



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Bupa Woodville

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

The Agency has decided that the period of accreditation of Bupa Woodville is three years until 9 January 2013.

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

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

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

Information considered in making an accreditation decision

The Agency has taken into account the following:

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

Home and approved provider details

Details of the home

Home's name:	Bupa Woodville				
RACS ID:	6940				
Number of beds:	95	Number of high care residents:	89		
Special needs group catered for:	<ul style="list-style-type: none">• People with dementia or related disorders				
Street:	15 Rosemary Street				
City:	WOODVILLE	State:	SA	Postcode:	5011
Phone:	08 8268 8244		Facsimile:	08 8347 0848	
Email address:	allysons@amitygroup.com.au				

Approved provider

Approved provider:	Bupa Care Services Pty Limited
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Assessment team

Team leader:	Tony Tarzia
Team member:	Suzette Hayter
Dates of audit:	12 October 2009 to 14 October 2009

Executive summary of assessment team's report

Standard 1: Management systems, staffing and organisational development

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

Standard 2: Health and personal care

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

Accreditation decision

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

Accreditation decision

Agency findings
Does comply
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Agency findings
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Does comply

Assessment team's reasons for recommendations to the Agency

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Bupa Woodville
RACS ID	6940

Executive summary

This is the report of a site audit of Bupa Woodville 6940 15 Rosemary Street WOODVILLE SA from 12 October 2009 to 14 October 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

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

The assessment team recommends the period of accreditation be three years.

Assessment team's recommendations regarding support contacts

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

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 12 October 2009 to 14 October 2009

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

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

Assessment team

Team leader:	Tony Tarzia
Team member:	Suzette Hayter

Approved provider details

Approved provider:	Bupa Care Services Pty Limited
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Details of home

Name of home:	Bupa Woodville
RACS ID:	6940

Total number of allocated places:	95
Number of residents during site audit:	89
Number of high care residents during site audit:	89
Special needs catered for:	People with dementia or related disorders

Street:	15 Rosemary Street	State:	SA
City/Town:	WOODVILLE	Postcode:	5011
Phone number:	08 8268 8244	Facsimile:	08 8347 0848
E-mail address:	allysons@amitygroup.com.au		

Assessment team's recommendation regarding accreditation

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Assessment team's recommendations regarding support contacts

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Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

	Number		Number
General Manager	1	Residents/representatives	12
Operations manager	2	Regional property manager	1
Care managers	2	Recreational activities officers	2
Registered nurses	1	Laundry staff	1
Care staff	4	Cleaning staff	2
Administration assistant	1		

Sampled documents

	Number		Number
Residents' files	17	Medication charts	10
Summary/quick reference care plans	17	Personnel files	8
Restraint care plans	4	Following assessments; skin, wound, pain, nutrition and hydration, continence, mobility/physiotherapy, sleep	8
Palliative care plans	2	Behaviour assessments	11
Lifestyle care plans	10		

Other documents reviewed

The team also reviewed:

- 'Personal best' information sheets
- 'This is your life' profiles
- 'Your guide to personal best'
- Activities planning sheet
- Activity evaluation reports
- Actual agency summary wages
- Asbestos register
- Audit checklist schedule 2009
- Building works folder
- Capital improvements 2007 – 2009
- Charter of resident's rights and responsibilities
- Clinical audits
- Clinical skills competency assessments
- Confidential logs
- Continuous improvement logs
- Contracts
- Criminal history checks records
- Cultural and religious need list
- Duty statements
- Education folder
- Employee employment pack
- Employee handbook
- Enduring power of attorney
- Focus group meeting minutes
- Food safety plan
- Group activity attendance sheet
- Handover sheets
- Improvement log
- Improvement log usage trends analysis report
- Induction records
- Infection guidelines
- Job specifications
- License to possess S4 and S8 medication for administration and schedule 8 drug administration register
- Maintenance manual
- Manual handling competency assessments
- Meetings planner
- Monthly program highlights for October 2009
- Newsletter
- Pharmacy folder
- Position descriptions
- Recruitment policies and procedures
- Refer a legendary friend
- Regulatory compliance folder
- Resident agreement
- Resident handbook
- Resident incident history
- Resident incident report forms
- Resident incidents statistics 2009
- Resident safety flow chart
- Residents' surveys

- Return to work – staff file and documents
- RN/EN drug calculations
- Rostering guidelines for out of hours RN in charge
- Skills assessments
- Staff availability diary
- Staff education attendance checklist
- Staff performance appraisals
- Supervisors reports 2009
- Training matrix
- Training pre/post evaluations
- Training/clinical education attendance records
- Triennial certificate – September 2009
- Various audits
- Various committee and meeting minutes
- Various memos and letters
- Various policies and procedures
- Various rosters
- Various surveys

Observations

The team observed the following:

- ‘Help us to help you’ brochures
- ‘Up the garden path’ activity wall hanging
- Activities for October 2009
- Activities in progress
- Call bell system
- Canvas life memory boards
- Egress
- Equipment and supply storage areas
- Fenced areas to maintain safety
- Fire and safety equipment
- Hairdressing salon
- Interactions between staff and residents
- Internal and external living environment
- Key pad locks
- Kitchen, cleaning and laundry facilities
- Live concert – ‘double trouble’
- Meal and drinks distribution
- Medication trolley and rounds
- Monthly food safety inspection report 26 August 2009
- Morning and afternoon tea being served and resident feeding
- Nurses station
- Nursing home phrase cards
- Outstanding log reminders received via mobile telephone
- Resident and staff noticeboards including comments and complaint information
- Residents mobilising with and without staff intervention and assistance
- Visitor and contractors sign in and out books
- Weekly programs calendar

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s recommendation

Does comply

Residents, representatives and staff interviewed are aware of how to put forward suggestions, and cited several improvements noticed in management systems, staffing and organisational development. The home uses corporate and site specific systems and processes to identify and action improvement opportunities. Stakeholders are encouraged to provide feedback and improvement suggestions through various formal and informal meetings, ‘focus’ groups, staff surveys and audits, incidents and hazards, as well as confidential logs addressed directly to the general manager (GM). Staff record all suggestions on an electronic data base, and relevant department managers, staff and other individuals are consulted and involved in evaluation processes. Outstanding log reminders are automatically generated, and information relating to progress made or actions required is obtained, with logs being regularly updated for corporate and site trending and analysis. Staff training on improvement initiatives implemented in management systems, staffing and organisational development is conducted as necessary.

Improvement activities and achievements demonstrated by the home, in relation to management systems, staffing and organisational development, include:

- Management identified the need to improve continuity of residents’ care through a regular and stable workforce. Following discussions and planning processes, increased numbers of trainees, nursing and care staff were introduced. Ongoing support in the recruitment program has also been provided by corporate office. This has resulted in fewer shifts being filled by external casual staff, with an increased usage of internal staff. Staff confirmed the increase in regular staff filling shifts, and the improved care delivery being provided to residents.
- The GM identified a need to improve ongoing staff education and knowledge on site. Access to an external electronic training means, as well as appropriate equipment and staff accessibility, was arranged. Management is now waiting for competency packages to be set up for assessment purposes. This initiative is at its initial stages, and full implementation, monitoring and evaluation will be ongoing.
- The GM identified gaps in incident data analysis processes. Following discussion with various staff, a process for improved recording and reviewing of incident data analysis has been established. The maintenance of the process is planned as a responsibility of the new care manager recently appointed. As this initiative has recently been implemented, monitoring and evaluation is planned to be ongoing.

1.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home uses corporate and site specific systems and processes, to identify relevant legislation, regulations, standards and guidelines impacting on management systems, staffing and organisational development. The GM has overall responsibility for the home's compliance with relevant legislative changes introduced. A corporate regulatory compliance sub committee provides regular updates of legislative changes applicable, and the GM also receives updates of professional standards and guidelines through industry networks, journals and conferences. Management monitor compliance with legislation and regulations through the quality program, various management and organisational systems and audit processes. The GM introduces changes through the home as applicable, conveying information effecting stakeholders through memos, meetings, policy and procedure updates, newsletters, and various corporate and site management systems and education sessions. Residents and representatives were aware of the Accreditation Site Audit, and staff confirmed ongoing training is provided for legislative changes introduced.

Some examples of regulatory compliance relating to management systems, staffing and organisational development include processes to inform stakeholders of Accreditation Audits, annual professional registrations, and policies relating to privacy and confidentiality.

1.3 Education and staff development

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

Team's recommendation

Does comply

Management and staff interviewed are satisfied with their access to educational information, and with ongoing corporate support in developing their knowledge and skills in management systems, staffing and organisational development. The home uses corporate and site specific systems and processes to identify, plan and review staff education and development. The GM and care manager oversee the education and staff development program, assisted by corporate office and clinical nurse consultants. A staff education plan is developed each year for management systems, staffing and organisational development, incorporating residents' care needs, staff appraisals and incident trends. Training topics include the Aged Care Funding Instrument, the general manager forum, and administration update training. Management and staff attending training sign attendance registers and complete evaluation surveys, with the feedback being applied in planning future training sessions.

1.4 Comments and complaints

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

Team's recommendation

Does comply

Residents, representatives and staff are satisfied with opportunities available to discuss concerns, and the responsiveness and actions taken by management to address issues raised. The home uses formal and informal processes, as well as corporate systems, to source, log, track and report outcomes, suggestions and complaints. The GM encourages communication through an 'open door' policy, and reviews all issues raised. Stakeholder feedback is obtained through surveys and 'focus' group meetings, with issues also captured through audits, and incidents and hazards reported. Entries

are recorded electronically, with details of actions taken made available to parties through continuous improvement folders accessible in the home's reception. Confidential issues are able to be addressed directly to the GM, who provides individual feedback to claimants, and also securely maintains records. The effectiveness of the comments and complaints mechanism is monitored through residents', representatives' and staff feedback, and trended through transparent systems accessible by corporate office, the operations manager and site management. Ongoing training and documentation needs identified through the process are addressed as needed.

1.5 Planning and leadership

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

Team's recommendation

Does comply

The home displays its vision and values through the facility and in the residents handbook. The organisation's commitment to quality is demonstrated through various value statements, which are also explained through staff induction and orientation.

1.6 Human resource management

This expected outcome requires that "there is appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".

Team's recommendation

Does comply

Residents and representatives are generally satisfied with staffing levels, skills demonstrated and response times. The home uses established corporate and site specific systems and processes for the recruitment and employment of sufficient and suitably qualified staff, to meet residents' individual needs. New staff have criminal checks, are orientated, provided a work buddy, and scheduled to attend various mandatory training sessions. Management use master rosters and allocation sheets, based on residents' acuity needs and preferences, to determine skill mix requirements. Staff are guided through various duty statements, policies and procedures, and a relief procedure involving a 'staff availability diary' for all staff replacement needs. Management monitors staff performance through a three month probation assessment, ongoing competencies, annual appraisals, as well as resident, representative and staff feedback. Staff confirm their satisfaction in the time allocated to perform duties, for the delivery of residents' individual care and service needs.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

Internal and corporate processes provide for adequate goods and equipment to residents and staff. Delegated staff are responsible for the appropriate supply levels and condition of equipment and goods, within budgetary constraints and the home's policies. New equipment is trailed where possible. Staff are invited to offer feedback on equipment. Safe work instructions are developed and maintained and maintenance programs monitor equipment safety and effectiveness. Internal audits, surveys, meetings, incident and hazard reporting, monitor equipment and inventory outcomes and opportunities for improvement. Residents and staff are satisfied *with the goods and equipment available to provide care and services*.

1.8 Information systems

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

Team's recommendation

Does comply

The organisation and home has processes to provide management, staff and residents with access to information. Scheduled meeting and reporting processes facilitate relevant information sharing between management, staff and residents. Policies, procedures and documents are available via a corporate intranet system. Hard copy policy and procedure are available as well. These do not incorporate all the current procedures. There is a system of secure storing, archiving and retrieving information. Staff are satisfied they have sufficient information available to them to meet residents' needs however management were not always aware of specific documentation used to assess resident care needs. All care plans are not accessible to care staff. Residents have access to information to assist them to make decisions about their care and lifestyle on entry to the home, and on an ongoing basis.

1.9 External services

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

Team's recommendation

Does comply

The home has processes for maintaining the standard of service provided by external contractors and suppliers based on resident and organisational requirements. Corporate as well as site specific processes identify and contract suitable external providers according to set criteria, including police checks and organisational requirements. Written agreements detail the type and quality of service to be delivered. Contractor suitability and performance is monitored on an ongoing basis. Residents and staff are satisfied with external provider services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

Residents, representatives and staff interviewed are aware of how to put forward suggestions, and cited several improvements noticed in the area of health and personal care. The home uses corporate and site specific systems and processes to identify and action improvement opportunities. Stakeholders are encouraged to provide feedback and improvement suggestions through various formal and informal meetings, 'focus' groups, clinical audits, staff surveys, incidents and hazards, as well as confidential logs addressed directly to the GM. Staff record all suggestions on an electronic data base, and relevant clinical and department managers and staff are consulted and involved in evaluation processes. Outstanding log reminders are automatically generated, and information relating to progress made or actions required is obtained, with logs being regularly updated for corporate and site trending and analysis. Staff training on improvement initiatives implemented in health and personal care is conducted as necessary.

Improvement activities and achievements demonstrated by the home, in relation to health and personal care, include:

- Management identified the need to review the restraint management process. Following considerable discussion with relevant parties, including residents, representatives, clinical staff, general practitioners, physiotherapist and the maintenance officer, residents' restraint needs were reassessed. In addition to this, all bed rails at the home were removed. Results reported from clinical staff were positive, showing a considerable reduction in restraints applied, with more freedom for residents at the facility. This initiative will continue to be monitored and evaluated.
- Staff responded to a corporate initiative in reviewing opportunities to 'break the rules' in commonly accepted procedures, with a view to think about ways to change them for improvement, where appropriate. Discussions were held with management, and several ideas and suggestions were put forward. The focus was also to provide greater engagement and satisfaction in service delivery, while improving residents' individual personalised care. Various ideas were implemented and electronically logged. Management provided positive feedback, and explained that staff expressed great interest in wanting to simplify processes, while improving service delivery. Changes made through the initiative are being closely monitored, with evaluation also ongoing.
- A corporate initiative was introduced on site, with a view to direct staff focus towards 'personal best', through the delivery of 'person centred care'. The process involved staff considering issues and processes beyond the task at hand, and to increase focus on the residents receiving care. A staff recognition and award process was implemented, involving benchmarks for achievements, and staff being allocated points for various results. Whilst this initiative is in its early days of implementation, positive benefits in residents' care delivery with associated compliments from residents/representatives have been experienced. The evaluation process will be ongoing.

2.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home uses corporate and site specific systems and processes, to identify relevant legislation, regulations, standards and guidelines impacting on health and personal care. The GM has overall responsibility for the home’s compliance with relevant legislative changes introduced. A corporate regulatory compliance sub committee provides regular updates of legislative changes applicable, and the GM also receives updates of professional standards and guidelines through industry networks, journals and conferences. Management monitor compliance with legislation and regulations through the quality program, and various clinical audit processes. The GM introduces changes through the home as applicable, conveying information effecting stakeholders through memos, meetings, policy and procedure updates, newsletters, and various management and clinical education sessions. Residents and representatives were aware of the Accreditation Site Audit, and staff confirmed ongoing training is provided for legislative changes introduced.

Examples of regulatory compliance relating to health and personal care include meeting the requirements for specified care and services and licensing for medication management.

2.3 Education and staff development

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

Team’s recommendation

Does comply

Management and staff interviewed are satisfied with their access to educational information, and with ongoing corporate support in developing their knowledge and skills in health and personal care. The home uses corporate and site specific systems and processes to identify, plan, and review staff education and development. The GM and care manager oversee the education and staff development program, assisted by corporate office and clinical nurse consultants. A staff education plan is developed each year for health and personal care, incorporating residents’ care needs, staff appraisals and incident trends. Training topics include oral health and continence, dementia, and palliative care. Management, clinical and care staff attending training sign attendance registers and complete evaluation surveys, with the feedback being applied in planning future training sessions.

2.4 Clinical care

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

Team’s recommendation

Does comply

Residents and their representatives are satisfied with the consultation, care and services provided and how their care needs are managed. The home has processes for identifying, assessing, monitoring and reviewing individual health and personal care needs and preferences when entering the home and on an ongoing basis. Residents' needs and care strategies are reviewed and evaluated in consultation with residents, representatives and care staff. Information regarding each resident's care needs is documented in care plans. However these are not all easily accessed by staff. These do not reflect current needs on all occasions. Voice recorded as well as verbal handover and a diary are used to assist staff communication in day-to-day resident care. The home uses a range of health professionals to direct and assist in providing appropriate care for residents. Clinical audits are scheduled and issues identified are addressed.

2.5 Specialised nursing care needs

This expected outcome requires that "residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's recommendation

Does comply

Residents and representatives are satisfied the specialised nursing care they receive is according to their needs and preferences. The home has assessment processes to identify resident's specialised nursing care needs and appropriate care plans are implemented. Registered nurses attend to all specialised nursing care, including complex wound management, bowel and pain management. Enrolled nurses and carers work within their role and function, reporting to the registered nurse when changes in residents' health or care needs require re-assessment. Residents are referred to general practitioners and external specialists when additional expertise is required. Specialised care needs are evaluated in consultation with residents and representatives.

2.6 Other health and related services

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

Team's recommendation

Does comply

Residents and their representatives are satisfied with the referral arrangements to allied health and medical practitioners, and the care provided. The home has processes for referring residents to health specialists in accordance with needs and preferences. A physiotherapist, podiatrist, and several general practitioners visit the home on a regular basis. Referrals to other health professionals and services such as speech pathologists, dietitian and dental services are initiated in consultation with residents and their representatives as required. Referrals and care recommendations are documented in progress notes in resident files. Residents and their representatives are satisfied with the referral arrangements to allied health and medical practitioners, and the care provided.

2.7 Medication management

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

Team’s recommendation

Does comply

Residents and their representatives are satisfied that medications are managed safely and correctly. Registered and enrolled nurses administer medications from individual sachet packs prepared by a contracted pharmacist. A registered nurse assesses the residents’ medication administration needs on entry to the home and then at regular intervals. Ongoing use of ‘as required’ medication and its effectiveness is reviewed, and changes to the medication regime is discussed with the medical practitioner as appropriate. A Medication Advisory Committee monitors and reviews current medication practices and any changes to legislation. Review processes, including incident reporting and internal audits are used to monitor and maintain safe and correct administration, supply and storage of medications however the follow up of signature omissions does not occur consistently. Residents and their representatives are satisfied that medications are managed safely and correctly.

2.8 Pain management

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

Team’s recommendation

Does comply

Residents are satisfied with the strategies staff use to minimise the potential for pain, and that pain is managed effectively as required. The home has processes for assessing, planning and reviewing the effectiveness of strategies used to manage residents’ pain. Staff are aware of non-verbal signs of pain in residents with cognitive impairment, and use appropriate assessment tools. Processes to address pain include medication and alternative therapies however staff do not always have clear guidelines. Non pharmacological and pharmacological strategies are implemented to address pain. Registered nurses monitor residents’ use and the effectiveness of ‘as required’ pain relieving medications and implement further assessments where indicated. Nursing staff refer to external specialists where appropriate.

2.9 Palliative care

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

Team’s recommendation

Does comply

Families are appreciative of the palliative care provided at the home. The home has a process in place to maintain the comfort and dignity of residents at the end of their life. On admission or soon after, residents and their representatives are asked to provide information on end of life wishes. Staff receive training in palliative care. Appropriate equipment is available. Staff support families and the resident during this time.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Residents and representatives are satisfied with the home’s approach to meeting their nutrition and hydration based on residents’ needs, likes and preferences is provided by the home. Assessment processes, including malnutrition risk assessment and consultation with the resident or their representative, identify nutrition and/or hydration risk factors as well as preferences. Dietary requirements, portion sizes and food and fluid preferences are documented and are available to all staff who serve meals or drinks however staff do not always follow instructions. Dietary changes are promptly communicated to catering staff. Residents are referred to a speech pathologist as well as a dietitian as required. Residents with specific dietary needs are accommodated and menu selection modified to suit individual preferences. Dietary supplements are implemented when inappropriate weight loss is identified. The nutritional content of the home’s menu is reviewed by a dietician.

2.11 Skin care

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

Team’s recommendation

Does comply

The home has processes for identifying, assessing and reviewing resident skin impairment and implementing strategies to maintain residents’ skin integrity; however different assessment tools are used. Strategies, incorporating preventive measures and specialised equipment are reviewed and evaluated by nursing staff. Incident forms are completed where a break in residents’ skin integrity is observed. Incident causes are analysed to identify trends or opportunities for improvement across the home and action taken to improve individual care needs. Data is collated each month, including photographic evidence of wound progression. Referral to an external specialist is arranged as required. Residents and representatives are satisfied with the care provided in relation to their skin care.

2.12 Continence management

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

Team’s recommendation

Does comply

The home has processes for assessing residents’ continence history, bladder and bowel patterns and the level of assistance required to promote and maintain effective continence. Care plan reviews and staff feedback assist in monitoring the effectiveness of the planned continence management strategies and any changes that occur. Urinary tract infections are monitored and strategies implemented to minimise or prevent their recurrence. Residents and their representatives are satisfied with the care they receive to meet their continence needs.

2.13 Behavioural management

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

Team’s recommendation

Does comply

Residents and their families are satisfied with the home's approach to managing challenging behaviour. While the home has processes to assess and plan behaviour management strategies to manage residents with challenging behaviours these are not implemented consistently. Strategies developed are not always clearly documented. The effectiveness of individual strategies is not consistently reviewed. Staff do not have easy access to the residents' behaviour care plans. The home seeks advice from external specialists and dementia training is provided. Incidents of aggressive behaviours are documented and data analysed by the care and general manager. Minimal restraint is used wherever possible to address residents' safety needs.

2.14 Mobility, dexterity and rehabilitation

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

Team’s recommendation

Does comply

Residents and their representatives are satisfied with the home's approach in maintaining residents' mobility and dexterity. Residents' mobility and dexterity needs and falls risks are assessed using a multidisciplinary approach. Strategies such as mobility aids, appropriate manual handling and exercise programs assist to maintain or improve residents' mobility and dexterity. Progress is monitored and reviewed. Care plans are accessible for care staff to be aware of each resident's mobility needs and manual handling precautions. A physiotherapist provides assessment, treatment programs and exercise plans for staff to follow. The home has environmental inspections, hazard reporting and a responsive maintenance system to correct any safety hazards. Falls data is monitored and analysed and addressed.

2.15 Oral and dental care

This expected outcome requires that “residents’ oral and dental health is maintained”.

Team’s recommendation

Does comply

Residents are satisfied with the oral and dental care provided by the home. The home has processes for assessing residents oral and dental hygiene needs on admission and on an ongoing basis. Care plans include residents' needs and preferences. Care plans, which are reviewed and evaluated, indicate whether residents have their own teeth or dentures and the strategies to support resident oral hygiene needs. Care staff assist residents to attend to their daily oral hygiene needs. Residents are supported to access dental care of their choice and are referred for speech pathology assessment for swallowing difficulties.

2.16 Sensory loss

This expected outcome requires that “residents’ sensory losses are identified and managed effectively”.

Team’s recommendation

Does comply

Residents and representatives are satisfied with home’s approach to managing residents’ sensory loss. Although the home assesses all five senses this does not occur consistently. Referrals to allied health services for hearing and site deficits are supported. Staff assist residents to fit and clean these devices as is documented in their care plans. Lifestyle activities include strategies to stimulate residents’ senses.

2.17 Sleep

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

Team’s recommendation

Does comply

The home has processes to assess and review residents’ natural sleep patterns including day time naps. This occurs on admission and as required. Individualised management plans include residents’ sleep habits and sleep preparation needs as well as pharmacological interventions. Residents’ preferences to promote sleep, such as sleeping position, hot drinks, night-lights and television and radio habits are recorded in care plans and assist staff to support residents’ settling routines. Residents are satisfied with the assistance given to enable them to sleep well.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

Residents, representatives and staff interviewed are aware of how to put forward suggestions, and cited several improvements noticed in resident lifestyle. The home uses corporate and site specific systems and processes to identify and action improvement opportunities. Stakeholders are encouraged to provide feedback and improvement suggestions through various formal and informal meetings, ‘focus’ groups, resident and staff surveys, lifestyle evaluations, incidents and hazards, as well as confidential logs addressed directly to the GM. Staff record all suggestions on an electronic data base, and relevant recreational activity officers (RAO), department managers, staff and other individuals are consulted and involved in evaluation processes. Outstanding log reminders are automatically generated, and information relating to progress made or actions required is obtained, with logs being regularly updated for corporate and site trending and analysis. Staff training on improvement initiatives implemented in resident lifestyle is conducted as necessary.

Improvement activities and achievements demonstrated by the home, in relation to resident lifestyle, include:

- A staff suggestion identified the need to create a memory activity for residents. Following discussions with other sister sites, ‘memory life boards’ were introduced. Recreational activity staff purchased canvas boards, arranged for residents’ participation in painting them, and started collecting individual residents’ history to be applied to the boards. Residents’ and staff provided positive feedback, citing the boards have assisted residents in reminiscing their past enjoyments and experiences.
- An RAO identified a need to introduce a sensory tactile session for men. Discussions followed with staff and residents’ representatives, which resulted in a tool box being made available. Individuals were all asked to bring items to the home, as well as sewing machine items for the ladies. The session has proven to be popular, due to residents’ attendance levels. Residents also confirmed the activities are meaningful and satisfying.
- An RAO identified the need to improve accessibility of gardening activities for residents. An external provider was approached and mobile planter boxes were created. Other staff members assisted residents in choosing plants, flowers and seedlings. Residents and staff confirm the benefits in residents’ accessibility of garden activities, and in the level of satisfaction the gardening activities provide.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home uses corporate and site specific systems and processes, to identify relevant legislation, regulations, standards and guidelines impacting on resident lifestyle. The GM has overall responsibility for the home's compliance with relevant legislative changes introduced. A corporate regulatory compliance sub committee provides regular updates of legislative changes applicable, and the GM also receives updates of professional standards and guidelines through industry networks, journals and conferences. Management monitor compliance with legislation and regulations through the quality program, various resident lifestyle processes and audits. The GM introduces changes through the home as applicable, conveying information effecting stakeholders through memos, meetings, policy and procedure updates, newsletters, and various lifestyle education sessions. Residents and representatives were aware of the Accreditation Site Audit, and staff confirmed ongoing training is provided for legislative changes introduced.

Examples of regulatory compliance relating to resident lifestyle include guardianships, resident agreements and individual resident lifestyle requirements.

3.3 Education and staff development

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

Team's recommendation

Does comply

Management and staff interviewed are satisfied with their access to educational information, and with ongoing corporate support in developing their knowledge and skills in resident lifestyle. The home uses corporate and site specific systems and processes to identify, plan, and review staff education and development. The GM and care manager oversee the education and staff development program, assisted by corporate office and clinical nurse consultants. A staff education plan is developed each year for resident lifestyle, incorporating residents' care needs, staff appraisals and incident trends. Training topics include a lifestyle training conference, grief and loss, managing behaviours in dementia and meaningful activities. Management and staff attending training sign attendance registers and complete evaluation surveys, with the feedback being applied in planning future training sessions.

3.4 Emotional support

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

Team's recommendation

Does comply

Residents and their representatives are satisfied with the level of emotional support provided on admission and on an ongoing basis. The home uses processes to assist residents to adjust to their new environment, with ongoing support also provided. Residents and representatives are orientated through the home, introduced to other residents and staff, as well as being assisted with recording of 'this is your life' personal history profile in oncoming days, also capturing care and lifestyle needs and preferences. Recreational activities officers, volunteers and chaplains regularly visit residents, and assist them through emotionally difficult settling times. Emotional needs identified are recorded in progress notes and considered at care plan assessments. External advice and support is sought for specific needs identified. Staff confirm their understanding in providing residents with assistance and support through times of emotional needs.

3.5 Independence

This expected outcome requires that "residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".

Team's recommendation

Does comply

Residents and representatives are satisfied that residents are assisted in maintaining their independence at the home and in the local community. The home has processes to assist residents to maintain their independence, friendships and participation, in community and home activities and events, wherever possible. Residents' individual needs, preferences, levels of mobility and independence are assessed on admission. Staff implement strategies to maintain residents' independence, including care staff 'adopting' residents for individual outings such as visits to the zoo, movie theatres, shopping, and coffee sessions. Monitoring of residents' changes in needs and preferences occurs through regular care and lifestyle reviews, internal audit and reporting processes, and residents', representatives' and staff feedback, and strategies to maintain and enhance independence are implemented as appropriate. Staff confirm their understanding of the importance in promoting residents' independence where possible.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

Residents and their representatives are satisfied their privacy, dignity and confidentiality are recognised and respected. The home has systems and processes to promote and maintain the privacy, dignity and confidentiality of residents. The residents and staff handbooks, policies and procedures and ongoing training promote residents' rights to privacy and dignity. Residents' confidential information is securely stored and personal matters are discussed in areas where confidentiality can be maintained. Staff knock on doors before entering, attend to residents' personal needs in privacy, and use privacy curtains as appropriate. Management monitor staff practices through observations, resident surveys, and various formal and informal communication pathways. Staff confirm the importance in respecting residents' privacy, dignity and confidentiality.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

Residents and their representatives are satisfied with the activities available, and the support and encouragement provided to promote participation. The home uses processes to encourage and support residents to participate in preferred local and community activities and interests. Recreational activities officers obtain social and resident profiles and consult residents' representatives where appropriate. Residents are informed of daily activity programs and events, and allowance is made for support needs for residents with cognitive, sensory and other identified deficits. Residents' attendance and level of enjoyment of activities are recorded for ongoing assessment and lifestyle plan reviews. Staff confirm their awareness of residents' preferred leisure interests and activities, and promote attendance where possible.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

Residents and their representatives are satisfied that cultural and spiritual needs and preferences are being met. The home uses processes to identify individual residents' cultural and religious background, practices and interests of significance. Residents' needs and preferences involving religion, food and participation in cultural activities are identified and documented in care and lifestyle plans. Recreational activities officers apply various phrase cards for residents with ethnic backgrounds, to enhance communication and quality of life within the home. Residents' birthdays are celebrated monthly, as well as special events and theme days, and several religious denomination pastors and chaplains visit residents regularly. Residents' changing cultural and spiritual life needs and preferences are recorded, and residents' representatives are contacted and provided updates as necessary. Staff confirm they respect and support residents' spiritual, cultural and religious 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 recommendation

Does comply

Residents and their representatives are satisfied that residents are supported and encouraged to exercise control over decisions and choices related to their care and lifestyle. The home uses processes for residents and representatives to formally raise issues and express preferred choices, including resident/representative formal and informal meetings, 'focus' groups, residents' surveys and advocacy services. Residents are encouraged to exercise control over their daily routines and care preferences. The GM promotes an 'open door' policy and encourages open communication with residents and their representatives. Monitoring processes to gauge the level of residents' individual choice and decision making preferences include attendance levels at activities, and resident, representative and staff feedback, and changes implemented are noted on residents' files. Staff understand the importance in residents' individual choice and decision making rights, and act as advocates where necessary.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

Residents are satisfied in feeling safe and comfortable living at the home, and with information provided in order to understand their rights and responsibilities. The home's admission processes provide residents and representatives information regarding security of tenure, and their rights and responsibilities. Prospective residents are provided brochures outlining information about services, charges, and offered an admission package which includes a resident agreement and handbook where applicable. The GM assists residents and representatives in understanding of processes and issues requiring clarification. Residents or their representatives are regularly consulted regarding ongoing changes in their living environment. Residents' and representative meetings and case conferences provide avenues to raise and discuss concerns and provide education about residents' rights, responsibilities and security of tenure. Staff understand and respect the importance of residents' rights, responsibilities and security of tenure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

Residents, representatives and staff interviewed are aware of how to put forward suggestions, and cited several improvements noticed in the physical environment and safe systems. The home uses corporate and site specific systems and processes to identify and action improvement opportunities. Stakeholders are encouraged to provide feedback and improvement suggestions through various formal and informal meetings, ‘focus’ groups, satisfaction surveys, environmental audits, incidents and hazards, as well as confidential logs addressed directly to the GM. Staff record all suggestions on an electronic data base, and relevant managers, environmental staff and other individuals are consulted and involved in evaluation processes. Outstanding log reminders are automatically generated, and information relating to progress made or actions required is obtained, with logs regularly updated for corporate and site trending and analysis. Staff training on improvement initiatives implemented in the physical environment and safe systems is conducted as necessary.

Improvement activities and achievements demonstrated by the home, in relation to the physical environment and safe systems, include:

- A corporate initiative was applied to the site, through various building improvements identified. These improvements included a new nurse call bell system, reverse cycle air conditioning, a hairdressing salon, renovated bathrooms, and replacement of timber shelving. Residents, representatives and staff provided positive feedback for the improvements introduced, citing increased comfort levels and a more pleasant living and working environment.
- Staff identified a need to have an increased focus and awareness on various potential infectious outbreaks. Following planning and discussion between management and staff, information updates were provided, as well as additional training in universal infection control and personal hygiene practices. Evaluation from hand washing competencies and staff discussions have provided positive results, with parties citing the facility has now improved its ability to deal with potential infectious outbreaks.
- Management identified the need to review the quality of meals, following an increase in concerns received. A satisfaction survey was undertaken with residents, representatives and staff, as well as a full kitchen audit with the external provider. This resulted in a new kitchen manager experienced in aged care being appointed, with follow up internal audits also being conducted. Feedback from residents’ and representatives’ meetings confirm the increased satisfaction with the menu and food choices made available.

4.2 Regulatory compliance

This expected outcome requires that "the organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about physical environment and safe systems".

Team's recommendation

Does comply

The home uses corporate and site specific systems and processes, to identify relevant legislation, regulations, standards and guidelines impacting on the physical environment and safe systems. The GM has overall responsibility for the home's compliance with relevant legislative changes introduced. A corporate regulatory compliance sub committee provides regular updates of legislative changes applicable, and the GM also receives updates of professional standards and guidelines through industry networks, journals and conferences. Management monitors compliance with legislation and regulations through the quality program, and various environmental and safety system audits. The GM introduces changes through the home as applicable, conveying information effecting stakeholders via memos, meetings, policy and procedure updates, newsletters, and various education sessions. Residents and representatives were aware of the Accreditation Site Audit, and staff confirmed ongoing training is provided for legislative changes introduced.

Examples of regulatory compliance relating to the physical environment and safe systems include fire regulations, security systems and infection control guidelines.

4.3 Education and staff development

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

Team's recommendation

Does comply

Management and staff interviewed are satisfied with their access to educational information, and with ongoing corporate support in developing their knowledge and skills in physical environment and safe systems. The home uses corporate and site specific systems and processes to identify, plan, and review staff education and development. The GM and care manager oversee the education and staff development program, assisted by corporate office and clinical nurse consultants. A staff education plan is developed each year for physical environment and safe systems, incorporating residents' care needs, staff appraisals and incident trends. Training topics include infection control, manual handling, and fire safety and awareness. Management and staff attending training sign attendance registers and complete evaluation surveys, with the feedback being applied in planning future training sessions.

4.4 Living environment

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

Team's recommendation

Does comply

The home has processes in place to provide a safe comfortable environment consistent with residents' care needs. There are single and shared rooms. Residents are encouraged to personalise their rooms with furniture and personal items. There are dining and activity rooms, a large function area and external courtyards. The home maintains a corrective and preventive maintenance program, including testing of electrical equipment. The living environment is monitored by the home's environmental audits, and incident and hazard reporting system. Where restraint is required, assessment, authorisation and monitoring occur. This practice is assessed in consultation with residents and representatives. Residents and representatives are satisfied with the safety and comfort of the living environment, including residents' rooms and communal areas.

4.5 Occupational health and safety

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

Team's recommendation

Does comply

The organisation and the home have systems and processes in place to provide a safe working environment that meets regulatory requirements. Policies and procedures guide staff with safe practices. Staff are provided with equipment fit for the purpose, which is regularly maintained through the planned preventative and corrective maintenance programs. Personal protective equipment is provided. Occupational health and safety incidents are reported, investigated, followed up and collated to indicate any trends. Staff are satisfied that they have 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 recommendation

Does comply

The organisation and the home have implemented systems to provide a safe environment and work processes that minimise fire, security and emergency risks in the home. There is a fire safety program, including mandatory training of all staff. Regular maintenance programs are undertaken in the home which includes maintenance of the security, fire and emergency services. Ongoing electrical testing of equipment occurs. The home does not have a current Triennial Fire Safety Certificate. Residents, representatives and staff are aware of their responsibilities and actions in response to an emergency event.

4.7 Infection control

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

Team's recommendation

Does comply

The home monitors resident and staff infections. The care manager is responsible for coordinating the home's infection control system. All staff have access to personal protective equipment however this is not used consistently. There is an appropriate waste and sharps disposal system and pest control programs are in place. Refrigeration temperatures are monitored throughout the home. The organisation has a pandemic influenza outbreak plan. Infection control training is offered by the home. Housekeeping staff have adequate infection control systems and practices in place and maintain a clean environment. The home and organisation monitors the incidence and trends of infections. Residents, their representatives and staff are satisfied with the practices employed to reduce the possibility of infections in the home.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

Residents and representatives are satisfied with the catering, cleaning and laundry services provided. The home provides hospitality services consistent with residents' individual needs and preferences. The on-site kitchen provides residents variety of choice with a four weekly menu as well as a seasonal menu. All catering is supplied by an external contractor. Residents are consulted in menu development and review process. The external contractor monitors the home's food safety plan. Specific food requirements and preferences are catered for, and menus can be adjusted to cater for special diets or culturally specific foods as required. Residents' personal clothing and general linen is laundered at the home and the home provides a clothes labelling service to minimise lost items. Cleaning schedules provide appropriate cleaning of residents' rooms and communal areas. All hospitality staff have regular training in infection control, chemicals and manual handling. Material safety data sheets are readily available to staff. Audits, inspections and resident feedback processes monitor efficiency and satisfaction with hospitality services. Staff are satisfied their work environment assists them to provide services to meet residents' needs and wishes.