance relating to Standard 4 Physical environment and safe systems include:

- Chemicals are securely stored with accompanying safety data sheets.
- Management actively promotes and manages occupational health and safety.
- Qualified contractors regularly check and maintain fire systems and equipment.
- There is independent third party auditing of the catering processes and food safety program.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for more information about the home’s systems and processes.

Management has processes to monitor and enhance the skills and knowledge of staff to ensure they perform their roles effectively in relation to the physical environment and safe systems.

Education undertaken in relation to Standard 4 – Physical environment and safe systems includes:

- fire and emergency
- manual handling
- hand hygiene.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management at the home is actively working to provide a safe and comfortable environment consistent with the needs of the care recipients. Care recipients live in single rooms with private ensuite facilities and independent temperature control; all bedrooms feature access to a private patio and have large windows. Landscaped gardens and shaded courtyards provide ideal spaces for care recipients relaxing with visitors or on their own during fine weather.

There are comfortable, well-maintained private and communal dining and lounge areas with sufficient and appropriate furniture in each of the wings. There are maintenance systems to monitor the safety of the home and equipment. Management monitors comfort and safety in the home through regular audits and surveys. Care recipients feel safe and comfortable in the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment to meet regulatory requirements. Staff have input into the home's workplace health and safety system through meetings and the reporting of hazards. A dedicated committee meets regularly, performs workplace inspections and completes risk assessments. Staff orientation includes employee work, health and safety responsibilities, manual handling and infection control. The home provides secure storage for all chemicals and dangerous goods. Workplace health and safety is a standing agenda item in meetings, all staff and care recipients/representatives are actively encouraged to report any hazards or to offer improvement suggestions. Staff said they are aware of how to report hazards and are satisfied management provides a safe environment.

4.6 Fire, security and other emergencies

This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide a safe environment to minimise fire, security and emergency risks. The home has documented emergency policies and procedures and provides regular education for staff in fire, security and other emergencies. The evacuation maps and resident lists are current. Emergency exits are clearly marked, well lit and large enough to facilitate the transfer of care recipients to an evacuation area if needed.

Professional contractors regularly carry out testing and maintenance on all emergency alarms and equipment. The home has an electrical testing and tagging system, a safe smoking policy and exit doors automatically release in the event of an emergency. Staff confirm fire and other emergency training and know what to do in such an event. Care recipients and their representatives said they feel safe in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

Management and staff have effective systems to manage infections and work towards minimising risk. Processes include regular environmental monitoring, cleaning schedules and adherence to a current food safety plan. Care recipients are receiving appropriate assessments, treatment and referrals to specialised practitioners as needed. Care recipients and staff participate in vaccination programs. Monthly infection data analysis provides management with indicators of trends and improvement opportunities. Supplies of personal protective equipment are available and strategies for the safe disposal of sharps and infectious waste. The home has policies and resources available in the event of an outbreak and annual staff competencies are conducted on hand washing and infection control processes. Staff demonstrated an awareness and knowledge of appropriate infection control practices relevant to their duties.

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

There are effective hospitality services to meet the needs of care recipients that enhance their quality of life. Food is prepared daily on site in line with the organisation's food safety program. Catering staff have relevant care recipient information identifying specific nutrition and hydration requirements, allergies, preferences and choices. The rotating menu has dietitian approval and is responsive to care recipient feedback. Cleaning staff follow schedules and duty lists to maintain care recipients' rooms and communal areas. Laundry staff process and deliver care recipients' personal items and linen in a timely manner and have strategies to reduce the risk of lost items. Cleaning and laundry practices adhere to appropriate infection control policies and procedures. The home monitors its hospitality systems through internal and external audits. Care recipients and representatives are satisfied with catering, cleaning and laundry services provided by the home.