



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Bupa Bonbeach

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Bupa Bonbeach in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Bupa Bonbeach is three years until 21 November 2012.

The Agency has found the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's site audit report.

The Agency is satisfied the home will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor progress with improvements and compliance with the Accreditation Standards.

Information considered in making an accreditation decision

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and approved provider details

Details of the home

Home's name:	Bupa Bonbeach				
RACS ID:	4310				
Number of beds:	119	Number of high care residents:	112		
Special needs group catered for:	Nil				
Street/PO Box:	53-59 Broadway Street				
City:	BONBEACH	State:	VIC	Postcode:	3196
Phone:	03 9782 7145		Facsimile:	03 9782 7032	
Email address:	relissa.etccl@bupacare.com.au				

Approved provider

Approved provider:	Bupa Care Services Pty Limited
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Assessment team

Team leader:	Sylvia (Lynne) Sellers
Team member/s:	Gwenda Peters
	Kerren Thorsen
Date/s of audit:	1 September 2009 to 2 September 2009

Executive summary of assessment team's report

Standard 1: Management systems, staffing and organisational development

Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply

Standard 2: Health and personal care

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

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Agency findings
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Does comply

Executive summary of assessment team's report	
Standard 3: Resident lifestyle	
Expected outcome	Assessment team recommendations
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
Standard 4: Physical environment and safe systems	
Expected outcome	Assessment team recommendations
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
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Does comply

Agency findings
Does comply
Does comply
Does comply
Does comply
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Does comply
Does comply
Does comply

Assessment team's reasons for recommendations to the Agency

The assessment team's recommendations about the home's compliance with the Accreditation Standards are set out below. Please note the Agency may have findings different from these recommendations.



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Bupa Bonbeach
RACS ID	4310

Executive summary

This is the report of a site audit of Bupa Bonbeach 4310, 53-59 Broadway Street, BONBEACH VIC 3196 from 1 September 2009 to 2 September 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd on 4 September 2009.

Assessment team's recommendation regarding compliance

The assessment team considers the information obtained through audit of the home indicates that the home complies with:

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Bupa Bonbeach.

The assessment team recommends the period of accreditation be 3 years

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 1 September 2009 to 2 September 2009.

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of three registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Sylvia (Lynne) Sellers
Team members:	Gwenda Peters
	Kerren Thorsen

Approved provider details

Approved provider:	Bupa Care Services Pty Limited
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Details of home

Name of home:	Bupa Bonbeach
RACS ID:	4310

Total number of allocated places:	119
Number of residents during site audit:	114
Number of high care residents during site audit:	112
Special needs catered for:	Dementia specific unit

Street/PO Box:	53-59 Broadway Street	State:	VIC
City/Town:	BONBEACH	Postcode:	3196
Phone number:	03 9782 7145	Facsimile:	03 9782 7032
E-mail address:	reliisa.etccl@bupacare.com.au		

Assessment team's recommendation regarding accreditation

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Assessment team's recommendations regarding support contacts

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Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and the reasons for its recommendations are outlined below.

Audit trail

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

Interviews

	Number		Number
General manager	1	Residents	15
Care managers	2	Representatives	4
Registered nurses division one	3	Laundry staff	2
Registered nurses division two	1	Cleaning staff	2
Care staff	9	Maintenance staff	1
Administration assistant	2	Catering manager	1
Visiting general manager, Bupa group	1	Chef	1
Property manager	1		

Sampled documents

	Number		Number
Residents' files	19	Medication charts	10
Summary/quick reference care plans	15	Personnel files	12

Other documents reviewed

The team also reviewed:

- Accreditation 2009 evidence folders
- Action plans for continuous improvement
- Allied health folder
- Audit folders
- Audits: medication chart audits, pressure ulcer and falls monitoring reports
- Behaviour management manual
- Education and training records
- Bupa 'The Legend' magazine
- Contenance management folder
- Continuous improvement log folders
- Continuous improvement report folder

- Contractor criminal history checklist folder
- Contractor/service provider non-compliance report
- Electronic police check register
- Daily staff availability sheets
- Diabetes records
- Education records
- Employee handbook
- Environmental cleaning audits 2009
- Essential services records including preventative maintenance schedule
- Evidence folders
- Falls risk assessments
- Fire panel, fire safety equipment and tagging dates and fire inspection records
- Fire safety plan and evacuation procedures, resident evacuation records
- Food safety plan
- Gastrointestinal outbreak procedure
- Guide to managing reportable incidents
- Hand hygiene observation data collection form
- Hand washing audit
- Incident reports and registers
- In-house planned maintenance schedule
- Job description and duty statement folder
- Lifestyle attendance records and evaluations
- Lifestyle program and associated documentation
- Maintenance log books
- Maintenance manual
- Material safety data sheets
- Occupational health and safety manual
- Organisational chart
- Palliative care folder
- Police check statutory declaration forms
- Policy and procedure manual
- Purchasing folder
- Recruitment policies and procedures
- Reportable incidents complaints management folder
- Resident daily care folder
- Resident handbook
- Resident/relative meeting minutes folders
- Residents' information package and surveys
- Service provider engagement checklist
- Staff allocation rosters
- Staff handbook
- Staff meeting minutes folders
- Training attendance records
- Treatment and observation folders
- Weight charts

Observations

The team observed the following:

- 'Penny shop'
- Activities in progress
- Archive room
- Brochures and posters on internal and external complaints procedures
- Charter of residents rights and responsibilities on display
- Continuous improvement log folders at each nurses station

- Equipment and supply storage areas
- Garden areas and courtyards
- Interactions between staff and residents
- Living environment internal and external
- Lunch time meal
- Maintenance office
- Noticeboards
- Oxygen therapy
- Resident rooms
- Residents' meal service
- Shared shower and toilet rooms
- Staff room
- Storage of medications

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has processes and systems in place to actively pursue continuous improvement. Areas for improvement are identified through a variety of mechanisms which include improvement logs, audits, incident and hazard reports, data collection, analysis and benchmarking and staff and resident/relative meetings. Staff and residents are encouraged to participate in continuous improvement by raising issues, making suggestions and submitting improvement logs. Continuous improvement action plans are developed for issues included on the plan for continuous improvement. The general manager monitors progress of continuous improvement action plans and reports back to stakeholders through resident and relative, staff and continuous improvement committee meetings, minutes of meetings, memoranda, information on noticeboards and one-on-one feedback. The organisation’s head office also receives regular reports on continuous improvement activity at the home and monitors progress. Residents and staff confirm the home’s commitment to quality service and continuous improvement.

Recent continuous improvement initiatives relating to Standard one include:

- Introduction of an electronic system leading to improved management of mandatory police checks for staff, volunteers and contractors.
- Renovation of part of the building to provide for a staff education and training room and the introduction of the commercial televised channel to facilitate access by staff to quality self-paced clinical and interpersonal education and development opportunities.
- Introduction of the ‘personal best’ program – a reward and recognition program to encourage staff to strive to deliver continuously improving high quality resident centred care.
- Trial of new leading edge curved mattress to improve resident comfort, skin integrity and reduce possibility of falls.
- Additional staff allocated on roster to provide daily silver service for meals for ‘extra services’ residents.

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 recommendation

Does comply

The home has systems in place to enable it to meet its legislative and regulatory obligations. The home receives updates and relevant information on regulatory and legislative changes from the organisation’s head office, industry bodies, subscription update services and government departments. Policy and procedure manuals and guidelines are updated at the organisational level and updates made available on-line and in hard copy to the home. Staff are made aware of changes through memoranda, in-service education sessions, staff meetings and minutes, handovers and the communication book. Staff compliance with regulatory and legislative requirements is monitored through mechanisms including audits,

improvement logs, appraisals, competency checks and observation. Appropriate processes are generally in place to ensure that all staff, volunteers and external service providers who may have unsupervised access to residents have a current police check. Processes are also in place to monitor the professional registrations of staff and to ensure that appropriately qualified staff undertake specific tasks in accordance with legislation and regulations. Staff confirm they are aware of their regulatory compliance obligations and they receive timely information and education in relation to relevant changes to legislation and regulations.

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 recommendation

Does comply

Management has systems in place to demonstrate staff have adequate knowledge and skills required for effective performance. The general manager and care managers oversee the education and staff development program supported by the Bupa learning and development team. Education needs are assessed from staff surveys, incident analysis, management observations, performance appraisal process, improvement forms, audit results and following legislative changes. The education calendar is produced annually and includes mandatory topics. The planned program is implemented in a flexible way and, in recognition that priorities can change and other sessions can be added into the program as required. A commercial televised channel is available to record sessions for staff to view. Records of attendance are maintained and overall evaluation of sessions is conducted. A training matrix tracks staff attendance and staff participation in internal and external education is reviewed as part of the staff appraisal system. Staff commented they are supported to attend internal and external training sessions and attend mandatory training annually.

Education Sessions conducted over the past 12 months related to Standard one include:

- Facility Management Orientation 3 day program for new Care Managers.
- Bupa Management Development Program has commenced.
- Intensive education on Bupa Management Systems for all appropriate staff.
- Accreditation process topics included in education program, including QUEST Nov 08.
- Compulsory attendance for all nursing staff on the Aged Care Funding Instrument and the implementation and related changes to Bupa documentation systems April 2008

1.4 Comments and complaints

This expected outcome requires that "each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".

Team's recommendation

Does comply

The home has comments and complaints mechanisms that are accessible to residents and representatives, staff and visitors. Mechanisms include an open door policy of access to the management team, improvement log forms, satisfaction surveys, focus groups and regular resident and relative meetings. Information about complaint mechanisms is communicated verbally at meetings, through the resident handbook and newsletters and posters and brochures about internal and external complaint avenues that are available throughout the home. Improvement logs are registered and actioned appropriately and promptly. Residents and relatives are satisfied with the home's comments and complaints processes and stated they feel comfortable raising issues.

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 recommendation

Does comply

The home communicates its vision, mission and values in resident and staff information handbooks and other publications. The Bupa group adopts a strategic approach to all its aged care residential services to ensure that quality of service and care provided to residents is continuously improving. The home's commitment to the provision of quality service to residents is communicated to staff and residents and other stakeholders through the quality management framework, the plan for continuous improvement, meetings, memoranda, newsletters and staff training and education sessions.

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 recommendation

Does comply

The general manager of the home ensures that appropriate numbers and appropriately skilled staff are employed to meet the assessed needs of residents. The facility manager provides overall management, support and guidance and is supported by a small management team that includes clinical care coordinators (registered nurses division one). Registered nurses division one and two, including medication endorsed, and personal care workers provide clinical care across all shifts and a registered nurses division one is rostered on every shift. The home employs suitably skilled and qualified lifestyle staff who provide activities and support to residents and the home also ensures appropriately skilled hospitality staff deliver generous hospitality services to residents. Staff are replaced during periods of absence by utilising Bupa staff wherever possible and calling on agency staff only when essential. Recruitment processes include position descriptions, interviews, reference and police checks and ensure appropriately skilled and qualified staff are recruited. New staff participate in an orientation program and formal staff appraisals are conducted at three months and then annually. Staff report that the number and skill level of staff on roster is appropriate and residents and relatives confirmed that staff are generally responsive to their needs.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The home ensures stocks of appropriate goods and equipment for quality service delivery are available. Clinical, continence and housekeeping supplies are ordered through preferred suppliers using effective stock assessment and rotation processes. Food and catering supplies are provided by the external catering contractor who also uses effective stock management and rotation processes. All supplies are stored in clean and secure areas in the home. Major items of equipment are purchased after trial and evaluation and feedback from relevant staff. Corrective and preventative maintenance programs and electrical testing and tagging programs are in place at the home and the team observed from a review of documentation that maintenance is carried out appropriately and promptly. Staff, residents

and representatives are satisfied with the availability of goods and equipment and reported that maintenance is completed in a timely manner.

1.8 Information systems

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

Team's recommendation

Does comply

The home has information management systems in place to enable staff and management to access accurate and appropriate information. Resident and staff records are stored in paper files which are appropriately secured in locked, restricted access areas. A document control system is in place, information is archived appropriately and documents no longer required are destroyed securely. Performance data is regularly collected, analysed, trended and reported to staff, residents and the organisational head office. Management information stored electronically is kept secure and confidential through password protection, access levels and backup systems. Information is communicated to staff through a variety of media that include access to policies and procedures manuals, meetings and minutes, communication books and handovers, education sessions, memoranda, and information on noticeboards. Residents and relatives are kept informed through the face-to-face contact, resident and relative meetings, letters, announcements and information on noticeboards. Staff, residents and representatives are satisfied that they have access to information they need.

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 recommendation

Does comply

The organisation's head office has formal contracts in place with major external providers of services such as fire and emergency services, chemicals and catering and contractors are selected on the basis of formal purchasing processes. All external contractors are required to comply with the organisation's external service providers' code of conduct. The home engages a range of external service providers such as pharmacy services, podiatry, physiotherapy, dietetics, plumbers and electricians using a method of pre-approval and a preferred supplier list and all external suppliers are required to comply with relevant legislation and regulations, including mandatory police checks. Performance of external suppliers against expected standards is reviewed regularly, both formally and informally, and alternative suppliers sought if performance is not satisfactory. Staff, residents and relatives confirmed they are satisfied with the services provided by external suppliers.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

The home pursues improvements in the area of health and personal care. For a description of the home's system of continuous improvement, refer to Expected outcome 1.1 Continuous improvement.

Examples of recent improvements in Standard two include:

- Introduction of a flip-chart guide to managing reportable incidents which provides a convenient, easy to use guide for staff to assist them to identify and appropriately respond to serious incidents.
- Appointment of two designated link carers to manage continence management in the home. After undertaking training, these staff have reviewed and improved continence management procedures for residents which has resulted in improved comfort for residents and reduced behavioural incidents such as wandering.
- Establishment of a clinical leadership framework to improve management of clinical care for residents by ensuring clear accountability lines and linking clinical experts and managers in organisation-wide clinical committees to continuously review and share best practice in clinical care.
- Review of wound management by an external wound consultant has led to changes in practices in the home and resulted in improved wound management for residents.

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 recommendation

Does comply

Management has systems in place to identify and ensure the home meets regulatory compliance obligations in relation to health and personal care. For a description of how the home identifies and ensures compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, refer to Expected outcome 1.2 Regulatory compliance. Medications are stored and administered in accordance with legislation and a system to manage mandatory reporting requirements is in place. Professional registrations of staff are monitored and reviewed annually and at least one registered nurse division one is on duty at the home at all times.

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 recommendation

Does comply

The home has processes in place to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of resident health and personal care. Staff are satisfied with the health and personal care education offered by the home and demonstrated an extensive knowledge of residents clinical care needs. For a description of the home’s staff education processes refer to Expected outcome 1.3 Education and staff development.

Education Sessions conducted over the past 12 months related to Standard two include:

- Documentation and the Aged Care Funding Instrument attended by all care staff in February 2008 with ongoing sessions in July to Nov ‘08
- Wound management (external consultant) July 2008
- Diabetic management Jan 09
- One full day workshop on “Medication Management” – for all registered nurses.
- Continence training for new link nurses in January 2009
- Continence training for care staff Jan 09
- Continence products and systems for all nursing staff
- Pain management and identification for all staff May 2009
- Demystifying dementia series April 2009.
- Responding to behaviors December 2008
- Reportable incidents and falls December 2008
- Clinical Assessment May 2009
- Supporting residents with sensory loss. May 2009
- Dysphasia (swallowing difficulties) May 2009
- Nutrition and Hydration August 2008
- Range of sessions taped from commercial televised Channel for staff to view
- Guidelines for Palliative Care Residents in Aged care facilities. August 2008.

2.4 Clinical care

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

Team’s recommendation

Does comply

On entry to the home, a comprehensive assessment of a residents needs is undertaken and individualised care plans are developed. Monitoring of residents’ care needs including observations and noting changes in progress notes occurs. Care plans are reviewed regularly by a registered nurse division one. A registered nurse division one supervises care and monitors the day to day delivery of care through observation of staff practices and regular chart and documentation reviews. Resident’s treating medical officer is kept informed of significant changes. Residents and representatives confirm they are consulted about care and that care is appropriate to the residents’ needs and preferences.

2.5 Specialised nursing care needs

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

Team’s recommendation

Does comply

Residents are assessed on entry for their specialised nursing care needs. Specialised care needs are documented in residents’ care plans and the treatment and observation folder which is used by staff to guide and monitor the delivery of care. Care plans are reviewed regularly and on a needs basis by a registered nurse division one and all specialised nursing care is delivered by registered nurses division one and division two. The management of residents with specialised nursing care needs such as wound care, diabetes, oxygen therapy and enteral feeding tube is managed effectively, involving external consultant services when needed. Residents and representatives are satisfied with the specialist care needs provided.

2.6 Other health and related services

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

Team’s recommendation

Does comply

In addition to assessment by the medical officer each resident is assessed according to their needs by the home’s physiotherapist plus dietician and podiatrist. A podiatrist and dietician attend the home regularly and referrals occur when required. Medical officers visit the home regularly. Additional specialist services are consulted as required, such as the aged psychiatry assessment team, optometrist, audiologist and speech pathologist plus hospital services are accessed as required. In addition the local residential outreach support service is accessed for specialised support. Residents are assisted to attend outside specialist services if required. Residents and representatives confirm they are happy with the arrangements provided for access to specialist health services.

2.7 Medication management

This expected outcome requires that “residents’ medication is managed safely and correctly”.

Team’s recommendation

Does comply

The home’s medication policy and storage of medications reflect current professional standards and legislation, and the home has a medication advisory committee which meets regularly. Residents’ medications are managed by a registered nurse division one and medications are administered primarily from blister packs by registered nurses division one or division two medication endorsed nurses. Staff undergo mandatory annual medication training. Residents’ medications are reviewed by their medical officer and a pharmacist regularly. Monitoring of the system includes internal medication audits, including missed dose audits are conducted, plus regular medication chart audits are conducted by an external pharmacist. Results are analysed and followed up. Residents and representatives confirm they are satisfied medication is managed safely and correctly.

2.8 Pain management

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

Team’s recommendation

Does comply

Residents are assessed for pain on entry to the home and then regularly reviewed by their medical officer, registered nurses and the physiotherapist. Appropriate assessment tools, including for tailored tools residents with cognitive impairment, are used for pain assessment. A range of treatments including analgesia, heat packs, exercises, diversional therapy, aromatherapy and massage are used according to residents’ needs and preference. Progress notes show effectiveness of pain management strategies including ‘as required’ medications. Referrals to the resident’s medical officer occur for unrelieved pain. Residents and representatives are satisfied with how residents’ pain is managed.

2.9 Palliative care

This expected outcome requires that “the comfort and dignity of terminally ill residents is maintained”.

Team’s recommendation

Does comply

A resident’s terminal care wishes are identified on entry to the home, with sensitivity regarding the timing of the discussion, and reviewed with the resident and c when changes to a resident’s health status occur. If support is required in providing a resident’s palliative care needs, the home liaises with a local palliative care service and cares for the resident in collaboration with the resident’s medical officer and representatives. Extensive information and guidelines and a palliative care kit are available for staff for use when providing palliative care for a resident. Examination of a past resident’s file by the team showed that palliative care was provided in an appropriate and sensitive manner.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

All residents are assessed on entry to the home for their nutrition and hydration needs. Care plans are developed and reviewed regularly. Residents are weighed monthly; results are reviewed by a registered nurse division one. Residents with weight changes of concern are referred to the dietician who develops individualised nutrition plans. There is a reliable system to ensure residents receive prescribed nutritional supplements and if a resident is unable to take the supplements the dietician is further consulted. The dietician confirmed that nutrition plans are reliably implemented. If a resident has swallowing difficulties the home arranges for referral to a speech pathologist and texture modified diets are provided if required. Residents and representatives are satisfied with how their nutrition and hydration needs are met.

2.11 Skin care

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

Team’s recommendation

Does comply

Residents’ skin integrity is assessed on entry and on an ongoing basis and appropriate strategies implemented where required for residents at risk of pressure injury. These include of a range of pressure relieving devices and emollient creams and aromatherapy massage oils are applied according to individual resident needs and preferences. Podiatry services are available to residents when required. Skin tears are reported through the incident reporting system, followed up, and the number of incidences is tracked monthly. A registered nurse division one assesses and manages all wounds and develops the wound care plan. Staff demonstrate an understanding of care required for the maintenance of healthy skin and said they report all alterations to residents’ skin integrity. Residents are satisfied with the skin care provided.

2.12 Contenance management

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

Team’s recommendation

Does comply

The home uses a systematic approach to assessing residents’ continence status and developing toileting regimens and continence management plans and reviewing these on an ongoing basis. The home has appointed two care staff as ‘continence link nurses’ who have undergone targeted education, reviewed all residents’ continence needs and the home’s practices in managing continence aids. The ‘continence link nurses’ liaise with an external company for guidance in managing a resident with complex continence needs and to ensure the home remains up-to-date with continence management strategies. Early signs of urinary tract infections are recorded by care staff and followed up; infection data is collated and analysed regularly. Resources and education on continence care are available for care staff; care staff reported that there are adequate staff and supplies to enable staff to meet residents’ continence care needs. Residents and representatives confirm that residents’ continence needs are managed very well.

2.13 Behavioural management

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

Team’s recommendation

Does comply

The home has a systematic approach to assessing residents with challenging behaviours, identifying trigger factors and implementing effective strategies. These are clearly documented in residents’ care plans which are regularly reviewed. On occasion the home seeks the support of the aged persons’ mental health and treatment team to assist with managing a resident’s challenging behaviours. The home’s secure unit provides a safe environment for managing residents with behavioural issues. Individual diversional and complementary therapy, including massage, music and aromatherapy are used for residents with positive effects. Residents and representatives confirm that residents with a degree of confusion or dementia are managed well by the home.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that "optimum levels of mobility and dexterity are achieved for all residents".

Team's recommendation

Does comply

On entry to the home a resident's mobility, dexterity and transfer requirements are assessed by a registered nurse division one and a physiotherapist. An individualised care plan is developed which includes suitable mobility aids and an individual exercise schedule. The physiotherapy assistants then follow the resident's exercise schedule. The physiotherapist reviews residents regularly and implements new strategies such as hip protector pads and floor sensor mats if required. Falls are documented through the incident reporting system, falls data are collated and regularly analysed and reported. In addition to the individual exercise schedules, group exercises are conducted regularly. The team observed residents moving around the home with appropriate walking aids and suitable foot wear and where needed, with assistance from staff. Residents and representatives confirm that residents are supported to maintain their mobility and dexterity.

2.15 Oral and dental care

This expected outcome requires that "residents' oral and dental health is maintained".

Team's recommendation

Does comply

On entry to the home, residents' oral and dental health needs are assessed and care plans are developed. Residents unable to maintain their own oral care are given assistance by care staff with oral hygiene and denture care. The home has adequate supplies to support this and a process for ensuring replacement of oral care equipment as required. Whilst some residents attend their own dentist, the home also uses mobile dentist and dental technician services. If required, referrals are arranged to a speech pathologist. Alternate food textures are provided to accommodate oral, dental or swallowing difficulties. Residents and representatives confirm they are satisfied with the home's approach to managing residents' oral and dental care needs.

2.16 Sensory loss

This expected outcome requires that "residents' sensory losses are identified and managed effectively".

Team's recommendation

Does comply

Initial and ongoing assessments of residents' sensory losses for all five senses are noted in care plans. This includes consideration of any aids, skin care needs, limb positioning and use of limb protectors for the resident. Both hearing and vision services attend the home from time to time and some residents attend their own specialist provider. Staff provide care and maintenance of residents' aids. The aromatherapy and massage program also provides individual assessment and care plans which care staff implement. The lifestyle program provides one-on-one and group activities appropriate to the needs of residents with sensory loss. Residents and representatives confirm they are satisfied with the home's approach to managing their sensory losses.

2.17 Sleep

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

Team’s recommendation

Does comply

Residents’ normal settling and sleep patterns are assessed on entry to the home. Review of residents’ care needs occur regularly and reassessment is undertaken when changes are identified. Staff regularly monitor residents’ sleep patterns overnight and are able to assist when residents have disturbed sleep. Strategies to aid with sleep include residents being offered warm drinks and light supper, aromatherapy massage (according to their aromatherapy care plan) and heat pads. If necessary some residents have prescribed sedation medication ‘as required’ if unable to settle by other means. Activities are provided during the day to assist residents to maintain natural sleep patterns. Staff confirmed they are aware of residents’ individual preferences. Residents and representatives confirm the home environment is conducive to natural sleep and residents are generally able to achieve natural sleep patterns.

Standard 3 – Resident lifestyle

Principle: Residents 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 recommendation

Does comply

The home pursues continuous improvement in the area of resident lifestyle. For a description of the home’s system of continuous improvement, refer to Expected outcome 1.1 Continuous improvement.

Examples of recent improvements in Standard three include:

- Creation of the ‘penny shop’ which provides residents with the opportunity to ‘purchase’ goods such as toiletries, cosmetics, sweets and other small personal items from a ‘shop’ set up in the home once a week. Residents are given a ‘penny’ token and can use this to ‘purchase’ anything they like from the shop. Items on ‘sale’ are provided through the home’s lifestyle program. Feedback from residents, particularly those who are not able to shop conventionally, indicates high satisfaction with the concept and the team observed residents enjoying the activity.
- Creation of a men’s group to improve the range of leisure activities available to male residents in the home.
- Creation of a gardening group which, among other things, grows herbs which are used by the kitchen in cooking residents’ meals.
- Introduction of a ‘lava lounge’ in the dementia specific wing and one other wing, using aroma burners, soft lighting and gentle music to provide a relaxing and calming environment for residents with behaviour or cognitive issues.
- Purchase of a digital camera for the lifestyle area to enable staff to capture special moments for residents.

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 resident lifestyle”.

Team’s recommendation

Does comply

The home has systems in place to identify and ensure that it meets regulatory compliance obligations in relation to resident lifestyle. For a description of how the home identifies and ensures compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, refer to Expected outcome 1.2 Regulatory compliance.

The charter of residents’ rights and responsibilities is displayed in the front foyer of the home and a copy of the residents’ agreement and residents’ handbook are given to all residents on entry and these contain information on issues such as privacy, complaints and complaints processes, security of tenure and services provided

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 recommendation

Does comply

Management identifies education needs in relation to resident lifestyle through communication with lifestyle staff and residents. For a description of the home's staff education processes refer to Expected outcome 1.3 Education and staff development. Staff said they are satisfied with the education opportunities offered by the home.

Education Sessions conducted over the past 12 months in Standard three:

- "Lifestyle making a difference" seminar (all day)
- Demystifying dementia commercial televised channel series for all lifestyle workers.
- Lifestyle care planning and program evaluation April 2009
- Complementary therapies with Alzheimer's association April 2009
- Elder abuse and protecting residents' rights

3.4 Emotional support

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

Team's recommendation

Does comply

Bupa Bonbeach has effective systems in place for ensuring residents receive support in adjusting to life in their new environment and on an ongoing basis. A tour of the facility is conducted as an opportunity for residents and their representatives to meet staff and residents. Residents are assessed for their emotional support needs and individualised care plans are developed on entry to the home. New residents are introduced to others in nearby rooms and encouraged to form new friendships. Representatives are invited to share a meal in the private dining room with the resident on the first day of admission, to assist in the settling in process. Strategies are implemented to assist residents that include an active and varied lifestyle program. Residents are monitored on an ongoing basis by management and staff for any additional emotional support they may require and this is communicated to the care staff with specialist referrals initiated when indicated. Volunteers and community visitors are available to assist residents who will benefit emotionally and socially from regular Residents stated they are happy with the level of emotional support provided.

3.5 Independence

This expected outcome requires that "residents 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 recommendation

Does comply

A variety of systems are in place to assist residents to maintain their independence. Residents' lifestyle needs and preferences, such as social, cultural and community interests, health and personal care needs, are assessed on entry to the home and reviewed bi monthly. Care files record the level of support and assistance required and identifies residents who require an authorised person to act for them. The resident handbook outlines the residents' rights and responsibilities. Information is provided outlining the residents' right to take leave and discusses services to support their needs. Physiotherapy and activities programs assist residents to maintain social and physical independence. Representatives,

friends and community visitors are encouraged to visit and management provides open and flexible visiting. Residents confirmed they participate in decisions regarding activities of daily living, personal care needs, food preferences and lifestyle program and are supported to be as independent as possible.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

The home has systems in place to ensure residents' privacy and dignity is maintained. Monitoring of staff practice and the orientation process provide staff with information to ensure residents are treated with dignity. Resident rooms are set up to maintain privacy and shared rooms have privacy curtains fitted. Staff were observed to knock before entering rooms and mealtime demonstrated that staff spoke quietly and sat beside residents they were assisting. Clothing is discreetly labelled and residents were observed to be dressed appropriately for the weather. Resident files are stored away from public access and handover is undertaken in private rooms to ensure confidentiality of information. Residents and representatives said staff treat and speak to them with respect.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

Bupa Bonbeach has a lifestyle assessment and care planning process in place to identify and record residents' individual requirements related to lifestyle needs including; emotional support needs, independence, individual lifestyle, the residents' past and present, linguistic, privacy and dignity needs as well as cultural and spiritual requirements. The assessment process is undertaken over a period of a month after the resident enters the home. Care plans are developed and reviewed on an ongoing basis. Residents are encouraged and supported to participate in a wide range of interests and activities of interest to them. The program includes activities such as, bingo, happy hour, live concerts, men's club and art and craft clubs. Initial and ongoing consultation with the resident and representatives is sought to identify changes in resident lifestyle needs. The effectiveness of the activity program in meeting residents' needs is formally evaluated and feedback is encouraged through meetings, focus groups and direct contact. Resident and representatives said the lifestyle program is comprehensive and meets their needs.

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 recommendation

Does comply

The home has processes to identify individual customs and beliefs to ensure that all cultural and ethnic customs are fostered. Assessment of individual needs is conducted on entry to the home. Care files provide specific information for individual needs; changes are made as required. Regular religious services are conducted in the home including weekly communion and prayer. Ministers and pastoral care workers provide room visits if requested for residents who do not attend communal services. Residents with identified religious needs outside those provided in the home are assisted by staff to access groups and volunteers outside the

home to have their needs met as required. Management and staff said residents are encouraged and assisted to celebrate significant anniversaries and events. The home accommodates residents from Italy, Germany, China and the United Kingdom and their representatives are consulted in developing the care plan. Residents interviewed said they are satisfied with the support provided to enable them to maintain their cultural and spiritual interests.

3.9 Choice and decision-making

This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident 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 recommendation

Does comply

The home's commitment to promoting residents' choice and decision-making is accessible in various documents and ratified through staff practice across the home. Residents confirm they have choice in all aspects of their lives at the home including the right to participate in activities and the choice to decline, preference of meals, rising and retiring times and end of life wishes. The right to refuse treatment is also discussed during the admission process.

Resident meetings and formal consultative meetings provide a forum for participation in the decision making process. Residents and representatives said they are happy with the choices provided to them by management and staff and are encouraged to participate in the decision making process affecting their care and lifestyle preferences.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

The home's admissions coordinator conducts tours of the home for prospective residents and their representatives and provides an information package that sets out terms of residency and information about services offered, fees and charges. An accommodation agreement is offered which contains information about residents' rights and responsibilities, specified care and services, methods of making complaints and agreements are properly executed. Residents and their representatives are consulted about room changes if they are required. Residents' rights and responsibilities are clearly displayed within the home. Most residents interviewed understand their rights regarding security of tenure, representatives said they are provided with relevant information and will advocate on behalf of the residents if required.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has systems in place that demonstrate ongoing improvements in the area of physical environment and safe systems. For a description of the home’s system of continuous improvement, refer to Expected outcome 1.1 Continuous improvement.

Examples of recent improvements in Standard four include:

- Introduction of quarterly networking meetings for maintenance staff in the local Bupa five home cluster to share ideas and contacts and review practices leading to improved management of maintenance at the home.
- Introduction of new summer and winter menus in consultation with residents has led to improved resident satisfaction with menu choice.
- Renovation of courtyard and garden areas has made outdoor areas more attractive and comfortable for residents.
- Rooms within the facility have been renumbered following renovation to improve consistency and reduce confusion for residents and visitors.
- New slings and lifting machines have been purchased following feedback from staff and have improved occupational health and safety for staff and residents.
- Laminated ‘no smoking’ signs have been placed strategically around the facility to ensure that visitors are aware of areas in which they may not smoke.

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 recommendation

Does comply

Processes and systems are in place to identify and ensure that the home is compliant in relation to the physical environment and safe systems. For a description of how the home identifies and ensures compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, refer to Expected outcome 1.2 Regulatory compliance. The home demonstrates evidence of compliance with food safety, occupational health and safety and fire and emergency legislation and regulations. Chemicals are stored safely and material safety data sheets are stored with the relevant chemicals.

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 recommendation

Does comply

The home ensures management and staff have the appropriate knowledge and skills to effectively perform their roles in the area of physical environment and safe systems. For a

description of the home's education and staff development processes refer to Expected outcome 1.3 Education and staff development.

Education Sessions conducted over the past 12 months in Standard four include:

- Occupational health and safety five day course for the maintenance officer.
- Compulsory fire safety according to regulatory requirements two sessions annually for all staff.
- Compulsory attendance for all staff at "Occupational violence and Bullying"
- Compulsory manual handling by the physiotherapist is conducted for all nursing staff and non-nursing.
- Refresher training for kitchen staff in safe food planning and handling.
- Compulsory chemical training for laundry and cleaning staff provided by chemical supplier August 2008
- Infection Control – transmission prevention
- Hand washing competencies
- Correct operation of electric beds to promote safety for staff and residents

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 residents' care needs".

Team's recommendation

Does comply

Management actively works to provide a safe and comfortable environment that is consistent with residents' care needs. Residents are all accommodated on the ground floor level in a variety of rooms which include single and double rooms with ensuites, and single, double, triple and four-bed rooms with communal shower and toilet facilities. Residents are encouraged to personalise their rooms with small pieces of furniture and mementos. The home has several comfortably furnished lounge and recreation areas and garden and courtyard areas where residents can spend private time or entertain friends and family. The home's essential preventive maintenance is conducted according to schedules and the team observed that unscheduled maintenance requests are attended to promptly and appropriately. Occupational health and safety inspections and audits are conducted regularly to ensure the home is safe for staff and residents. External entry and exit doors are secured by key pads that release in the event of an emergency and the home is secured at night. Residents and their representatives are satisfied that management provides them with a living environment that is safe and comfortable.

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 recommendation

Does comply

There is an effective system in place for identifying, evaluating and rectifying incidents and hazards. The orientation program and annual education calendar for staff includes compulsory training in safe systems. Maintenance routines ensure that the environment is safe and that equipment is fit for its intended use. All new equipment is trialled prior to purchase and staff are trained in its use. The home's occupational health and safety representative attends the occupational health and safety meetings quarterly where issues and outcomes are discussed. Incidents and hazards are reported, collated and analysed monthly. Regular audits are conducted and they indicate no systemic trends for workplace

hazards or incidents. Staff interviewed demonstrated an understanding of occupational health and safety issues.

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 recommendation

Does comply

Emergency procedures are documented in policy and procedure manuals and evacuation procedures are displayed. Fire safety systems are in place and regularly monitored and maintained by contracted fire professionals. Evacuation kits and resident evacuation lists are located at the nurses' stations. The home meets the requirements of the current certification. Designated fire exits are clearly signed and free from obstruction and are connected to the fire panel to ensure quick and effective evacuation. The home has a smoke free environment with allocated smoking areas, external to the building. The outside perimeter of the building is clear of dangerous material that may contribute to a fire hazard. Chemicals are appropriately stored with material safety data sheets available in all areas where chemicals are stored. Staff have been provided with training in the correct use of chemicals. Staff interviewed by the team are able to explain the emergency and evacuation procedures confidently.

4.7 Infection control

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

Team's recommendation

Does comply

The home has a comprehensive infection control program for which the two care managers are responsible. Infection control surveillance measures include monthly infection surveys, analyses of data, tracking trends and presenting results at relevant meetings. Laundry and cleaning infection controls measures are implemented including colour coded cleaning equipment; clean and dirty laundry areas are well designated. The home has a food safety program and has an independent food audit conducted annually. Monitoring of food temperatures and kitchen equipment plus temperature records are completed as required by food safety legislation. Residents are offered annual influenza immunisations. Staff are encouraged to have annual influenza immunisations through providing the service on-site. The home holds appropriate resources for management of outbreaks such as gastroenteritis and infection control procedures include management of pandemic influenza. Staff use personal protective equipment appropriately, undergo an annual hand washing competency and demonstrate awareness and knowledge of infection control.

4.8 Catering, cleaning and laundry services

This expected outcome requires that "hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment".

Team's recommendation

Does comply

The residents are informed about the home's hospitality services on entry to the home and residents' needs and preferences are documented. Catering is provided by an external supplier with meals cooked on site by suitably qualified staff. The service provides residents with choices and a menu individualised according to their preferences. Catering staff communicate directly and indirectly with residents, enhancing the resident's quality of life and the staff working environment. Hospitality services are provided by the home's appropriately skilled and qualified staff who ensure that the living environment is clean and functional.

Cleaning is conducted seven days a week, with rooms detailed according to a schedule. Linen and residents' personal laundry is undertaken in the home and regular monitoring and auditing processes ensure that quality and hygiene standards are maintained. Residents provide feedback on services through satisfaction surveys, meetings and discussions with staff and the cook. Residents commented favourably on the services provided to them.