Bupa Eden

RACS ID 0842
22 BARCLAY Street
Eden NSW 2551

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 23 March 2019.

We made our decision on 15 February 2016.

The audit was conducted on 05 January 2016 to 07 January 2016. The assessment team’s report is attached.

We will continue to monitor the performance of the home including through unannounced visits.
Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Quality Agency decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Continuous improvement</td>
<td>Met</td>
</tr>
<tr>
<td>1.2 Regulatory compliance</td>
<td>Met</td>
</tr>
<tr>
<td>1.3 Education and staff development</td>
<td>Met</td>
</tr>
<tr>
<td>1.4 Comments and complaints</td>
<td>Met</td>
</tr>
<tr>
<td>1.5 Planning and leadership</td>
<td>Met</td>
</tr>
<tr>
<td>1.6 Human resource management</td>
<td>Met</td>
</tr>
<tr>
<td>1.7 Inventory and equipment</td>
<td>Met</td>
</tr>
<tr>
<td>1.8 Information systems</td>
<td>Met</td>
</tr>
<tr>
<td>1.9 External services</td>
<td>Met</td>
</tr>
</tbody>
</table>
**Standard 2: Health and personal care**

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

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Quality Agency decision</th>
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</thead>
<tbody>
<tr>
<td>2.1 Continuous improvement</td>
<td>Met</td>
</tr>
<tr>
<td>2.2 Regulatory compliance</td>
<td>Met</td>
</tr>
<tr>
<td>2.3 Education and staff development</td>
<td>Met</td>
</tr>
<tr>
<td>2.4 Clinical care</td>
<td>Met</td>
</tr>
<tr>
<td>2.5 Specialised nursing care needs</td>
<td>Met</td>
</tr>
<tr>
<td>2.6 Other health and related services</td>
<td>Met</td>
</tr>
<tr>
<td>2.7 Medication management</td>
<td>Met</td>
</tr>
<tr>
<td>2.8 Pain management</td>
<td>Met</td>
</tr>
<tr>
<td>2.9 Palliative care</td>
<td>Met</td>
</tr>
<tr>
<td>2.10 Nutrition and hydration</td>
<td>Met</td>
</tr>
<tr>
<td>2.11 Skin care</td>
<td>Met</td>
</tr>
<tr>
<td>2.12 Continence management</td>
<td>Met</td>
</tr>
<tr>
<td>2.13 Behavioural management</td>
<td>Met</td>
</tr>
<tr>
<td>2.14 Mobility, dexterity and rehabilitation</td>
<td>Met</td>
</tr>
<tr>
<td>2.15 Oral and dental care</td>
<td>Met</td>
</tr>
<tr>
<td>2.16 Sensory loss</td>
<td>Met</td>
</tr>
<tr>
<td>2.17 Sleep</td>
<td>Met</td>
</tr>
</tbody>
</table>
Standard 3: Care recipient lifestyle

Principle:

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

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Quality Agency decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Continuous improvement</td>
<td>Met</td>
</tr>
<tr>
<td>3.2 Regulatory compliance</td>
<td>Met</td>
</tr>
<tr>
<td>3.3 Education and staff development</td>
<td>Met</td>
</tr>
<tr>
<td>3.4 Emotional support</td>
<td>Met</td>
</tr>
<tr>
<td>3.5 Independence</td>
<td>Met</td>
</tr>
<tr>
<td>3.6 Privacy and dignity</td>
<td>Met</td>
</tr>
<tr>
<td>3.7 Leisure interests and activities</td>
<td>Met</td>
</tr>
<tr>
<td>3.8 Cultural and spiritual life</td>
<td>Met</td>
</tr>
<tr>
<td>3.9 Choice and decision-making</td>
<td>Met</td>
</tr>
<tr>
<td>3.10 Care recipient security of tenure and responsibilities</td>
<td>Met</td>
</tr>
</tbody>
</table>

Standard 4: Physical environment and safe systems

Principle:

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

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Quality Agency decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Continuous improvement</td>
<td>Met</td>
</tr>
<tr>
<td>4.2 Regulatory compliance</td>
<td>Met</td>
</tr>
<tr>
<td>4.3 Education and staff development</td>
<td>Met</td>
</tr>
<tr>
<td>4.4 Living environment</td>
<td>Met</td>
</tr>
<tr>
<td>4.5 Occupational health and safety</td>
<td>Met</td>
</tr>
<tr>
<td>4.6 Fire, security and other emergencies</td>
<td>Met</td>
</tr>
<tr>
<td>4.7 Infection control</td>
<td>Met</td>
</tr>
<tr>
<td>4.8 Catering, cleaning and laundry services</td>
<td>Met</td>
</tr>
</tbody>
</table>
Introduction

This is the report of a re-accreditation audit from 05 January 2016 to 07 January 2016 submitted to the Quality Agency.

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

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

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

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

Assessment team’s findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes
Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 05 January 2016 to 07 January 2016.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. 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 2014.

Assessment team

<table>
<thead>
<tr>
<th>Team leader:</th>
<th>Allison Watson</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team member:</td>
<td>Carol Lowe</td>
</tr>
</tbody>
</table>

Approved provider details

| Approved provider: | Bupa Care Services Pty Limited |

Details of home

<table>
<thead>
<tr>
<th>Name of home:</th>
<th>Bupa Eden</th>
</tr>
</thead>
<tbody>
<tr>
<td>RACS ID:</td>
<td>0842</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total number of allocated places:</th>
<th>85</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of care recipients during audit:</td>
<td>83</td>
</tr>
<tr>
<td>Number of care recipients receiving high care during audit:</td>
<td>83</td>
</tr>
<tr>
<td>Special needs catered for:</td>
<td>Dementia (12 bed)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street/PO Box:</th>
<th>22 BARCLAY Street</th>
</tr>
</thead>
<tbody>
<tr>
<td>City/Town:</td>
<td>Eden</td>
</tr>
<tr>
<td>State:</td>
<td>NSW</td>
</tr>
<tr>
<td>Postcode:</td>
<td>2551</td>
</tr>
<tr>
<td>Phone number:</td>
<td>02 8247 3000</td>
</tr>
<tr>
<td>Facsimile:</td>
<td>02 9270 0156</td>
</tr>
<tr>
<td>E-mail address:</td>
<td>Nil</td>
</tr>
</tbody>
</table>
Audit trail

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

**Interviews**

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional support manager</td>
<td>1</td>
</tr>
<tr>
<td>General manager</td>
<td>1</td>
</tr>
<tr>
<td>Care manager</td>
<td>1</td>
</tr>
<tr>
<td>Care staff</td>
<td>5</td>
</tr>
<tr>
<td>Business administrator</td>
<td>1</td>
</tr>
<tr>
<td>Catering staff including cook</td>
<td>5</td>
</tr>
<tr>
<td>Continence coordinator</td>
<td>1</td>
</tr>
<tr>
<td>Physiotherapy aide</td>
<td>1</td>
</tr>
<tr>
<td>Care recipients/representatives</td>
<td>13</td>
</tr>
<tr>
<td>Care manager</td>
<td>1</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>1</td>
</tr>
<tr>
<td>Laundry staff</td>
<td>2</td>
</tr>
<tr>
<td>Cleaning staff</td>
<td>2</td>
</tr>
<tr>
<td>Maintenance staff</td>
<td>1</td>
</tr>
<tr>
<td>Physiotherapist</td>
<td>1</td>
</tr>
<tr>
<td>Recreational activity officer</td>
<td>1</td>
</tr>
</tbody>
</table>

**Sampled documents**

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit folders including audit schedule</td>
<td>4</td>
</tr>
<tr>
<td>Education folders</td>
<td>2</td>
</tr>
<tr>
<td>Maintenance folders at nurse’s offices</td>
<td>2</td>
</tr>
<tr>
<td>Care recipients’ files</td>
<td>8</td>
</tr>
<tr>
<td>Improvement log folders</td>
<td>2</td>
</tr>
<tr>
<td>Personnel files</td>
<td>4</td>
</tr>
<tr>
<td>Wound charts</td>
<td>2</td>
</tr>
<tr>
<td>Medication charts</td>
<td>8</td>
</tr>
</tbody>
</table>
Other documents reviewed

The team also reviewed:

- Accommodation agreement
- Annual fire safety statement
- Asset register on computer system
- Bupa management system on computer system including police checks, visa checks, complaints management and mandatory reporting systems
- Care recipients’ information handbook
- Care recipients’ information package
- Catering information including: care recipients dietary information, special dietary information sheets, supplements list, birthday celebration listing, temperature monitoring records for the receipt, storage, preparation and serving of food, catering diary and communication book and computerised catering system
- Cleaning log folder (Emerald community)
- Clinical care: advanced health directives/palliation, behaviour monitoring and management, bowel, blood glucose level monitoring, assessments dietary needs, continence management, weight monitoring, wound management/dressings, dietician and speech therapist reviews, mobility and pain physiotherapist documentation including assessments, care plans, manual handling guides, treatment sheets, accident/incident reports and pain assessments
- Duty statement folder
- Fire system logbooks and business continuity folder
- Global people survey report 2015
- Infection control documentation: clinical indicator data, infection type analysis reports, pathology reports
- Leisure and lifestyle: lifestyle assessments and care plans, activity evaluations, monthly activity calendar, daily activities program, schedule of special events, photographs of activities and volunteer signing register
- Medication management: drugs of addiction register, medication care plans, medication incident reports, self-administration assessment, medication advisory committee meeting minutes, medication refrigerator temperature records and pharmacy communications
- Meeting minutes folder
- Memo folder
- Newsletters “Nuts and Bolts” (weekly newsletter for staff) and “Twofold Tattler” (care recipient newsletter)
• NSW Food Authority audit report and licence (14 October 2016)
• Preventative maintenance folder including work instructions, maintenance schedules for routine maintenance, preferred suppliers listing and service reports – legionella testing, backflow prevention device, pest control, thermostatic mixing valves temperature checks
• Registered nurse and endorsed enrolled nurse re-registration register
• Roster
• Self-assessment report for re-accreditation
• Service agreement folder – local suppliers
• Staff handbook
• Work instructions on various topics
• Yearly summary of care skills assessments - 2015

Observations
The team observed the following:
• Activities in progress
• Aged care complaints poster and brochures and advocacy service brochures at front entrance
• Archive room
• Bupa Values statement
• Dining environments during midday meal service, morning and afternoon tea, including care recipient seating, staff serving/supervising, use of assistive devices for meals and care recipients being assisted with meals
• Displayed notices including Quality Agency re-accreditation audit notices, menu, activities calendar
• E-learning computer system
• Electric beds and pressure relieving mattresses in use
• Equipment and supply storage areas
• Inspection tags on fire fighting equipment, evacuation plans and exit signs in various locations
• Living environment – internal and external areas including staff work areas
• Manual handling equipment such as lifters, hand rails, walk belts, pressure relieving cushions and mattresses, limb protectors, mobility equipment and safe oxygen storage
• Medications including: storage, medication trollies, medication folders with care recipients’ medication profiles, medication blister packs, medication refrigerator and medication round

• Notice boards for staff and care recipients, information brochures on display for care recipients, visitors and staff

• Secure storage of confidential information

• Short observation in dementia unit

• Sign in/out registers for visitors and contractors

• Spill kits, sharps containers

• Staff handover, staff work areas

• Staff practices, courteous interactions between staff and care recipients, visitors and other staff
Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

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

Team’s findings

The home meets this expected outcome

Bupa Eden (the home) participates in a program of organisational audits to review and monitor the quality of service delivery. An audit schedule is provided to the home to guide the completion of audits across a range of clinical, environmental and administrative areas. The audits results are monitored by senior staff at the head office as well as at the home. The new general manager, who commenced at the home in late November 2015 and regional support manager advised issues identified through the audits are added to the home’s plan for continuous improvement. The home utilises continuous improvement logs and confidential continuous improvement logs to identify any improvements as well as recording complaints. Staff and care recipients meetings provide forums through which suggestions for improvements can be discussed. A sample of improvements relating to Standard One includes the following:

- In November 2015 the new general manager undertook some administrative improvements. These included merging the education calendar and the meeting calendar into one document to provide a simpler and easier format for staff to read. The education sessions are highlighted in red print and meetings in black print. The relevant accreditation standard has been added to the education topics on the calendar to increase staff awareness of the accreditation standards. A copy of the training needs analysis document has been added to the new staff starter pack. This is aimed at gathering feedback on new staff members training ideas at an earlier stage.

- In December 2015 the home improved the communication process with local doctors. It was identified staff had been sending single faxes to doctors with multiple care recipient information recorded. The regional support manager advised that when doctors replied to these faxes this made it difficult to file these in individual care recipients’ care files as it had information relevant to another care recipient. Staff were informed about the privacy provisions regarding faxed information and requested to use one fax message per care recipient. This assists in maintaining care recipients confidentiality.

- In December 2015 the home introduced focus groups with care recipients and their representatives to discuss various expected outcomes from the Accreditation Standards. These sessions will provide management with an opportunity to gather feedback on various topics.

- The home is moving to a new model of care in 2016. As part of that process the home has introduced weekly leadership meetings with key staff representatives from all areas of the home such as clinical, catering, administration, laundry, maintenance, lifestyle and cleaning. The initial meetings commenced in December 2015. The agenda covers a wider scope across other areas rather than just clinical matters.
1.2 Regulatory compliance

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

**Team’s findings**

The home meets this expected outcome

The organisation has a legislative review committee which monitors legislative changes through access to various websites and information updates from industry bodies and government departments. This information is reviewed and work instructions are then reviewed and updated as needed. These are accessible to staff across the home and organisation via the intranet. Information on legislative changes is disseminated to the homes within the group when required via email updates from the legislative review committee. For example the introduction of the new aged care complaints commissioner and new telephone contact details for the reporting of mandatory events. At an operational level a regulatory compliance sub-committee monitors compliance with relevant legislation on an ongoing basis. Staff advised any changes are discussed at staff meetings, education sessions or via memos.

1.3 Education and staff development

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

**Team’s findings**

The home meets this expected outcome

The home has a system to ensure staff members have appropriate knowledge and skills to perform their roles effectively. The home utilises a training needs analysis to identify education requests from staff (refer also to information under continuous improvement regarding adding the training needs analysis to the new staff package). Additional education topics are also identified through audit results, clinical discussions as well as face to face discussion with staff. The organisation has an e-learning program which includes a series of compulsory education topics. Completion of the mandatory education is monitored by the organisation. External companies are also contracted by the organisation to provide education programs. Education sessions relevant to Standard One include: Aged Care Funding Instrument (ACFI), healthy lifestyle and wellbeing promotion for staff.

1.4 Comments and complaints

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

**Team’s findings**

The home meets this expected outcome

The home has a system to ensure care recipients and their representatives have access to internal and external complaints processes. This includes displaying information about the external complaints system and advocacy services at the main entrance to the home and on the noticeboards. Information on raising complaints is contained within the residential agreement and handbook which is provided to care recipients and their representatives as part of the entry process to the home. The home conducts a care recipients’ meeting. These
meetings provide a forum in which care recipients are able to discuss any concerns as well as be consulted about any changes. The regional support manager advised that representatives are also able to maintain email contact regarding any concerns.

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 organisation’s commitment to quality as well as their values statements are presented to staff through key documentation such as the staff handbook and “personal best” appraisal program. This information is given to all staff on commencement of employment as well being promoted on an ongoing basis through various education sessions. The organisation’s values are also discussed with new staff members as part of the corporate orientation process.

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 a system to make sure there are sufficient appropriately skilled and qualified staff members. The regional support manager advised that staffing models are reviewed and set each year for the home. This includes looking at the acuity levels of the care recipients. The home’s existing pool of staff members provides coverage for sick and annual leave arrangements. Systems are in place to employ new staff. This includes advertising nationally within the organisation as well as advertising locally when required. The organisation’s human resource section ensures all relevant police and visa checks are undertaken for all new staff as well as on an ongoing basis. New staff members are partnered with experienced staff as part of the orientation process. Staff said that absences through sick or holiday leave are replaced. Care recipients expressed their satisfaction with the care provided by the staff.

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 systems to ensure there are adequate supplies of goods and equipment. The regional support manager advised there are systems in place to manage the regular ordering of supplies and equipment to ensure adequate supplies are available. Staff in key areas explained the ordering system. The organisation has a designated range of suppliers for services and equipment. Staff members said there are sufficient supplies of equipment and goods to provide care and services.
1.8 Information systems

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

Team’s findings

The home meets this expected outcome

Information is disseminated to staff through shift handovers, memos, staff meetings and information on noticeboards. Information is relayed to care recipients and their representatives through information on various noticeboards and meetings. Documentation no longer required is archived initially on-site before being transferred to a secure external storage site. Files are able to be retrieved as needed. An on-site shredder and a secure document bin are used to destroy any confidential documents which do not require archiving. Information retained on the computer system is routinely backed up on external servers which are maintained by specialist staff. Access to the home’s computers and data within the system is secured via password. Documents and forms used by the organisation are maintained on the intranet with only authorised staff able to make changes. Refer to comments in expected outcome 2.4 Clinical care regarding the management of clinical 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 organisation has systems to ensure any externally provided services and goods meet specific requirements. Contracts or service agreements are managed at the head office. As part of this process information regarding relevant trade licences, registrations and insurance documentation is obtained. This includes ensuring tradespeople have the appropriate police checks in place. Local companies and tradespeople are sourced wherever possible. The performance of companies, suppliers and tradespersons is monitored and poor service delivery is discussed with the company or tradesperson concerned. Staff members advised equipment or goods supplied are good quality.
Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement regarding the continuous improvement system which exists in the home. Examples of recent improvements in relation to Standard Two include:

- The home introduced a new falls prevention program in October 2015 as a result of a review of the clinical indicators regarding the number of falls occurring in the home. Various strategies such as a review of activities and a review and subsequent increase to staffing levels were undertaken. New equipment such as sensor mats, hip protectors and fall mats were purchased. Care plans were reviewed and expert advice sought from the Dementia Behaviour Management Advisory Service (DBMAS). Additional training on ‘meaningful moments’ was also undertaken with staff to stress the importance of popping into the care recipient’s room when passing by. Training was also provided on toileting regimes. The regional support manager advised that these strategies are beginning to have an impact on fall rates.

- A medication review, feedback from clinical staff and audit results identified issues with the medication charts. In December 2015 management at the home held meetings with the local doctors to discuss the concerns with the medication charts. An internal Bupa doctor attended the home to review all the medication charts and improve the medication management process at the home. The improvements to the charts were also discussed at the leadership meeting so staff were aware of any changes to the charts.

- In June 2015 doctors advised they needed more information from staff when being requested to make their assessment of a care recipient’s condition over the telephone. The organisation took the information on board and developed a checklist to guide staff in collecting all the relevant information to provide to a doctor before making a telephone call. This may include clearly identifying what the concerns are, the care recipients vital signs, medical history, blood glucose levels and relevant pathology results. The regional support manager advised the organisation is also in the process of developing a work instruction to cover this matter.

- Special fabric “Stop” signs have been purchased and installed on the door frames of some care recipient’s rooms. These are designed to provide a visual reminder as well as a physical barrier to stop other care recipients from wandering into their room. The regional support manager advised that whilst major renovations were being undertaken in the Crystal community (dementia specific) the doors to this secure area were opened and care recipients were able to move about the building. This resulted in some intrusive behaviour. Representatives requested a strategy to stop this occurring. The special stop signs were sourced. The signs are fixed to the door frames with Velcro stickers which
enable the signs to be quickly put up or taken down as needed. When the renovations were completed at the end of December 2015 the doors to the Crystal community were shut and security codes reinstalled. Two representatives have requested the signs remain in use for their family member.

- The home has introduced a new physiotherapist who has undertaken a review of care recipients needs. To provide support and assistance the home has also created and employed a staff member as a physiotherapy aide. They undertake mobility exercise programs with care recipients on a group and individual basis. Additional equipment such as exercise bands and heat packs has been purchased. Staff have received training on the use of the Abbey pain scale to identify care recipients who may be unable to verbalise their pain. The physiotherapist has also reviewed the use of bed poles and bed rails and these items have been removed. The regional support manager advised the home is trialling a new aid to assist those care recipients who used bed poles or bed rails to independently mobilise in their beds.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information regarding the system to ensure the home complies with legislation and regulations relevant to care recipients’ health and personal care. The organisation manages the process to ensure the registrations of the registered nurses and endorsed enrolled nurses are current. The organisation has access to the Australian Health Practitioner Regulatory Agency (AHPRA) website to verify current registrations if required.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Education sessions include: syringe driver, malnutrition and dysphagia, continence aids, pain and dementia, oral health, sensory needs and Parkinson’s disease.
2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Bupa Eden has systems and processes to ensure care recipients receive appropriate clinical care. Staff described the processes implemented to ensure care recipients are provided with appropriate clinical care. Information collected from the assessment process is used to develop relevant, individualised care plans which contain specific interventions for the care recipient. Care plans are updated as care needs change and are regularly evaluated for effectiveness by appropriately qualified staff. The home has communication and care documentation systems which enable nursing and care staff, allied health and visiting doctors to identify issues and be informed of the care being provided to care recipients.

Clinical care practices are monitored through the home’s auditing program, staff meetings, staff appraisals and competencies and care recipient satisfaction surveys. Care recipients and representatives interviewed were very complimentary about the care provided to care recipients by staff.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

The home has documented work instructions relating to specialised nursing care and a system of monitoring and review to ensure the appropriate management of specialised nursing care is provided. Specialised nursing care provided at the home includes; pain management, palliative care, blood glucose level (BGL) monitoring, continuous oxygen therapy and complex wound care. There is appropriate skilled registered nurse coverage 24 hours per day to oversee and carry out care recipients’ specialised care needs. The home has appropriate stock available and equipment is checked regularly, is accessible and well maintained. Interviews with care recipients and representatives show they are satisfied with the specialised nursing care provided to care recipients.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Care recipients and representatives said care recipients are referred to appropriate health specialists according to their needs and preferences. If required, staff members assist by obtaining referrals and arranging appointments with health care specialists in consultation with care recipients and/or representatives. Assistance may also be provided in arranging transport for the appointment. The clinical records reviewed showed care recipients have access to a range of allied health professionals including physiotherapy, audiology, optometry, speech
pathology, dietetic, mental health, palliative care, psychiatric, geriatric, dental, podiatry and pathology services. Reports from specialists are reviewed and implemented by staff and all external visits are documented and acted upon.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients’ medication is managed safely and correctly. Registered nurses responsible for administering medication receive training in medication management and complete annual medication competency assessments.

Photographic identification with clear information relating to known allergies and special requirements is evident on the care recipients hardcopy medication charts. All medications are securely stored and there is a system to ensure safe administration and accountability of schedule eight (S8) medications. Care recipients’ medication regimes are reviewed on a three monthly basis by their doctors and the home’s pharmacist provides education for staff and reviews care recipients’ medication as required. All medication incidents are documented in the accident/incident system and are tabled at the medication advisory committee which meets four monthly. Care recipients and representatives said they are confident staff administer medications to care recipients safely and correctly.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home has systems to identify, manage and evaluate pain management strategies to ensure care recipients are as free as possible from pain. This includes initial and ongoing pain assessments using observation, discussion, pain monitoring and non-verbal pain assessment. In conjunction with analgesic medication a range of complimentary pain relieving strategies are implemented such as attending to clinical and emotional distraction through activities, laser therapy, massage, heat packs and exercise/physiotherapy programs. Referrals to pain specialists or the palliative care team are organised as required. Care recipients and representatives said pain management provided to care recipients meets their needs and pain relief can be accessed as needed.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure the comfort and dignity of terminally ill care recipients’ is maintained. Where possible, advanced care planning and care recipients’ end of life wishes
are identified and documented. The home caters for care recipients with high care needs and provides palliative care as needed. This is determined by the medical officer in consultation with the care team, care recipient and their family/representative. The home has access to an external palliative care community team which provides specialised care planning when required to ensure care recipient comfort. The home has specialised clinical and comfort devices to ensure and maintain the care recipient’s palliation needs and preferences. Staff receive ongoing education and described practices appropriate to the effective provision of palliative care. Care recipients’ and representatives said they are confident their wishes would be respected and care recipients’ comfort and dignity would be maintained at the end of life.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has processes to provide care recipients with adequate nourishment and hydration. Care recipients are assessed for swallowing deficits and other medical disorders, allergies, intolerances, like and dislikes, cultural or religious aspects relating to diet if required. Provision is made for care recipients who require special diets, supplements, pureed meals and thickened fluids or extra meals and snacks throughout the day. Care recipients are provided with assistance at meal times and dietary assistive devices are available when required. When the dietary needs of a care recipient change they are re-assessed with care plans being updated and information forwarded to the catering staff. The home monitors nutrition and hydration status through staff observations and recording care recipients' weights with variations assessed, actioned and monitored. Care recipients are referred to a dietician and/or speech pathologist when problems arise with care recipients' nutrition. Care recipients said they are generally satisfied with the meals which are cooked fresh on site.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has an effective system to ensure that care recipients' skin integrity is consistent with their general health. Assessments are conducted to identify skin care needs and management strategies are incorporated into the care recipient’s care plan. To maintain skin integrity the home provides assistive devices such as pressure relieving mattresses and uses strategies such as the use of application of emollients. The home has a podiatrist who regularly visits care recipients for assessment and care. Care recipients’ wounds are managed appropriately, sufficient supplies are available and referrals are made as required. The home monitors accidents and incidents including wound infections and skin tears. Care recipients and representatives said they are satisfied with the way the home manages the skin care needs of care recipients'.
2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients’ continence is managed effectively. On entry to the home care recipients are assessed for their continence needs. Care plans include strategies for meeting needs and wishes in relation to urinary and bowel incontinence developed. Care recipients’ bowel patterns are monitored regularly and any change in their continence is reported to the registered nurses for followed up. Care staff are knowledgeable about care recipients’ care needs and preferences for toileting and the use of continence aids. The aids used to manage and support care recipients with continence care include a range of continence pads, exercise programs, dietary supplements and medications. The home has an adequate supply of continence aids and linen. Care recipients and representatives said they are satisfied with how the home manages the continence requirements of care recipients.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The home demonstrated the needs of care recipients with challenging behaviours are managed effectively. Behavioural assessments are carried out on entry to the home and strategies to deal with challenging behaviours are outlined in care recipient care plans. The home has access to specialist behavioural and mental health consultants who are sought on an as needed basis. We observed staff interacting appropriately with care recipients with behaviour problems and reviewed progress notes and incident reports which documented challenging behaviour and staff’s responses. Staff interviewed were able to discuss various strategies used to assist in modifying care recipients’ challenging behaviour and advised they are provided with education in behavioural management. Care recipients and representatives said they are satisfied with the care provided to care recipients and the way challenging behaviours are managed by the staff.
2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Care recipients are supported to achieve optimum levels of mobility and dexterity through initial and ongoing assessments, care planning and evaluations. A physiotherapist visits the home two days a week to assess care recipients’ mobility and to provide instructions for specific treatments and exercise programs for individual care recipients and groups. A physiotherapy aide assists with individual and group exercise programs five days a week.

The recreational activity program includes a range of gentle exercises to increase care recipients’ muscle tone and range of movement. For care recipients safety, there are hand rails in corridors and grab rails in bathrooms. Strategies for the prevention of care recipients’ falls include mobility assessments, mobility aids, beds which lower to the floor, medication reviews, protective clothing when appropriate, exercises, monitoring footwear, foot care or podiatry and accident/incident reporting. Care recipients and representatives are satisfied with the way the home’s staff support care recipients to achieve maximum levels of mobility and dexterity.

2.15 Oral and dental care

This expected outcome requires that “care recipients' oral and dental health is maintained”.

Team’s findings

The home meets this expected outcome

The home ensures care recipients’ oral and dental health is maintained through initial and ongoing assessment of their oral and dental needs, and self-care ability. Ongoing care needs are identified through care recipient’s feedback and staff observation of evidence of any discomfort or reluctance to eat. The day-to-day care is attended as per care recipients' individual care plans and care staff encourage care recipients to brush their own teeth or dentures to maintain their independence and optimise oral and dental care. Oral care strategies include mouth swabs and dry mouth products. Care recipients are referred to a local dentist if dental problems arise and a dental technician is available to visit for denture repair or adjustment. Staff said they report swallowing difficulties and pain to the registered nurse. Care recipients and representatives are satisfied with care recipients’ oral and dental care.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Care recipients’ sensory loss is identified through the assessment process undertaken on entry to the home and strategies to cater for sensory needs are documented in care recipients’ care plans. Staff assist care recipients with cleaning glasses and hearing aids as part of the care recipients’ daily hygiene routine and we observed the patience and sensitivity of staff.
interacting with care recipients with sensory loss. Referrals are made to appropriate specialists to assist care recipients with sensory deficits. The activities program accommodates care recipients with sensory loss using individual strategies and with particular activities and equipment, including large print books and talking books. The home provides a safe, hazard free environment which assists care recipients with sensory loss to maintain a degree of independence by enabling them to move around safely. Care recipients and representatives said they are satisfied with the home’s approach to managing care recipients’ sensory losses.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Care recipients’ sleep patterns are assessed on entry to the home, and when sleep difficulties are identified. Each care recipient is encouraged to maintain an evening routine to assist them in settling at night, and the home generally provides a quiet environment. A range of support strategies are implemented if someone is experiencing a disturbed sleep pattern including providing warm drinks, assistance with continence, pain management and emotional support. Care recipients and representatives stated they are satisfied with noise levels in the home at night and that staff provide care and individual support if they are unable to sleep.
Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

**Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement regarding the continuous improvement system which exists in the home. Examples of recent improvements in relation to Standard Three include the following:

- The organisation conducts periodic mock Accreditation audits at the homes within the group. This audit identified a need for additional information in order to support to new care recipients when they moved into the home. The social and leisure profiles were reviewed and lifestyle staff re-looked at the information held at the home on care recipients preferred activities. ‘Maps of Life’ were created for care recipients to reflect their interests and family in order to provide a talking point with staff. The various living areas around the home were revamped to make them user friendly. This included placing tea, coffee and biscuits in the lounges so that visitors can make themselves a beverage when visiting. The newsletter was also upgraded to include more photographs of the various activities at the home.

- The regional support manager advised the home has introduced a fine dining program as a result of observations of the meal service. Discussions were held with care recipients about their expectations and wishes. New table linen and crockery were purchased. Small touches such as flowers being placed on the dining room tables were also added. Education to staff on meal presentation and customer service was provided and different themes are being used to enhance the dining experience. Care recipients are also being involved in the discussions on the proposed new menu. The regional support manager advised they attend the home and have a meal with the care recipients where they have received positive feedback about the changes. Staff have advised there has been an increase in the number of care recipients attending the dining room as a result of these changes.

- As a result of the successful school program with the local high school the home is looking at expanding the program in 2016 to include local pre-schools and day care centres. The high school students attend the home as part of their community service program. In 2015 the school held the award ceremony at the home. Students who had participated in the program were presented with their certificates and one student was presented with a special NSW Premiers Award for community service. Positive feedback on the program has been provided by various care recipients.

- Changes have been made to the activities program as a result of feedback from the customer survey. The program has been upgraded with more activities being included. A new nine seater bus has been purchased which enables some care recipients in wheelchairs to go on the outings. Care recipients are being involved in the discussions...
about the destinations for the outings. The care recipients in Crystal community go on two bus trips per week.

### 3.2 Regulatory compliance

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

**Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s system to ensure compliance with legislation and regulations relevant to care recipients’ lifestyle. The home maintains relevant registers such as a mandatory reporting register. The organisation manages the residential care agreement to ensure new care recipients or their representatives are provided with the most up to date version. Information on changes to fees is provided to care recipients and their representatives as changes to the aged pension occur.

### 3.3 Education and staff development

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

**Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Education sessions provided at the home include mandatory reporting as part of the compulsory education program for all staff, ‘person first’ training, communication and sexuality in older adults.

### 3.4 Emotional support

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

**Team’s findings**

The home meets this expected outcome

The home has a system to ensure care recipients receive support in adjusting to life in the home and on an ongoing basis. Care recipients and representatives are interviewed prior to moving into the home and are provided with information about the home and explanations of the services provided. The emotional needs of care recipients are assessed and documented when they move into the home and these are regularly reviewed. The education program enables staff to better understand the needs of care recipients and observations of staff interactions with care recipients showed warmth, respect, empathy and understanding. The staff and the lifestyle officer also provide one to one attention to the care recipients on a regular basis and at times of special need. Family and friends are encouraged to visit and community groups provide further emotional support for the care recipients. Care recipients and representatives expressed their satisfaction with the emotional support offered by management and staff to care recipients.
3.5 Independence

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

Team’s findings

The home meets this expected outcome

Care recipients’ individual care needs including sensory needs and mobility are identified, assessed and strategies are implemented to maintain maximum independence. A physiotherapy program assists care recipients to maintain their mobility and independence. Care recipients are encouraged to participate in the recreational activities of the home and are given the opportunity to go on regular outings. Participation in the local community is promoted through outings, visiting school children and entertainers. The effectiveness of the assistance provided to care recipients in relation to their independence is monitored through regular review of care plans and care recipient satisfaction surveys, the comments and complaints mechanism and care recipients and representatives meetings. Our observation and care recipients and representatives interviews showed care recipients are encouraged to maintain their independence and participate in the life of the community within and outside the home.

3.6 Privacy and dignity

This expected outcome requires that "each care recipient’s right to privacy, dignity and confidentiality is recognised and respected".

Team’s findings

The home meets this expected outcome

The home’s philosophy and commitment to care emphasises the importance of maintaining the dignity of care recipients and respecting their privacy. Staff are required to follow a code of conduct which includes respecting the rights of care recipients and upholding their dignity. We observed staff promoting care recipients privacy by knocking on the door of care recipients' rooms before entering and notices on care recipients’ doors. Shift handovers are conducted away from the hearing of care recipients and visitors to the home. All personal information is collected and stored securely with access by authorised staff only. Written consent is obtained from care recipients for the collection of personal information. The system to maintain the privacy and dignity of care recipients is monitored by regular audits, the comments and complaints mechanism and care recipients/representatives meetings.

Staff demonstrated an awareness of practices which promote the privacy and dignity of care recipients. Care recipients said staff are polite, respect their privacy, and knock on doors prior to entering and close doors during care provision.
3.7 Leisure interests and activities

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

Team’s findings

The home meets this expected outcome

The interests and capabilities of the care recipients are recorded when they move into the home and are incorporated into individual lifestyle care plans. The recreational activity team prepares a monthly activities program to cater for these interests and capabilities and includes a wide range of activities including activities for care recipients with special needs. One to one attention for the care recipients is an integral part of the activities program and caters for those care recipients who are less capable of active participation in the program or choose not to take part in group activities. Regular bus trips provide an opportunity for care recipients who like to go out while volunteers, community and church groups visit the home regularly to help the care recipients stay in touch with the wider community. The effectiveness of the activities program is monitored through review of care plans and feedback from care recipients/representatives’ meetings. This provides care recipients with a program that meets their changing wishes while responding to their psychological, physical and mental abilities.

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

The home has a system for ensuring care recipients’ individual interests, customs, beliefs and cultural and spiritual values are fostered. The social history of a care recipient is assessed and documented when they move to the home and this is communicated to the relevant staff members, who discuss individual preferences with care recipients/representatives. Local religious ministers also visit regularly for church services and to visit care recipients as requested. Provision is made for the celebration of special cultural and religious days, for example Christmas, Easter, ANZAC Day and Australia Day. Care recipients and representatives said they are satisfied with the care the home provides for the support of care recipients’ cultural and spiritual lives.

3.9 Choice and decision-making

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

Team’s findings

The home meets this expected outcome

The home has processes to ensure care recipients participate in decisions about the services provided and are enabled to exercise choice and control in relation to their lifestyle. Care
recipients/representatives are provided with information to assist them in making informed choices when they come to the home and on an on-going basis. Care recipients discuss their likes and preferences when they move to the home and these are documented in assessments and care plans. We observed staff consult with care recipients about their wishes and preferences and the choices of care recipients are respected in all care activities, leisure interests, lifestyle and beliefs. The effectiveness of the system to ensure care recipients are able to exercise choice and control over their lives is monitored through care recipient surveys, meetings and the comments and complaints mechanism. Where care recipients are unable to make choices for themselves, management said an authorised decision maker is identified for the care recipient. Care recipients and representatives said they speak up without hesitation and the home enables care recipients to make choices of importance to them.

3.10 Care recipient security of tenure and responsibilities

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

Team’s findings

The home meets this expected outcome

The home has processes to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. Relevant information about security of tenure, fees, care, services and care recipients’ rights is discussed with care recipients and their representative prior to, when possible, and on entering the home. All care recipients are offered an agreement and an information package which outlines care and services and the rights and complaints resolution processes. Room moves only occur with prior consultation and consent from the care recipients and their representative. The Charter of Residents’ (Care Recipients) Rights and Responsibilities is on display in the home. The management team encourage ongoing communication with care recipients and their representatives. This is managed through scheduled meetings, in-home communications and notices as well as direct communication with representatives via email. Care recipients and their representatives indicate satisfaction with security of tenure at the home and an awareness of rights and responsibilities.
Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home. Examples of recent improvements in relation to Standard Four include the following:

- In 2015 a decision was made to improve the environment in the dementia specific area (Crystal community). A design team looked at the building to ascertain what changes needed to be made to improve lighting levels and make the area user friendly. During October to December 2015 workmen undertook the renovation work. Walls were knocked down and new automatic sliding doors installed to enable care recipients to access the gardens. Outdoor areas were upgraded as well. The old treatment room was demolished to provide more room for living and activities. New larger screen televisions and furnishing were purchased. Additional windows and skylights were installed to let in more natural light. During the renovations care recipients were able to access the main areas of the home to alleviate any stress during the work. The fine dining program was also introduced to the Crystal community. New fine china crockery has been purchased for this area to hold special high teas. The regional support manager advised further improvements are planned to renovate the dining rooms in the main sections of the home.

- The organisation’s regional chef attended the home in September 2015 to conduct a review of the kitchen services. New equipment was either purchased or items were repaired. Staff attended food safety and infection prevention education.

- As a result of changes in staffing the home undertook the training of staff as fire wardens in October/November 2015. An environmental audit identified a need for additional coloured coded emergency procedure flipcharts. These were purchased and installed in various areas around the building. Further education was provided to staff on the flip charts as well as routine fire training.

- During the renovations in the Crystal community it was identified some care recipients were aware of the security key code used to secure the main door. The regional manager advised the codes for this were deactivated and the door secured. Visitors, staff and care recipients entering or leaving the home through this door during the day time required the general manager or receptionist to unlock the front door.
4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s system to ensure compliance with legislation and regulations relevant to the physical environment and safe systems. This regulatory system includes compliance with legislation regarding environmental safety, the NSW Food Authority requirements for a food service and the routine inspection of the fire alarm and fire-fighting equipment.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Staff advised the home conducts a series of compulsory education sessions on topics including fire safety and manual handling. Education is also provided on infection control, workplace bullying and harassment and food safety.

4.4 Living environment

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

Team’s findings

The home meets this expected outcome

Management is actively working to provide a safe and comfortable environment consistent with the care recipients’ care needs. Care recipients expressed satisfaction with their living environment and said they can personalise their rooms as much as possible. There are a variety of small lounge areas in each of the different communities (Magnolia, Emerald, Sapphire and Crystal) which care recipients and their guests are able to use. The home is located on a single level with wide corridors which enable care recipients to move freely about the building. Care recipients and their representatives said the home is well maintained, kept very clean and free of clutter. The home has a maintenance program to ensure the home is well maintained. The safety and comfort of the living environment is monitored through feedback as well as incident/accident reports, hazard reports and ongoing observations by staff.
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

The home’s management and staff are active in providing a safe working environment that meets regulatory requirements. Staff members are provided with information on workplace safety including manual handling and fire safety as part of the orientation program and ongoing annual compulsory education program. Work health and safety issues are discussed at staff and leadership team meetings. The organisation has a system which manages workplace safety including the return to work program for injured staff. A program of organisational environment audits, conducted by staff, is used to monitor workplace safety.

Information is disseminated to staff on safe work practices when required. Staff members interviewed on this topic explained their knowledge on safe work practices and said they receive training to support them in ensuring 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

The home has systems to minimise fire, security and emergency risks in the home. As part of the home’s safety system there are external contractual arrangements for the routine maintenance of the fire-fighting equipment and internal fire alarm system. A random check on various pieces of fire-fighting equipment around the site, confirmed they are inspected on a regular basis. Staff advised fire safety is included as part of the orientation sessions for new staff members as well as part of the mandatory education program. Management advised that other safety topics such as personal safety are also discussed as part of the orientation program. Staff members were able to explain the procedures to be followed in the event of a fire. Key information on a range of other emergency situations such as bomb threats or intruders is located in colour coded flip charts which are located near the telephones. Key contact information for a range of services and emergency personal are also included in the business continuity plan. Processes are in place for the securing of the building after hours to ensure care recipient and staff safety.

4.7 Infection control

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

Team’s findings

The home meets this expected outcome

The home has an effective infection control program. This includes ongoing monitoring of infection rates, staff education, handwashing competencies and work instructions relating to infection control. Infection data is collected, analysed and benchmarked across all the homes within the organisation. Infection control procedures such as colour coded equipment;
personal protective equipment and monitoring of temperatures were observed. Audits are undertaken, there are processes for the removal of contaminated waste and spills kits and sharps containers are available. Staff interviewed could describe the use of infection control precautions in their work such as the use of personal protective equipment and colour coded equipment. Staff confirmed they had undertaken education in this area.

4.8 Catering, cleaning and laundry services

This expected outcome requires that “hospitality services are provided in a way that enhances care recipients’ quality of life and the staff’s working environment”.

Team’s findings

The home meets this expected outcome

The home has systems to manage the hospitality services provided to care recipients. Information on food preferences as well as dietary needs is obtained on entry to the home and referred to the kitchen where it is entered onto a computerised catering system. A food safety system is in place, which provides ongoing monitoring of food through the delivery, storage, cooking and serving processes. There is a program for the routine cleaning of all areas of the building to ensure the home is well maintained. Log books are located at the nurses’ stations to enable staff to request special or additional cleaning if needed. Linen as well as care recipients clothing are washed on-site. Staff said they have adequate stocks on hand and additional supplies can be sourced when needed. Care recipients and their representatives spoke favourably about the catering, laundry and cleanliness of the home.