



Aged Care
Standards and Accreditation Agency Ltd

Bupa Edithvale

RACS ID 4488

256 -260 Station Street

EDITHVALE VIC 3196

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 1 June 2015.

We made our decision on 13 April 2012.

The audit was conducted on 13 March 2012 to 14 March 2012. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle**Principle:**

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

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

Standard 4: Physical environment and safe systems**Principle:**

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

Expected outcome		Accreditation 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



Aged Care
Standards and Accreditation Agency Ltd

Site Audit Report

Bupa Edithvale 4488

Approved provider: Bupa Care Services Pty Limited

Introduction

This is the report of a site audit from 13 March 2012 to 14 March 2012 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents 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, resident 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 a site 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 Accreditation 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

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 13 March 2012 to 14 March 2012

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. 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 1997.

Assessment team

Team leader:	Fiona Taylor
Team members:	Katherine Hannaker
	Beverley Ballantyne

Approved provider details

Approved provider:	Bupa Care Services Pty Limited
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Details of home

Name of home:	Bupa Edithvale
RACS ID:	4488

Total number of allocated places:	117
Number of residents during site audit:	110
Number of high care residents during site audit:	108
Special needs catered for:	Nil

Street:	256 -260 Station Street	State:	Victoria
City:	Edithvale	Postcode:	3196
Phone number:	03 9841 1100	Facsimile:	03 9841 0542
E-mail address:	Jennifer.Day@bupacare.com.au		

Audit trail

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

Interviews

	Number		Number
General manager	1	Residents/representatives	18
Roving general manager	1	Volunteers	2
Clinical care managers	2	Lifestyle staff	2
Registered/enrolled nurses	5	Physiotherapy aides	1
Care staff	5	Laundry staff	1
Administration assistant	2	Cleaning staff	2
Catering staff	1	Maintenance staff	1

Sampled documents

	Number		Number
Residents' files	13	Medication charts	9
Lifestyle care plans	10	Personnel files	10
Resident agreements	10		

Other documents reviewed

The team also reviewed:

- Advanced care wishes
- Allied health documentation
- Assessments and care plans
- Audits and audit schedule
- Chemical register
- Cleaning schedules
- Clinical documents
- Continuous improvement plans
- Council certification (kitchen)
- Diabetic records
- Dietary analysis forms
- Drugs of addiction register
- Education documentation
- Emergency procedure manuals and cards
- Essential services, fire and security testing and inspection reports
- Family conference records
- Food safety program
- Improvement logs and registers
- Incident register and reports
- Infection control information and data
- Kitchen external audit
- Lifestyle and activities documentation
- Mandatory reporting register
- Material safety data sheets
- Medication plans

- Meeting minutes
- Newsletters
- Occupational health & safety management folder and resources
- Police check registers
- Policies and procedures
- Preventative and reactive maintenance documentation
- Progress notes
- Resident evacuation list
- Resident handbook, brochures and information package
- Restraint documentation
- Risk assessments
- Specialised care information
- Staff competencies
- Staff rosters
- Staffing registrations
- Surveys
- Treatment and observations folder
- Visitor food register
- Weights charts
- Workplace inspection reports
- Wound documentation

Observations

The team observed the following:

- Accreditation site audit posters
- Activities in progress
- Archival room
- Automotive sensory wall
- Chemical storage
- Cleaning in progress
- Designated smoking areas
- Electrical test tags
- Emergency assembly areas
- Equipment and supply storage areas
- Evacuation maps
- Hair dressing salon
- Impress medication stock
- Information brochures
- Interactions between staff and residents
- Internal and external living environment
- Intranet
- Job descriptions
- Meal service
- Medication administration and storage
- Memoranda folder
- Menu and activity program on display
- Mobility, dexterity and sensory aids and equipment in use
- Noticeboards
- Oxygen signage and storage
- Personal protective equipment
- Resident charter of rights and responsibilities on display
- Security systems
- Sensory room

- Sign in/out books
- Suggestion boxes

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 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 findings

The home meets this expected outcome

The home has processes and systems in place to actively pursue continuous improvement. Improvements are captured from a variety of sources including improvement logs which are used by staff, residents and representatives, legislative changes, audits, incidents, hazards, meetings and surveys. All improvements are documented on an improvement log which is then logged, monitored and evaluated with all open logs forming the current continuous improvement plan. The continuous improvement committee meets bi-monthly and all improvements are minuted and minutes are displayed on the noticeboard for all staff, residents and representatives to view. Continuous improvement is a standing agenda item at management, staff and resident and representative meetings. All changes are monitored and evaluated and data is benchmarked with the other organisational homes. Residents, representatives and staff could identify a range of continuous improvements which have recently occurred.

Examples of improvements in Standard one include:

- In response to the legislation requiring the need for police checks, an online system to order and record completed criminal history checks was implemented to manage checks for staff, volunteers and external contractors. This system has resulted in a more effective, timely and efficient method of managing police checks and includes a register of records and a monitoring system for when they are due.
- In partnership, with an external provider, ELearning education modules have been introduced as part of the organisational wide learning and development strategy. The web based online training includes seven e-learning mandatory programs available to every employee which need to be completed annually. This online learning approach has shown itself to provide standardised delivery, be flexible to individual needs and preferences. It also includes competency based assessments and monitors and records each employee's progress and completion.
- Following a review of the archiving room new systems have been introduced to ensure files are not overflowing and everything is in the correct order. Confidential shredding bins are now used and new shelving has been installed. There are new archival boxes and a review of all files has resulted in an organised archival system.
- Observations and discussions highlighted that not all laundry staff were following the same duty statement. This resulted in inefficiencies with not all tasks being completed during each shift. The general manager met with the care and laundry staff and meetings were arranged and new duty statements were introduced. This has resulted in a more organised approach with the completion of tasks and feedback from residents and staff has been positive.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure compliance with all relevant legislation and regulatory requirements, professional standards and guidelines. As part of a large organisation, the regulatory compliance function is maintained, monitored and reviewed through head office. It subscribes to a legislative update service and is a member of a number of peak bodies. All policies and procedures are developed, reviewed and updated according to legislation, regulations, standards and codes of practices. Relevant regulatory compliance is discussed at staff and resident and representative meetings. Information regarding regulatory compliance is also distributed through memoranda, newsletters and education. Police check registers are in place for staff, volunteers and external contractors and are monitored on an ongoing basis. Staff are well educated in regulatory compliance matters including mandatory reporting, manual handling and fire and safety. Staff confirm that they are informed of all regulatory changes.

1.3 Education and staff development:

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to ensure that all staff have access to education that provides them with the knowledge and skills required to perform their roles effectively. The education program is developed from information obtained by an annual organisational wide training needs analysis, changes in resident needs, regulatory and legislative changes. Also from performance management of staff, staff meetings, continuous improvement logs and gaps identified through audits and incident reporting data. A variety of education methods are used including workshops, education sessions, e-learning, short sessions in meetings and handover, competency assessment, on the job training and attendance at external forums. All staff attend mandatory education with all education sessions evaluated. Staff state they are provided and encouraged to attend a variety of education sessions relevant to their roles and skills. Residents and representatives are satisfied that staff have appropriate knowledge and skills.

Examples of recent education relating to Standard one include:

- training in the organisational values, requirements and way of doing things
- pre accreditation information
- leadership development for nursing staff
- basic computer skills.

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 findings

The home meets this expected outcome

The home has systems that allow all residents, representatives and staff to access internal and external complaints mechanisms. Information on the internal and external complaints mechanisms is provided in the resident handbook, discussed at resident and representative meetings. Improvement logs are available throughout the home for use by staff, residents and representatives and there are locked suggestion boxes which can be used if required. Each issue is documented, logged and trended and the general manager feeds back in regards to individual complaints and issues and relevant feedback is discussed at resident/representative and staff meetings. Residents and representatives said they are aware of the processes for raising an issue and do use this formal process if needed. They also stated that staff were accessible and responded promptly to any issue raised in discussion with them and management have an open door policy.

1.5 Planning and leadership

This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".

Team's findings

The home meets this expected outcome

The home has an organisational vision, values and commitment to quality which are displayed throughout the home. These are documented in staff and resident handbooks, local newsletters and through organisational wide documentation. Quarterly forum reviews are undertaken with the executive management and management at the home to monitor quality and future directions.

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

The home has appropriately skilled and qualified staff to deliver clinical and non clinical services. Recruitment and selection policies and procedures are in place and are followed to ensure that appropriate staff are employed. Recruitment and selection processes and systems are coordinated through the organisational wide human resource management staff. Position descriptions are in place and selection includes a panel interview and reference checks. Staff are generally satisfied with the level of staffing and there are systems in place to review staff rosters and change in accordance with the needs of the residents and the staff skill mix. Residents and representatives said that staff provide timely and consistent care in response to resident requests and 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 findings

The home meets this expected outcome

The home has effective systems to ensure appropriate stocks of goods and equipment including efficient ordering and storage systems. The preventative and corrective maintenance systems ensure equipment is well maintained and issues attended in a timely manner. Adequate supplies of clinical and non clinical stock were observed and there is a rotation system to ensure items are in date. Stock levels of certain items are maintained and a medication impress system ensures antibiotics are administered in a timely manner. Residents and staff stated that there is adequate and appropriate provision of supplies and equipment to deliver care and services.

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

Communication processes for disseminating information include intranet, email, meetings, memoranda, notices, newsletters, handovers, communication books, policies and procedures and informal discussions. There is a manual system for routinely collecting and recording information that identifies residents' care needs to ensure appropriate delivery of care. There are corporate document control systems to ensure all policies and procedures and other documentation is reviewed regularly and updated as necessary. All electronic data and information is secure and managed by a corporate information systems department. Resident and staff files are stored in a manner that maintains privacy, dignity and confidentiality. There is an archiving system and a professional contractor shreds documents. Staff state that communication systems are good and residents and representatives said they have easy access to staff and management.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home has an established list of approved suppliers and providers. The majority of external contractors have service agreements in place which are approved, managed and monitored organisationally wide. There is a system for ensuring all contractors have current police checks and appropriate insurance in place. All contractors have a tour and are provided with information relevant to their role. Staff, residents and representatives are satisfied with the service provision from external contractors.

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 findings

The home meets this expected outcome

The home conducts continuous improvement activities for all aspects of residents' health and personal care. Clinical audits are carried out as per the schedule and all changes are monitored and evaluated. Residents and representatives are satisfied with the care provided by the staff. Refer to Expected outcome 1.1 Continuous improvement for further information about the home's continuous improvement processes.

Examples of improvements in Standard two include:

- Due to feedback from residents and their representatives regarding the delay in responding to call bells, a new system has been introduced. Staff now wear pendants so they can hear the call bells and reports can be captured regarding response times. In some cases new points have been put in resident rooms so they can access their call bells when not in bed. The system is still under review with changes occurring but feedback on response times has improved.
- At a resident and representative meeting in January 2012 a concern was raised regarding skin care and who is responsible for nail care. A clinical fact sheet has been developed with associated staff education. In consultation with the physiotherapist hand rolls have been introduced as a practice to try and reduce hand contractures and associated skin conditions. New practices have been introduced and monitoring of hand contractures is being evaluated.
- Incident data showed that there were an increased number of incidents of aggression between 2.00 pm and 10.00 pm. This was supported by three spot visits by the general manager. A trial shift from 6.00 pm to 10.00 pm was introduced in the dementia specific area. There has been a corresponding reduction in the number of incidents so the position has become permanent.
- A review of residents who smoke showed that smoking care plans were not individualised. Individualised smoking care plans have been introduced and are reviewed as part of the three monthly care planning.

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

The home has effective regulatory compliance systems to support resident health and personal care. Staff have relevant qualifications and current registrations. Personal care and practice guidelines, including medication management have been developed in accordance with legislative requirements. Staff training is provided with appropriate staff and competencies undertaken. Residents and representatives confirm their high satisfaction with the resident care the home provides. Refer to expected outcome 1.2 Regulatory compliance for further details about the home's regulatory compliance systems.

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

There are systems and processes 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. Management and staff confirm they are provided with opportunities to attend a variety of education sessions. Residents and representatives are satisfied that staff have appropriate knowledge and skills. For a description of the home’s staff education processes refer to Expected outcome 1.3 Education and staff development.

Examples of recent education relating to Standard two include:

- medication competencies
- catheter care education
- palliative care
- pain management

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home demonstrates that residents receive appropriate clinical care. Residents are assessed on entry to the home and an interim care plan developed. Assessments and consultation with the resident and representatives occurs and more detailed care plans are developed. Care plans are reviewed three monthly by the registered and enrolled nurses and the care manager oversees resident care needs. Resident and representative conferences are offered within the first weeks of entry to the home, annually and as required. Staff state they are informed of changes to residents clinical care needs and are supported by the registered nurses in their roles. Resident and representatives state they are well cared for and staff are kind.

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 findings

The home meets this expected outcome

The home demonstrates residents’ specialised nursing needs are identified and met by appropriately qualified nursing staff. Residents’ specific nursing care needs are identified through the initial assessments process and care plans document the specialised needs. Care plans are reviewed three monthly and as care needs change and care is overseen by the care managers and registered nurses. Specialised care needs include enteral feeding, pain management, catheter care, oxygen therapy and diabetic management. Staff state they are trained in the use of specialised equipment and are aware of the residents’ individual needs. Residents and representatives are satisfied with the specialised care residents receive.

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 findings

The home meets this expected outcome

The home demonstrates that residents are referred to appropriate health specialists in accordance with each resident’s needs and preferences. Residents receive an information booklet regarding the health related services provided by the home. Resident needs and preferences are discussed, assessed and documented on the care plans and are reviewed regularly. Residents have a choice of the medical practitioner and the dietitian, physiotherapist and podiatrist visit regularly. Referrals are made to the speech pathologist, dentist, mental health services and other allied health specialists as required. The physiotherapy assistants and staff assist residents in their exercises. Residents and representatives confirmed residents can visit their own or are referred to appropriate specialists.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home demonstrates that medication is stored and managed safely and correctly. Residents’ medication needs are assessed and reviewed regularly in consultation with the resident, representative, medical practitioner and pharmacist. Registered and enrolled nurses and competency assessed personal care workers administer medications. Medications are administered from pre packaged system and ‘whenever necessary’ medications are administered by the registered nurses from the original containers. The home has an impress system for timely administration of some medications. Medication audits and external pharmacy audits are conducted regularly and medication errors are recorded on incident reports and actioned as appropriate. Staff confirm annual medication competencies are conducted, education offered and resources are available. Residents and representatives are satisfied with the administration of their medications.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home demonstrates that all residents are as free as possible from pain. Residents’ pain requirements are discussed and assessed on entry to the home. Care plans document pain management strategies such as medication, repositioning, massage and gentle exercise and are reviewed regularly. The physiotherapist reviews residents in regards to pain management strategies and the medical practitioners are notified if pain medication is not effective. Staff confirm they respond to residents verbal and non verbal cues and assist residents to be comfortable. Residents and representatives confirmed they are satisfied with the management of residents’ pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home demonstrates that the comfort and dignity of terminally ill residents is maintained. Residents end of life wishes are discussed on entry to the home and as appropriate with the resident and their family. A palliative care plan is developed that includes emotional, spiritual, cultural, physical and terminal wishes. The medical practitioners and care staff monitor the residents comfort and pain management. External palliative care services are contacted as the need arises. A staff member has completed a train the trainer course in palliative care and is supporting and providing education to other staff. A palliative care kit is available and includes aromatherapy, massage oils and relaxation music. Representatives interviewed stated they are very happy with the care provided to their loved ones.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home demonstrates that residents’ receive adequate nutrition and hydration. On entry to the home residents’ nutritional and hydration needs are assessed, identified and documented on the care plan. Regular reviews occur to ensure nutritional and hydration preferences and needs are being met. The dietitian in consultation with the care managers discusses resident weights in conjunction with a nutritional screening assessment. The medical practitioner is notified of issues and referrals are made to the speech pathologist as required. Appropriate nutritional supplements are administered and dietary and texture modified diets are implemented as required. Staff are aware of individual requirements and have had education in the levels of thickened fluids. Residents and representatives confirmed they are satisfied with the home’s approach to meeting residents’ nutrition and hydration needs.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Residents’ skin integrity is consistent with their general health. A skin assessment is completed on entry to the home and needs are identified and documented on the care plan. Strategies are reviewed regularly and include air mattresses, limb protectors and moisturising creams. Skin tears are documented on incident reports and data is analysed for trends and changes to care and staff practices. Alterations to skin integrity are documented on wound monitoring charts, photographs are taken regularly and dressings attended by the registered and enrolled nurses. The medical practitioners are informed of alterations to resident’s skin and referrals to a wound consultant as required. Staff complete annual mandatory handling training and equipment is trialled and maintained. Residents and representatives confirmed they are satisfied with the skin care provided.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home demonstrates practices in continence management are effective in meeting residents’ needs. Residents are assessed on entry to the home in regards to their continence routines and requirements. Care plans document continence routines, toileting times, type of aids and assistance required and are reviewed regularly. Natural stimulants such as pear juice, bran and adequate fluids are encouraged. Staff receive ongoing education in regards to continence management and assist residents as required. Residents and representatives are satisfied with the assistance and management of their continence needs.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home has strategies and processes to assess, manage and review residents with challenging behaviours. On entry to the home resident behaviours are monitored, assessed and discussed with the resident, family and allied health specialists to identify specific behaviours. Management strategies are documented on the care plan and reviewed regularly to ensure they are effective. The medical practitioner is notified of changes in behaviour and referrals are made to appropriate mental health services. Incidents of behaviour are documented and reviewed monthly for trends and actioned as appropriate. The lifestyle program assists in managing resident behaviours and music, aromatherapy and a sensory room also assist in managing behaviours. Staff state they have received ongoing education in relation to dementia and behaviour management.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

The home demonstrates that optimum levels of mobility and dexterity are achieved for all residents. Residents are assessed on entry to the home by the registered nurse in consultation with the resident and representatives and a mobility plan is developed. The physiotherapist also reviews residents for their mobility, strength, balance, pain and a care plan is developed to maximise their mobility and independence. Regular review of the strategies occurs and reassessments are conducted as care needs change and after falls. The physiotherapist assistants conduct individual and group exercises, walking groups and mobility aids are maintained. Staff complete manual handling training and instruction on residents individual exercise programs. Resident and representatives are satisfied with the home’s approach in maintaining their mobility and independence.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

The home demonstrates residents' oral and dental health is maintained. Residents' oral and dental hygiene needs and preferences are assessed on entry to the home and documented on the care plan. Individual needs include cleaning of teeth and denture routines, storage preferences and assistance required. Residents are able to visit their own dentist or be seen by the visiting dentist and a dental technician is available. Residents are encouraged to maintain their own dental and oral health and hygiene equipment is labelled. Staff receive oral hygiene education and are aware of residents' individual needs. Residents and representatives are satisfied with the oral and dental care provided.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

The home demonstrates that residents' sensory losses are identified and managed. The sensory assessments conducted on entry covers the five senses and identified needs are documented on the care plan. Residents are supported to attend private appointments for their visual and hearing needs and an optometrist visits the home. Residents' sensory stimulation is offered through the sensory room, aromatherapy, large bingo numbers, dominos and jigsaw puzzles. A large automotive tactile wall has generated discussion and interest with the men in the home and families. Staff assist residents in the care and maintenance of their visual and hearing devices. Residents and representatives are satisfied with the home's approach in managing their sensory needs.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

Residents are able to achieve natural sleep patterns. On entry to the home residents' sleep and rest preferences are assessed and individual care plans document these needs. Care plans document sleep and rest routines for the day and night and strategies such as specialised mattresses, position changes, bedding, drinks and snacks. Resident sleep patterns are monitored and reviewed regularly and the medical practitioner consulted if strategies are not effective. Resident comfort in regards to positioning, continence needs, and pain relief are monitored. Staff state they are aware of individual routines and snacks and warm drinks are offered to residents to settle. Residents state the home is quiet at night they are able to sleep.

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 findings

The home meets this expected outcome

The home conducts continuous improvement activities in relation to residents’ lifestyle. Residents and representatives participate in an annual survey and audits are conducted to monitor Standard three to ascertain if there is a need for improvements. Residents and representatives are satisfied with the communication processes and feedback they receive from staff. Refer to Expected outcome 1.1 Continuous improvement for further details on the home’s continuous improvement systems.

Examples of improvements in Standard three include:

- A person fit for a better life program has been introduced as a person centred care approach to resident care. This has included personal best training and dementia awareness training for all staff. This has been supported by the introduction of a passport system of staff performance management. Staff include specific resident centred objectives within their program and these are monitored and signed off by management. Documentation indicates this system has allowed staff to actively participate in individualised resident care.
- The memorable dining experience program was adopted in July 2011 to ensure that all residents enjoy mealtimes. Three days a week one of the rooms is transformed into a restaurant/dining room for residents to experience fine dining and stimulation from other residents. Feedback has been positive.
- With the increased number of male residents with dementia it was identified that more appropriate activities and environment need to be available. A car sensory wall has been created where residents can sit and view and touch automobile parts. Feedback has been positive and observations show a number of men that routinely sit and view this wall.

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 findings

The home meets this expected outcome

The home is compliant with regulatory requirements related to resident lifestyle. Residents and representatives state they are very satisfied with the consistent resident care and communication provided at the home. There is a mandatory reporting register in place. All residents have an occupancy agreement. Refer to expected outcome 1.2 Regulatory compliance for further details about the home’s regulatory compliance system.

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

There are systems and processes to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of resident lifestyle. Management and staff confirm they are provided with opportunities to attend a variety of education sessions. Residents and representatives are satisfied that staff have appropriate knowledge and skills. For a description of the home's staff education processes refer to Expected outcome 1.3 Education and staff development.

Examples of recent education relating to Standard three include:

- mandatory reporting
- privacy and dignity
- choice and decision making
- lifestyle care planning and evaluation of programs
- the dining experience

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 findings

The home meets this expected outcome

Each resident receives support in adjusting to life in the new environment and on an ongoing basis. New residents and their families receive an orientation to the home, information regarding the care and services and introductions to staff and other residents. Residents are encouraged to personalise their rooms and staff provide support in accordance with their individual preferences. A lifestyle assessment and resident 'map of life' are commenced for all residents. Care and lifestyle plans document specific emotional care needs and are reviewed regularly in consultation with the resident and family. Lifestyle and care staff, volunteers and pastoral carers provide ongoing emotional support to the resident and their families. Residents and representatives said staff are supportive, assist residents to adjust to their new environment and provide additional support in times of need.

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 findings

The home meets this expected outcome

Residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the home and community. Residents' needs and preferences are assessed initially, as their care needs change and are reviewed regularly. Resident independence is promoted through the use of mobility, sensory and mealtime aids and equipment and the provision of an appropriate living environment. Residents exercise choices in their daily routines, meals and snacks, participation in activities, clothing and finances if they wish. Visitors and their pets are welcomed and refreshments are generally

available. Families and friends are encouraged to take residents on outings and lifestyle staff support and coordinate community outings for individuals and groups. Residents and representatives report that their independence is promoted.

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 findings

The home meets this expected outcome

Each resident's right to privacy, dignity and confidentiality is recognised and respected. The home provides privacy and confidentiality information to residents and staff. Staff were observed knocking on resident doors prior to entering, using the resident's preferred name, liaising with residents in a kind and respectful manner and attending to care needs privately and discreetly. Residents are encouraged to personalise their rooms with their own belongings. Consent is obtained for the release of information and the use of photographs. Management and storage of resident information is secure and confidential conversations, including handovers are held in private areas. Residents state they feel respected and their privacy and dignity is maintained at all times.

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 findings

The home meets this expected outcome

Residents are encouraged and supported to participate in a range of activities of interest to them. The lifestyle staff commences 'the map of life' resident preferences and lifestyle profile in consultation with residents and their representatives. An individual activity plan is developed, containing individual and group activities which are reviewed regularly. The group activities program is enhanced with entertainment, aromatherapy, pet appreciation, bus outings, community visitors and a library service. Activities cater for residents physical, sensory and cognitive needs and include assistive activity aids and games. Residents and representatives have input into the program through meetings, surveys and direct feedback. Residents and representatives are satisfied with the leisure activities available and feel that it supports resident 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 findings

The home meets this expected outcome

Resident's cultural and spiritual needs are identified on entry to the home and resident preferences for attending religious and special ceremonies recorded and reviewed. Special events of cultural and spiritual significance and memorial services are celebrated. Denominational ministers and pastoral carers provide ecumenical and communion services. Days of significance to the residents are identified, celebrated and respected and include St Patrick's Day, ANZAC Day, Remembrance Day, Robbie Burn's night, armchair travel, national days and significant religious celebrations. Lifestyle staff arranges reading material

in other languages from local libraries and organisations and agencies who support specific ethnic groups. Residents and representatives are satisfied with the way their cultural and spiritual needs are acknowledged and respected.

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 findings

The home meets this expected outcome

The rights of each resident and/or their representative to make decisions and exercise choice are recognised and respected. Residents participate in decisions regarding their care and lifestyle, rising and retiring and menu selection preferences. Residents and representatives meetings, individual consultations, care plan reviews, surveys, improvement logs and informal verbal feedback provide avenues for residents to express their wishes. Residents end of life wishes are respected and cultural and spiritual needs cared for. Staff said residents are able to have choice in the home. Documentation confirms that individual choices and decisions are respected, incorporated into care and lifestyle plans, and where relevant are supported by appropriate assessment and consent forms. Residents said they are consulted and have opportunity to make choices and decisions about their life at the home.

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 findings

The home meets this expected outcome

Residents have secure tenure within the home and there are processes to ensure that they understand their rights and responsibilities. Information about security of tenure, residents' rights and responsibilities, specified care and services and complaint resolution mechanisms is provided during entry processes and is contained in the resident agreement and resident handbook. The Charter of Residents' Rights and Responsibilities and information regarding independent complaint and advocacy services are on display throughout the home. Staff are informed about residents' rights and responsibilities through handbooks, information and education. Management consult with the resident and representative if a resident needs to move to a different room. There are processes to formally advise residents and their representatives of entitled services following reclassification in care status. Residents and representatives are satisfied that resident tenure is secure and confirm they feel comfortable in approaching staff with any queries they may have.

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 findings

The home meets this expected outcome

The home conducts continuous improvement activities related to all aspects of the physical environment and safe systems. Residents and representatives are very satisfied with the living environment, laundry, cleaning and generally satisfied with catering services. Refer to Expected outcome 1.1 Continuous improvement for further details on the home’s continuous improvement system.

Examples of improvements in Standard four include:

- Observations highlighted the need to relace the outdoor furniture as it was tired and needed to be more appealing. Smaller tables and chairs have been purchased and setup in the external courtyards. Several family groups can now sit outside at the same time. Feedback from residents and representatives has been positive and the external living environment looks better.
- An audit of princess chairs showed that six chairs were worn with cracked fabric and could be seen to lead to infection control issues. The old chairs have been removed and the new chairs are now in place and are being used.
- The introduction of elearning modules for mandatory education for occupational health and safety, fire and safety, infection control and manual handling, bullying and harassment and infection control. This has resulted in associated competency assessments and are an easier way of monitoring that education has been completed.
- Following an audit on walking belts, eight walking belts have been ordered for each unit which means residents have their own belt if required.

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

Processes and systems are in place to identify and ensure that the home is compliant in relation to the physical environment and safe systems regulations. The home complies with the building code of Australia and all its associated standards. There is an audited and approved food safety plan in place. Essential services are maintained through scheduled maintenance. Refer to Expected outcome 1.2 Regulatory compliance for further details on the home’s regulatory systems.

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

There are systems and processes to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of physical environment and safe systems. Management and staff confirm they are provided with opportunities to attend a variety of education sessions. Residents and representatives are satisfied that staff have appropriate knowledge and skills. For a description of the home's staff education processes refer to Expected outcome 1.3 Education and staff development.

Examples of recent education relating to Standard four include:

- fire and safety
- manual handling
- infection control (in response to a specific resident infection)
- resident smoking policy

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 findings

The home meets this expected outcome

Management is actively working to provide a safe and comfortable environment that is consistent with residents' needs. Preventative and reactive maintenance programs and cleaning schedules ensure buildings, grounds, fittings and furnishings and equipment are clean, safe and generally well maintained. Occupational health and safety/environmental and cleaning inspections, feedback, incidents, hazards and cleaning and maintenance logs lead to actions and improvements and are monitored by the maintenance staff, management and through the quality system. The living environment is sensitive to resident physical, sensory and cognitive needs, including a tactile wall, sensory room and theme decorated lounge and dining areas. There are a number of internal and external living areas for residents to use and residents are encouraged to personalise their bedrooms. Keypad and key security, night time intercom entry and closed circuit television contribute to maintaining a secure environment. Residents and representatives report the home is clean, comfortable and well maintained.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. Risk management procedures including incident reporting and workplace inspections and audits identify and minimise the impact of workplace hazards. The occupational health and safety committee meets bimonthly to monitor incidents, hazards, improvement logs, data trends and inspections and audit results. Staff are made aware of

their health and safety responsibilities through documented procedures, information, and the orientation process. Staff attend mandatory training and education in manual handling, fire and emergency, bullying and harassment and infection control. Staff are provided with equipment and supplies to employ safe work practices. Routine and preventative maintenance processes ensure equipment safety. Staff are aware of the occupational health and safety representatives from all areas of the home and confirms they receive feedback about workplace health and safety issues. Staff state they are satisfied that management actively promotes a safe work 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 and the maintenance of systems that minimise fire, security and emergency risks. Fire and emergency procedure information and evacuation plans are located at key points throughout the home. Fire and emergency and evacuation training is compulsory for all staff upon orientation and an ongoing basis. An accredited external contractor monitors and maintains the safety and function of the fire and safety suppression and emergency equipment at prescribed intervals throughout the year. Tagging of electrical equipment is completed. Emergency exits and egress routes are free from obstruction. There are measures in place to maintain secure access to the home and to prevent unauthorised absences. Residents feel safe at the home and said they are confident in the ability of staff to respond to an emergency.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program in place. The home has policies and procedures to guide staff in the event of an outbreak. Resident infections are recorded, and the data analysed and trended monthly and information is benchmarked across the organisation and feedback to staff and relevant meetings. The home maintains a gastroenteritis outbreak kit and appropriate infectious waste disposal and sharps containers were observed. Infection prevention strategies include a food safety program, pest control, vaccinations and hand washing competencies. Staff state there is adequate personal protective equipment and infection control education is ongoing. Staff were observed using appropriate infection control practices in their roles.

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 findings

The home meets this expected outcome

Hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment. Meals are freshly prepared and cooked onsite by an external contractor. Residents select menu choices each week from a rotating summer and winter menu and alternative meal choices and snacks are available. Catering staff have access to resident dietary information including specific dietary requirements, food preferences and assistive devices required. Processes are in place to maintain food hygiene, ensure safe work practices and compliance with food handling and storage requirements; third party audits occur. Cleaning schedules are used to ensure resident rooms and communal areas are cleaned regularly and in accordance with chemical safety and infection control guidelines. Effective onsite laundry systems ensure appropriate laundering of resident clothes and linen and a labelling system minimises lost articles of clothing. Staff confirm that they receive training in relevant areas including food hygiene, infection control and chemical and manual handling. Residents are generally satisfied with the home's hospitality services and provide feedback through formal and informal processes.