



Aged Care
Standards and Accreditation Agency Ltd

Bupa Sunshine

RACS ID 4313
74 Devonshire Road
SUNSHINE VIC 3020

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 9 October 2015.

We made our decision on 15 August 2012.

The audit was conducted on 10 July 2012 to 11 July 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

Audit Report

Bupa Sunshine 4313

Approved provider: Bupa Care Services Pty Limited

Introduction

This is the report of a re-accreditation audit from 10 July 2012 to 11 July 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 an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The 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

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 10 July 2012 to 11 July 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of two 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:	Dawn de Lorenzo
Team member:	Colette Marshall

Approved provider details

Approved provider:	Bupa Care Services Pty Limited
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Details of home

Name of home:	Bupa Sunshine
RACS ID:	4313

Total number of allocated places:	40
Number of residents during audit:	36
Number of high care residents during audit:	35
Special needs catered for:	Nil

Street:	74 Devonshire Road	State:	Victoria
City:	Sunshine	Postcode:	3020
Phone number:	03 9841 1100	Facsimile:	03 9841 0542
E-mail address:	Nil		

Audit trail

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

Interviews

	Number		Number
Management	3	Residents/representatives	7
Care manager	1	Lifestyle staff	1
Registered/enrolled nurses	2	Catering staff	1
Care staff	2	Cleaning/laundry staff	2
Administration assistant	1	Maintenance staff	2

Sampled documents

	Number		Number
Residents' files	5	Medication charts	7
Specialised care plans	6	Personnel files	7
Lifestyle plans	6	Resident agreements	5

Other documents reviewed

The team also reviewed:

- Activities planner/ attendance records
- Advocacy brochures
- Audits and audit schedule
- Cleaning/laundry schedules and records
- Competencies
- Continuous improvement plan
- Dangerous drugs register
- Education matrix and folder including mandatory training record
- Electrical testing and tagging documentation
- Employee handbook
- External complaints brochures
- External contracts
- Food safety program
- Improvement logs
- Incident forms
- Incident reports
- Infection surveillance data
- Job descriptions
- Kitchen duty schedules and records

- Kitchen refrigerator/freezer/food temperature records
- Mandatory reporting folders/confidential logs
- Material safety data sheets
- Memoranda
- Menu
- Minutes of meetings/meetings' planner
- Newsletters
- Noticeboards
- Nurses' registration records
- Observation charts
- Occupational health and safety folder and hazard log
- Police check register/statutory declarations
- Policies and procedures
- Preventative and corrective maintenance schedules and folders
- Progress notes
- Recruitment policies and procedures
- Referrals
- Residents' information handbook
- Roster folder
- Self-assessment documents
- Staff surveys
- Wound care guidelines.

Observations

The team observed the following:

- Accreditation assessment signage
- Activities in progress
- Adaptive crockery
- Archive area
- Charter of Residents' Rights and Responsibilities
- Cleaning in progress
- Equipment and supply storage areas
- Fire fighting equipment/alarms/site maps/fire panel/evacuation packs/resident lists
- Infection control equipment
- Interactions between staff and residents
- Laundry in progress
- Laundry labeller
- Living environment – internal and external

- Lunch service
- Medication administration
- Menus displayed
- Noticeboards
- Oxygen signage
- Oxygen therapy
- Staff room
- Storage of medications
- Suggestion box (wishing well)
- Vision and values statement
- Waste systems
- Wound care equipment.

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 a continuous improvement system to identify improvement opportunities and monitor performance against the Accreditation Standards. The home uses a framework with many mechanisms for identifying areas of improvement including incident analysis. Management encourages residents, their representatives, staff and other stakeholders to contribute to the continuous improvement process through individual verbal and written feedback, attending meetings and participating in surveys. The home has a self-assessment method of reviewing its performance through internal and external audits. Management implements improvements in a structured manner and monitors the impact of the change on the residents and others. The home provides feedback to residents, their representatives, staff and other stakeholders.

Examples of improvement initiatives implemented by the home in relation to Standard 1 Management systems, staffing and organisational development include:

- Management noted staff completing care plan reviews every two months instead of every three months as per the organisation's policy thus unnecessarily increasing their workload. Management discussed this with staff at meetings and devised a new schedule for three monthly reviews and monitored the process. Management said staff complete the care plan reviews in a timely manner as per policy and feedback from staff has been positive about the decreased workload.
- Management identified the need to review duty lists in the kitchen to more appropriately reflect the working hours. Management worked with kitchen staff to revise the lists. Management said there has been positive feedback from the kitchen staff with the new lists working well.
- Management wanted to encourage staff to complete their mandatory competency documentation within a shorter timeframe. Management offered staff incentives in the form of a draw for prizes with a special day at the home. Management said the majority of the staff completed the competencies in the specified time and the special day and draw for prizes occurred. Staff dressed up for the day in their pyjamas and those who did not wish to participate donated money for charity. Management said there was positive feedback from staff as well as residents and their representatives who enjoyed the day.

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’s management has systems to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards and guidelines across the Accreditation Standards. The organisation’s management has the overall responsibility to monitor compliance with a committee meeting regularly. The home’s organisation subscribes to various online legislative services to ensure they receive notification of changes in legislation. They also receive information from various government agencies. Management notify staff and others of any regulatory changes through meetings, memoranda and handbooks as appropriate. The home’s organisational management develop or modify policies and procedures to ensure alignment with any changes. The home notifies residents and their representatives of accreditation audits through signage and meetings. Management ensures all relevant individuals working in the home have a current criminal record check which they have passed. Current staff also have relevant overseas statutory declarations. The home monitors professional registrations of registered and enrolled nurses to ensure they are current.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management and staff have appropriate skills and knowledge to perform their roles effectively in relation to all four Accreditation Standards. Management select staff through a comprehensive recruitment process to ensure staff have the required knowledge and skills. The home encourages staff to take responsibility for their own professional development by informing staff of relevant courses available and supporting them as needed. The home offers online computerised training for staff as well as ensuring appropriate staff receive education on site or off site for any residents with special care needs. Management have an annual education calendar for staff to complete mandatory training and monitors skills through competencies, observations and regular appraisals. Staff said they were satisfied with the education opportunities offered in the home.

Examples of recent education relating to Standard 1 include:

- bullying and harassment
- protecting residents – incident management
- prevention of occupational violence.

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

Residents, their representatives and others have access to internal and external complaints mechanisms. The home informs residents and others about complaints schemes through handbooks, brochures and meetings. Management have improvement log forms available for the use of residents and others to lodge comments and complaints and provides a container for these forms which is emptied regularly. The home also encourages residents and others to verbalise complaints either directly to management or in meetings. The home puts comments and complaints into their continuous improvement system. Residents and their representatives said they are aware of how to lodge complaints. Management said they provide feedback to residents, their representatives or others as appropriate.

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's management display the documented residential care service's vision, values, philosophy, objectives and commitment to quality in the home. Management also include this in resident and staff handbooks.

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 sufficient to ensure delivery of services in accordance with these standards and the home's philosophy and objectives. Management recruit staff through various avenues with interviews, reference checks and a probationary period if successful. The home monitors and maintains the skills of staff through education, appraisals, qualification checks and documented position descriptions. Management ensures all shifts have a registered nurse rostered or a registered nurse is on call for the specified shift. The home has an extensive casual staff bank to cover absenteeism and uses agency staff rarely. The home ensures all relevant staff have a current criminal record check which they have passed. Staff said they were satisfied with the number of staff and adequacy of skills. Residents and their representatives said they were satisfied with the responsiveness of staff and adequacy of care.

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 a system to ensure stocks of appropriate goods and equipment for quality service delivery is available. The home's organisation has an asset register with a list of suppliers. Management ensure staff receive education on any new equipment purchased for the home. There is a preventative and corrective maintenance program with replacement of equipment as needed. Maintenance staff clean equipment as required on a regular basis. Management have certain staff designated to order any required goods. The home has sufficient storage for goods and equipment. Residents and their representatives said they were satisfied with the goods and equipment in the home.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home's organisation has effective information management systems. Management, staff, residents, their representatives and others have access to current information, general activities and events of the home as appropriate through meetings, noticeboard displays, brochures and newsletters. Residents and their representatives get enough information to assist them to make decisions about residents' care and lifestyle. Management and staff get accurate information to help them perform their roles through meetings, memoranda, care plans, education, policies and procedures. The home's management ensures regular review of its policies and procedures. The home's organisation backs up all computerised information and appropriate staff have individual logons and passwords for the computers. The home has a locked storage area for the archiving of information.

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's organisation provides externally sourced services to meet the residential service's needs and quality goals and therefore the needs of the residents. The home's organisation has preferred suppliers and reviews and monitors all contracts on a regular basis to ensure best service. Management ensures external suppliers having direct contact with residents have an overseas statutory declaration and criminal record check which they have passed. Residents, their representatives and staff said they were satisfied with the services provided by 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

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

Examples of improvement initiatives implemented by the home in relation to Standard 2 Health and personal care include:

- Management identified the need to increase nurses giving medications in the morning from one to two to provide improved care to the residents and improve team work. Management purchased a second medication trolley and two nurses now share the dispensing of medications on the morning shift. Management said sharing this workload has improved team work resulting in more coordinated care for the residents. Management stated feedback from staff has been positive.
- Staff suggested the use of aromatherapy for residents requiring palliative care. Management organised education for staff and plan to commence the program soon. Management said feedback from staff has been positive and they are looking forward to providing aromatherapy for residents as required.
- Management identified the need to revise skin tear policy guidelines to improve care for residents. Management introduced new guidelines including incident reporting and wound charting of skin tears. Management said this has resulted in improved care for residents and feedback from staff has been positive.

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's management has systems to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards and guidelines in relation to Standard 2 Health and personal care with the overall processes described in 1.2 Regulatory compliance. Registered nurses oversee specific care planning activities. Management demonstrates it follows laws and guidelines in relation to medication management. The home ensures it complies with legislation regarding absconding residents.

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

Management and staff have appropriate knowledge and skills required for effective performance in relation to Standard 2 Health and personal care with the overall processes described in expected outcome 1.3 Education and staff development.

Examples of recent education relating to Standard 2 include:

- diabetes management
- tracheostomy care
- enteral feeding pump use
- palliative care
- nutrition and hydration
- aromatherapy.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Assessment of residents’ clinical care needs and preferences occurs on entry to the home and on an ongoing basis thereafter. All residents have comprehensive assessments completed which form the basis of individual care plans. A registered nurse is responsible for the evaluation of clinical care and review of care plans. Residents and representatives said they are involved in care planning and are satisfied with the clinical care provided. Care staff are aware of individual care needs and are informed of changes to care by verbal handovers, care plan review, and progress notes. Clinical incidents are monitored and evaluated and clinical problems reviewed by appropriate health professionals.

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

Assessment of residents’ specialised care needs occurs on entry to the home by qualified nursing staff. Specialised care at the home includes diabetes management, catheter, wound care, care of specialised tubes and pain management. A registered nurse provides and evaluates specialised care and demonstrated that staff maintain education in specialised care. The local health service provides specialised services as required and includes catheter care, palliative care, wound care, aged mental health and psychiatric services. Residents and representatives are satisfied that appropriately qualified staff provide specialised nursing care needs.

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

Staff refer residents to health specialists and services according to their assessed needs and preferences. Medical practitioners visit residents regularly and on an as needs basis. Other health professionals provide services on site including physiotherapy, nutrition, and speech pathology. Resident interviews and documentation confirm referral to external health and medical specialists and treatment regimes followed accordingly. Residents and representatives said staff assist residents to attend appointments outside the home and they are provided with sufficient information to allow informed choice.

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 medication management system meets required legislative and regulatory standards. Staff demonstrated adherence to defined medication procedures and competency training is completed. A medical practitioner undertakes assessment and review of resident medication requirements regularly and an independent pharmacist undertakes regular review. Medication assessment includes allergies and administration instructions. The homes’ system ensures medication supply is reliable and accurate. Storage and recording of medication administration is in accordance with legislation including a dangerous drugs register. Medications administered on an as needs basis are recorded and there is evaluation of medication effectiveness. Monitoring of medication incidents occurs and review undertaken accordingly. The home conducts regular medication chart audits and monitors medication incidents, results are discussed at staff and multidisciplinary medication meetings. Residents report they are satisfied with medication administration.

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

Staff report that assessment of pain occurs on entry to the home and includes pain history and effectiveness of current therapies. A review of documentation confirms assessment tools include verbal and non verbal signs of pain. A range of pain management strategies includes analgesia, exercise, heat packs and massage. External pain management consultants visit residents as required assisting with pain management plans. Ongoing assessment and evaluation of therapies occurs and documented in care plans and progress notes. Medical practitioners monitor pain and effectiveness of analgesia on a regular basis. Residents and representatives said they are satisfied with pain management interventions used in the home.

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 has care systems to support residents requiring palliative care. Completion of palliative care plans occurs in consultation with families, medical practitioners and other professionals as needed. External palliative care specialists from the local health service visit the home as required. Staff report the service is of great benefit to residents and staff in providing effective palliative care and pain management. Staff describe care measures they undertake when caring for terminally ill residents which include comfort and dignity measures.

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

On entry to the home residents’ nutrition and hydration needs and preferences are determined. There are formal and effective communication processes in place to inform the kitchen of residents’ allergies, preferences, and dietary requirement. Review of residents’ nutritional status occurs regularly according to validated screening tools. Referrals and interventions are following according to nutrition protocols; doctors, speech pathologists and dietitians review residents accordingly. Documentation showed consistency in dietary information and effective implementation of changes to residents’ needs and preferences. We observed assistance given to residents at meal times in a calm and homely dining environment. Residents and representatives said they have input into choices on the menu and expressed satisfaction with the quality of food served and assistance given to residents during meal times.

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

Staff complete skin integrity assessments for all residents on entry to the home and ongoing monitoring of skin occurs as a matter of routine based on individual needs. Skin care plans outline residents individual skin care needs and includes assessment of nutrition, continence and mobility status. Staff report they monitor the condition of residents’ skin while attending to their personal hygiene. Registered nurses undertake wound care and wound consultants are engaged to provide advice and support to staff. Documentation confirms that wound care review occurs and skin tears monitored through the incident reporting system. Resident and representatives said they are satisfied with skin care provided at the home.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Documentation and interviews confirm that assessment of residents’ continence history occurs on entry to the home and monitoring and review occurs on a routine basis thereafter. Detailed assessment of continence is collected over designated periods to formulate an individualised care plan, toileting schedule and continence aid requirements. Continence plans inform care staff of residents’ needs and the type of aids required. Education is undertaken to support staff as required. Staff report that sufficient levels of continence aids are available to meet resident needs. Residents said staff manage their continence effectively and maintain their privacy and dignity when providing assistance.

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

There are care systems to assess and effectively manage resident’s behaviours. Behaviour assessments identify concerns and effective interventions according to resident response. Care plans for residents with behaviour and psychiatric conditions outline individual triggers and management strategies. An external aged/psychiatric care team visit the home and assists with behaviour management. Staff report that interventions are effective and the lifestyle program supports residents with behaviour problems. Staff report and documents confirm they receive training on dementia care. Residents and representatives said they are satisfied with the home’s approach to managing challenging behaviours.

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

Residents’ mobility and dexterity assessment occurs on entry to the home and reviewed regularly thereafter and includes falls risk assessment. Care plans include strategies to minimise falls and promote residents’ safe mobility and dexterity. Falls data is analysed and trended and results incorporated with care review processes to promote residents’ safety. Assessment and regular review by the physiotherapist assists residents in maintaining mobility and dexterity abilities. We observed assistive devices such as mobility aids and manual handling equipment in use to assist residents. Residents and representatives confirm that mobility and dexterity is actively encouraged and staff provide suitable assistance.

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

Assessment of oral and dental needs and preferences occurs on entry to the home and reviewed regularly. Care plans include details about daily care of teeth, mouth and dentures and level of assistance required by the resident. Dental services are provided on site or residents can attend their dentist of choice outside the home. Residents confirm they are satisfied with oral and dental care regimes at the home.

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

Comprehensive assessment of all senses occurs on entry to the home and provides individual information to guide care planning. A variety of processes support individuals with sensory loss including tactile stimulation, large print books and music. Referral to health professionals such as speech pathologist, audiologist, and opticians occurs as required and documented in resident files. Staff assist residents to care for glasses and hearing aids. Residents report satisfaction with the care of 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

Assessment of resident’s preferred sleeping and rest patterns takes place following entry to the home and on a regular basis thereafter. Residents are involved in care plan choices regarding settling and rising time and sleep promotion interventions to meet individual preferences. Staff offer warm drinks, massage, comfort measures and medication to assist residents to achieve sleep. Residents state the home is quiet and restful at night; staff monitor sleep and assistance is provided as needed and according to resident preferences.

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

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Examples of improvement initiatives implemented by the home in relation to Standard 3 Resident lifestyle include:

- Management identified residents required an improved system to store their toiletries in a more dignified manner. Management ordered new containers for these items. Management said the new containers provide more dignified storage of toiletry items and feedback from residents has been positive.
- Management identified the need to improve the reflective film on the windows to maintain residents’ privacy and dignity. Management organised for new film to be purchased and instructed staff to ensure curtains on the residents’ windows were closed as appropriate until the installation of the new film. Management said the old film has now been replaced to ensure the maintenance of residents’ privacy and dignity and feedback from residents has been positive.
- Management suggested a wall hanging ‘tree of life’ could be a meaningful activity for the home. Residents, their representatives and staff all offered suggestions about the composition of the wall hanging. The ‘tree of life’ was completed and the home had an unveiling ceremony for the residents and their representatives. Management said there has been positive feedback from residents, their representatives and staff regarding this meaningful addition to the home’s dayroom.

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’s management has systems to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards and guidelines in relation to Standard 3 Resident lifestyle with the overall processes described in 1.2 Regulatory compliance. The home’s management ensure all staff receive education regarding mandatory reporting of elder abuse and maintain a register. Management give residents and their representatives information on resident rights and responsibilities, services provided and the complaints scheme on entry to the home.

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

Management and staff have appropriate knowledge and skills required for effective performance in relation to Standard 3 Resident lifestyle with the overall processes described in expected outcome 1.3 Education and staff development.

Examples of recent education relating to Standard 3 include:

- understanding dementia – understanding challenging behaviour
- understanding dementia - communication skills
- therapeutic massage.

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

Prior to or on entry to the home residents and their family receive an information package and handbook explaining the services offered at the home. Assessment of residents' emotional needs occurs to provide support during the immediate transition into life in the home. Staff provide a tour of the home and introduction to other residents and decoration of rooms with personal items is encouraged. Family members are welcomed and invited to participate in the home during the settling in phase and on an ongoing basis. Ongoing monitoring and evaluation of emotional responses and needs occur on an individual basis. Lifestyle activities are individualised for resident enjoyment and to support emotional needs. Residents said staff were supportive and caring during their transition into the home, the environment is homely and they enjoy living here.

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

Staff demonstrate recognition of and respect for the right of each resident and or representative to control, make decisions and exercise choice over the residents' lifestyle. Consultative processes obtain information from residents and representatives and include surveys, meetings, feedback forms and informal discussion. Monitoring processes regarding residents' needs, preferences and options involve care plan reviews, complaints and advocacy mechanisms. Staff encouragement promotes residents and/or representatives to participate in decisions about the services provided and to make choices based on resident's individual preferences. Residents and representatives are satisfied with their participation in making decisions and choices about resident care needs and other matters that affect daily life.

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

Residents and representatives said management and staff recognise and respect resident's right to privacy, dignity and confidentiality. Staff and volunteers are provided with information relating to confidentiality and respect for residents' privacy and dignity through orientation, meetings, education and policy. Staff described ways to promote residents' privacy and dignity such as knocking before entering rooms, addressing residents by their preferred names and ensuring privacy when delivering personal care. Files containing residents' personal information are stored in locked areas with access limited to authorised staff and visiting health professionals.

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

The lifestyle program supports residents to participate in a range of interests and activities according to their choice and abilities and includes cognitive, social, emotional and physical aspects. Following entry to the home lifestyle staff complete a profile including social, life history, important events and leisure interests. Individualised care plans are developed and updated regularly in response to residents changing preferences and needs. A monthly activity program calendar is prepared, and we observed representatives and staff assisting residents to join in activities. There is a wide range of activities including music, concerts, games and quizzes, art and craft therapy. Volunteers assist and support the lifestyle program including representatives from community groups. There is a particular focus on individual one on one activities for residents who usually isolate themselves. Evaluation of the program occurs through observation, attendance records, meetings and verbal feedback. Residents and representatives are satisfied with the activities offered and residents said they are assisted to participate in activities of interest to them.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Staff ensure residents' cultural and spiritual beliefs and ethnic background are respected and fostered. Assessments and care plans outline residents' cultural, spiritual and ethnic choices. Various religious groups visit the home and attend to individual residents according to choice, or hold services on a regular basis. The home celebrates events and days of significance such as Easter, St Patricks Day and Melbourne Cup. Language groups are organised if needed to enable residents to have cultural connections. Residents and representatives are satisfied with the attention given to residents' cultural and spiritual needs.

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

Residents and/or representatives make decisions and exercise choice and control over lifestyle, services and care. Assessments, care plans and records document choices and preferences are reviewed regularly by clinical and lifestyle staff. The home encourages resident choice regarding their life at the home including leisure, meals and personal care. The home receives feedback via the complaints and suggestions system and verbal feedback. Representatives said they are involved in choice and decision making for their relative and are encouraged to express their opinions and comments through meetings and individual one on one feedback.

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 and their representatives understand their rights and responsibilities and have access to information defining security of tenure at the home. An information package and handbook provided to prospective residents and their representatives assist them in understanding the process of entering into aged care, including care and services provided at the home. Residents and representatives receive further information upon their entry into the home and offered an agreement. Information provided includes an explanation of fees and charges, services provided, rights and responsibilities and privacy. The Charter of Residents' Rights and Responsibilities and information regarding independent complaint and advocacy services are on display within the home. Residents and their representatives confirm they received the required information.

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

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Examples of improvement initiatives implemented by the home in relation to Standard 4 Physical environment and safe systems include:

- Staff suggested they would like more extensive training in evacuation procedures. Management organised for their fire and safety consultants to show staff how to safely evacuate residents easily, including those with limited mobility. Management said feedback from staff has been positive.
- Staff suggested a survey of the residents prior to the new winter menu roll out. Management developed a questionnaire for residents and their representatives to complete about the prospective menu. Management then used this information to complete the new winter menu. The home has commenced the new menu and management said and residents we interviewed confirm feedback from residents and their representatives has been positive.
- Staff receiving feedback from a representative suggested filtered water be made accessible for residents and their representatives. At the time filtered water was only available in the staff room. Management organised a filter for the tap in the dayroom to ensure all residents and their representatives could enjoy filtered drinking water. Management said there has been positive feedback from residents, their representatives and staff.

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

The home’s management has systems to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards and guidelines in relation to Standard 4 Physical environment and safe systems with the overall processes described in 1.2 Regulatory compliance. The home has a building certification document. The home’s management has outbreak guidelines and a food safety plan which is audited regularly.

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

Management and staff have appropriate knowledge and skills required for effective performance in relation to Standard 4 Physical environment and safe systems with the overall processes described in expected outcome 1.3 Education and staff development.

Examples of recent education relating to Standard 4 include:

- chemical safety
- manual handling
- fire and safety
- occupational health and safety
- infection control
- hand hygiene.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management of the home is actively working to provide a safe and comfortable environment consistent with residents' care needs. The home has safe access to clean and well-maintained communal, private, dining and outdoor areas with sufficient and appropriate furniture. The internal and external environments are secure with comfortable temperatures maintained. The home's organisation has maintenance staff to provide routine building and equipment maintenance and a maintenance log for any corrective requests. Staff interviewed said they observe practices to ensure the safety and comfort of residents. Residents and their representatives stated they are satisfied the home provides a safe and comfortable environment.

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. Staff have input into the home's occupational health and safety system and an occupational health and safety committee meets regularly. The occupational health and safety staff representatives have received appropriate training externally. The home conducts regular occupational health and safety audits to identify any potential risks or hazards and completes risk assessments as required. Staff said they are aware of and have

input into the home's occupational health and safety system and are satisfied management has provided a safe working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide a safe environment to minimise fire, security and emergency risks. Approved professional contractors carry out independent fire inspections as well as maintenance on all fire fighting equipment. The home's organisation also has regular audits completed by an external company to ensure the home's fire safety. The home has documented emergency policies and procedures and provides regular education for staff in fire and evacuation. The resident transfer lists as well as the evacuation maps are current. Exit doors are free from obstruction with clear egress routes. Staff stated they have received fire and other emergencies training and know what to do in such an event. Residents and their representatives said the residents feel safe in the home and know what to do if the alarm sounded.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

Management demonstrated they have an effective infection control program in operation. Policies and procedures, mandatory education and observation of practice such as hand washing ensure staff follow correct infection control procedures. Staff demonstrated their knowledge of infection control guidelines and practice including the process to follow in event of an outbreak. We observed staff using personal protective equipment and appropriate waste disposal systems were in place throughout the facility. A designated nurse undertakes infection surveillance and discussion of results occurs at relevant meetings. Medical practitioners and nursing staff monitor resident infections and response to treatment. There is a planned pest control program in operation. Catering, cleaning and laundry procedures follow infection control guidelines. There is a food safety program, a current council certificate and external audit and food and refrigerator temperature monitoring occurs. Cleaning schedules and environmental audit documentation was in place and observed. There is a vaccination program offered to residents and staff. Residents described satisfaction regarding how staff manage their care when they have an infection.

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

The home provides hospitality services in a manner which is generous towards residents and others. Meals are prepared on site with resident preferences and input into menu selection taken into account. Catering staff have appropriate education and clean the kitchen according to a duty list. Cleaners provide daily cleaning according to a set schedule with

provisions for ad hoc cleaning. Laundry staff clean all laundry onsite and ensure residents receive personal clothing back in a timely manner. There are provisions for labelling of resident clothes to assist in the prevention of lost items. Management arrange for audits of catering, cleaning and laundry services with regular education provided for staff such as infection control and chemical training. Residents, their representatives and staff said they are satisfied with the home's catering, cleaning and laundry services.