



**Australian Government**

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**Australian Aged Care Quality Agency**

**Bupa Kempsey**

RACS ID 2679  
71-97 Cochrane Street  
WEST KEMPSEY NSW 2440

**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 14 July 2018.

We made our decision on 29 May 2015.

The audit was conducted on 28 April 2015 to 30 April 2015. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

### Standard 1: Management systems, staffing and organisational development

#### Principle:

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

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

## Standard 2: Health and personal care

### Principle:

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

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

## Standard 3: Resident lifestyle

### Principle:

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

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

## Standard 4: Physical environment and safe systems

### Principle:

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

Expected outcome	Quality Agency decision
4.1 Continuous improvement	Met
4.2 Regulatory compliance	Met
4.3 Education and staff development	Met
4.4 Living environment	Met
4.5 Occupational health and safety	Met
4.6 Fire, security and other emergencies	Met
4.7 Infection control	Met
4.8 Catering, cleaning and laundry services	Met



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# **Audit Report**

**Bupa Kempsey 2679**

**Approved provider: Bupa Care Services Pty Limited**

## **Introduction**

This is the report of a re-accreditation audit from 28 April 2015 to 30 April 2015 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 28 April 2015 to 30 April 2015.

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

<b>Team leader:</b>	Jan Herbert
<b>Team member/s:</b>	Marilyn Howson

## Approved provider details

<b>Approved provider:</b>	Bupa Care Services Pty Limited
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## Details of home

<b>Name of home:</b>	Bupa Kempsey
<b>RACS ID:</b>	2679

<b>Total number of allocated places:</b>	114
<b>Number of care recipients during audit:</b>	71
<b>Number of care recipients receiving high care during audit:</b>	71
<b>Special needs catered for:</b>	No

<b>Street/PO Box:</b>	71-97 Cochrane Street
<b>City/Town:</b>	WEST KEMPSEY
<b>State:</b>	NSW
<b>Postcode:</b>	2440
<b>Phone number:</b>	02 6562 8921
<b>Facsimile:</b>	02 9270 0156
<b>E-mail address:</b>	Nil

## Audit trail

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

### Interviews

Category	Number
Regional support officer	1
Acting general manager	1
Acting clinical care coordinator	1
Registered nurses	4
Care staff	9
Physiotherapist	1
Physiotherapy assistant	1
Business administrator	1
Care recipients/representatives	21
Volunteers	2
Leisure and lifestyle staff	2
Catering staff	1
Laundry staff	1
Cleaning staff	2
Maintenance staff	2

### Sampled documents

Category	Number
Care recipients' files including assessments, care plans, progress notes, family conference records, advance care plans, allied health and medical documentation, physiotherapy plans, manual handling/mobility plans, total care day forms	10
Confidential improvement logs	6
Medication charts, nurse initiated medication forms	16
Personnel files	7

### Other documents reviewed

The team also reviewed:

- Activity programs; activity planning sheets; activity evaluations; weekly program highlights; monthly event calendar; church services' schedule; care recipient activity

suitability checklist; bus outings suitability checklist; individual care recipient lifestyle activity attendance records; leisure and lifestyle staff diary

- Audit schedule; audit checklist; audit results; survey results
- Care recipient incident notifications; monthly benchmarking reports; 'resident falls/found on floor' investigation tool
- Care recipients' information handbook; care recipients' welcome pack
- Care recipients' pre-admission pack; care recipients' admission packs
- Cleaning logs (catering, cleaning and laundry)
- Clinical observation; blood glucose level (BGL); diabetic and weight records
- Criminal history records check results; criminal history statutory declarations
- Education calendar; results of staff training needs analysis; education program; compulsory education records; education attendance records; education evaluations
- Employee handbook; employee orientation; new employee checklist; job descriptions; duty lists, work instructions; recruitment policies and procedures; staff personal best passports; professional registration records; staff skills assessments; personal best 'high 5' recognition board
- Fire inspection, service and maintenance records; annual fire safety statement; chemical register; emergency evacuation folder; care recipients' evacuation lists; evacuation slides
- Improvement logs
- Infection control documentation including care recipients' vaccination records; infection rate statistics and summary reports
- Mandatory reportable incident register
- Medication documentation including registers of drugs of addiction; specimen signature register; self-administration of medication assessments; refrigerator temperature records
- Minutes of meetings; annual meeting planner; memos
- Monthly maintenance review; reportable and essential services report; internal and external preventative maintenance schedules; external contractor list and service reports; maintenance logs; corporate external contractors' service agreement and insurance documentation; thermostatic mixing valve and water temperature check records; Legionella testing reports; pest control records; cleaning schedules; environmental audits
- NSW Food Authority Licence; food safety plan; food safety audit report; four week rotating menu; food temperature records from delivery to consumption; food storage temperature records; care recipients' diet analysis forms; care recipients' change of information forms
- Newsletters



- Physiotherapy assessments and care plans; falls and safety risk assessments and information; manual handling/ mobility assessments and plans; treatment records; pain management program treatment records; satisfaction survey results; yearly performance audits
- Policies and procedures; work instructions
- Restraint assessment and authority; restraint release record; bedrail assessment records
- Staffing rosters; daily staffing sheet; staff leave calendar
- Thank you cards
- Volunteer welcome guide
- Wound management folders; assessment and progress charts

## **Observations**

The team observed the following:

- Activities in progress; activity resources; photographs of care recipients participating in activities and special events
- Charter of residents rights and responsibilities displayed; the organisation's vision and values statements displayed; brochures on complaints mechanisms; brochures on advocacy services
- Chemical register
- Colour coded and personal protective equipment in use
- Dressing trolleys and supplies
- Equipment and supply storage areas, clinical supplies
- Evacuation kits
- Fire and emergency evacuation plans; emergency exits; emergency flipcharts
- Interactions between staff and care recipients
- Internal and external living environment
- Manual handling and mobility equipment including mechanical lifters and walkers; manual handling instruction cards in care recipients' rooms
- Meal service at midday
- Medication administration
- Noticeboards
- Outbreak trolley

- Care recipients' life boards; memorable moments books
- Safety data sheets
- Sharps waste disposal containers; spills kits
- Small group observation
- Storage of medications

## 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

The organisation has a framework for continuous improvement which is applied across the four Accreditation Standards. The organisation's planning and reporting processes support the home to actively pursue continuous improvement in a systematic manner. The quality system utilises a variety of qualitative and quantitative methods to identify opportunities for improvement within the home including meetings, forums, suggestions, complaints, clinical indicators, analysis of data, incidents, audits, surveys and informal communication. The home's approach ensures that areas identified as requiring improvement are actioned, monitored and evaluated. Staff said they are encouraged to participate in the home's continuous improvement activities. Care recipients and representatives reported they are enabled to make suggestions and a review of meeting minutes confirms this. The home has made planned improvements in relation to Accreditation Standard one which include the following examples.

- In November 2014, staff suggested that new and updated work instructions and forms, generated by the Bupa management system and sent to the home, could be communicated to staff via the registered nurse meetings, the continuous improvement meetings and the memo system. As a result, staff have an improved knowledge of current work instructions and the forms which are used by relevant staff. There is improved consistency of information to staff and therefore improved consistency in staff work practices.
- In August 2014, staff suggested that all registered nurses be given internet access to enable them to use a text messaging system which assists them to more easily replace short-notice vacant staff shifts. The text messages are sent to the mobile phones of relevant staff. The benefits for staff are: less registered nurse time spent replacing shifts; better shift replacement; and a more equitable system of shift replacement. The benefits for care recipients are experienced and sufficient staff working each shift.
- In October 2014, staff suggested at a meeting that a 'high 5' tree be implemented to encourage staff to nominate their colleagues for 'high 5' awards. The philosophy behind the 'high 5' program is that achievement and effort come in all different forms. The 'high 5' initiative is about recognising passionate people for the outstanding things they do more often; another way to say 'thank you'. A 'high 5' tree poster is located next to the staff noticeboard and, following the presentation of 'high 5' awards to staff, the staff

photos with their awards and summaries of the reasons for their nominations are affixed to the tree. This gives additional recognition to staff who provide services above and beyond what is expected which enhances staff morale.

- During staff appraisals, several staff informed management that they were interested in a change of role within the home. They were not dissatisfied with their current roles but wanted more variety in their work and an opportunity to learn new skills. This initiative was supported by the acting general manager as part of the golden opportunities program. A number of staff are now skilled and able to work across departments, for example, cleaning, kitchen, administration, care staff and/or leisure and lifestyle.

Management stated this initiative has improved staff job satisfaction, work enrichment, staff morale, teamwork and staff retention. It is also easier to replace staff and fill any gaps in the roster when staff are multi-skilled. Motivated staff provide enhanced care and support to care recipients.

## 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

Management has systems to identify compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The organisation has a regulatory compliance sub-committee that ensures the organisation continues to comply with its obligations under the relevant legislation and regulatory requirements. Relevant changes in legislation and guidelines are communicated to staff through the intranet, memos, education, information on noticeboard, at meetings and through the provision of relevant reading materials. Management monitors compliance with legislation, regulatory requirements and professional guidelines through the observation of staff practices, performance appraisals, the audit program and feedback. Staff report they are satisfied with the information provided to them about legislation, regulatory requirements, professional standards and guidelines relevant to their work.

Examples of regulatory compliance relevant to Accreditation Standard one include:

- All staff employed by the home are required to have criminal records’ checks in accordance with the legislation. Management demonstrated that staff have signed a statutory declaration and have a current criminal record check completed.
- Management ensures all care recipients, representatives and staff have access to internal and external comments and complaints mechanisms.
- Care recipients/representatives were informed about the dates of this re-accreditation site audit.
- There is a system to monitor professional registrations to ensure registered nurses and allied health professionals have a current authority to practice.

### **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

Strategies to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively include: an induction program for new staff; an in-service education program which includes mandatory requirements and other topics as identified by management and staff; a comprehensive e-learning program; and access to external education. The organisation facilitates networking opportunities and conference attendance to assist managers to undertake their roles effectively. Staff receive individual coaching when a skill deficiency is identified. Staff attendance at in-service education is monitored. The knowledge and skills of staff are evaluated on an ongoing basis through senior staff observations, staff appraisals, skills assessments, audit and survey results and feedback. Staff reported satisfaction with the education program. Care recipients and representatives expressed confidence in the competence and experience of 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

Care recipients and representatives advised they are aware of how to make a comment or complaint. Care recipients and representatives are informed of complaint mechanisms when the care recipient moves into the home and they are encouraged and supported through management's open door policy, informal discussions, meetings and surveys to provide feedback on the services provided. The residents' handbook and resident agreement document includes information about complaints' mechanisms. Staff take action to address minor concerns that care recipients or representatives report to them. Care recipients and representatives advised they would talk to senior management, who they know by name, if they had any significant concerns or complaints. Management keeps a record of complaints made to ensure that action is taken and feedback provided. This information is also monitored at an organisational level. Care recipients said that when they have raised concerns, management has taken action. The staff induction process and the staff handbook provide information about the complaints' mechanisms available to staff.

### **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 vision and values statements are displayed in the home and documented in the home's publications. The organisation's world newsletter informs staff, care recipients and

representatives about the organisation's global business, its values and plans. The organisation's commitment to quality is evident through the resources dedicated to quality activities and the policies and procedures that guide the practices of management and staff.

## **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

Care recipients expressed a high level of satisfaction with the care, lifestyle and hospitality services provided to them by staff. Care recipients said there are generally enough staff to provide services that meet their needs. Staff feedback confirms they usually have sufficient time and support to undertake their duties during their rostered shifts. Staffing rosters demonstrate staff who are on leave are routinely replaced. Management reported staffing levels are based on staff skill mix, care recipient acuity and feedback from care recipients, representatives and staff. Care recipients and representatives advised the services that care recipients require are delivered by staff who are educated and experienced in their duties.

Staff advised relevant education is provided to ensure they have the necessary skills to undertake their duties. The organisation has procedures for staff recruitment, induction and on-going appraisal. Staff stated they enjoy their work and expressed a commitment to the care recipients, to the home and to the organisation.

## **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 ensures appropriate stocks of goods and equipment are available for staff to perform their duties safely, efficiently and in a manner that provides quality service delivery. Management ensures relevant stakeholders are consulted prior to the purchase of goods and equipment. Equipment is tested for its suitability and 'risk assessed' prior to its purchase. Maintenance records show equipment is serviced according to a regular schedule. The home has an effective system to manage corrective and preventative maintenance. A review of documentation shows maintenance requests are attended to in a timely manner.

Consumables are ordered regularly and management monitors usage. Management and staff review the quality of goods and supplies and all stock is inspected on delivery.

Perishable items are identified and stored appropriately ensuring stock rotation. The system is monitored for effectiveness through audits and feedback from staff and care recipients and representatives. Staff advised there are sufficient supplies of goods and equipment to provide quality care for care recipients.

## 1.8 Information systems

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

### **Team's findings**

The home meets this expected outcome

The home is part of an organisational information management system which provides management and staff with access to policies, procedures, flow charts, tools and forms they need to undertake their duties. The home has systems to disseminate information to staff, care recipients and representatives relating to management, clinical care, care recipients' lifestyle and the physical environment. The resident and employee handbooks, the resident agreement, the staff education program, email, intranet, bulletins, information on noticeboards, signage, newsletters, meeting minutes, memoranda, activity programs and menus are mechanisms to ensure staff and care recipients receive accurate and timely information. Information available to care recipients assists them to make choices about their daily routines. The home uses assessment tools, care planning tools, the shift handover process and care case conferencing to ensure each care recipient's care and lifestyle needs and preferences are identified and supported. Information to ensure that care and support are provided consistently to care recipients is contained in care recipients' clinical files and care staff working documents. We noted care recipients' records are stored securely.

## 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 a system to ensure that all externally sourced services are provided in a way that meets the home's needs and quality goals. A corporate procurement team negotiates and approves contracts and service agreements with external contractors; the team monitors external contractors' insurances, criminal record checks and other legislative requirements. Service and supply agreements are signed with contractors and approved suppliers who are selected based on the ability of each to meet the organisation's requirements in a quality and cost effective way. Feedback on the quality of services provided by external contractors is encouraged and collected from care recipients and representatives and staff through meetings, audits, comments, complaints and surveys. The home's management evaluates the performance of external service providers and provides feedback to the corporate procurement team to ensure the services provided are efficient and effective. Identified performance issues are communicated to contractors so that problems can be rectified, if possible, or a new contractor sought. Management and staff expressed satisfaction with the quality of the services currently being provided by external contractors.

## 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 for further information including a description of the overall system of continuous improvement. The home has made planned improvements in Accreditation Standard two which include the following examples.

- Following the completion of the building renovations which also increased the size of the home, staff suggested that a water cooler be provided in the foyer for the comfort and hydration of care recipients waiting in the foyer and for visitors and staff. Water coolers were installed in the foyer and in each of the care recipient accommodation areas. Fresh, cool water is now readily available in key areas within the home for people to help themselves. Feedback has been positive.
- At a meeting attended by the local area health service and other aged care homes, discussion took place about improving the communication between the aged care homes and the local hospitals. A decision was made to trial a communication envelope which would be sent from the home to the hospital whenever a care recipient had an unexpected trip by ambulance to hospital. A checklist of the documents sent to, and returned from, the hospital is printed on the outside of the envelope. The feedback from all parties taking part in the trial was that the envelope significantly improved communication and streamlined the return and exchange of care recipients' documents. The use of the envelope is now part of the home's communication system with the hospital.
- A concern was raised that communication between registered nurses and care recipients' families could be disjointed and limited. Weekends were identified as being the most problematic time. The concerns of care recipients' families were discussed at registered nurses' meetings. In December 2014, registered nurses received education in a communication technique which follows the stages of: introduction; situation; background; assessment; and recommendation/s. Positive feedback about improved communication has been received.
- A registered nurse reported that some care recipients were becoming agitated and resistive when their blood pressure was being taken. A possible cause was identified as being the tightness and uncomfortable feeling of the blood pressure cuff on care recipients' upper arms. The suggestion was made to source a supplier and to purchase a wrist sphygmomanometer. This equipment is now in use and registered nurses report it is more comfortable for care recipients who are less resistive to their blood pressure being taken.



## 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

Management has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. For further information relating to the home’s regulatory compliance system, please see expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance relevant to Accreditation Standard two include:

- Systems to monitor staff practices and compliance with policies and procedures relating to documentation, care provision and medication management include skills assessments, audits and reviews.
- Information about care recipients including their care information is maintained according to the organisation’s policy and procedures which are based on regulatory and legislative requirements and are regularly reviewed.
- Management ensures registered nurses and endorsed enrolled nurses with suitable skills and knowledge oversee and carry out complex specialised nursing of care recipients as appropriate.

## 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

Our rationale for finding the home meets this expected outcome is based on the home’s systems to ensure management and staff have appropriate knowledge and skills as described in expected outcome 1.3 Education and staff development. We verified that the home uses these systems to identify and implement a range of educational measures relevant to Accreditation Standard two. These include: care staff have completed or are studying for their aged care certificate three or certificate four; the organisation provides training in a wide range of clinical areas, for example, continence, pain, wound care, medication administration, and dysphasia; and the organisation provides opportunities for registered nurse professional development.

## 2.4 Clinical care

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to assess, plan, manage and evaluate care recipients’ individual care needs. Information obtained from care recipients, their representatives together with a range of focused assessments is used by registered nurses to prepare individualised care plans.

Registered nurses review care plans every three months or if the care recipients’ status changes to ensure the care provided is up-to-date and appropriate. Family case conferences are held with care recipients, their representatives allied health professionals and the medical officer within six months of care recipients entering the home and then at least annually. Registered nurses are responsible for directing and supervising clinical care which is delivered by qualified and trained staff within the scope of their practice. Care staff described care consistent with care recipients’ assessed needs and were knowledgeable about their care needs and preferences. Representatives advised they are kept informed of care recipients’ care and health changes. Care recipients and representatives were satisfied with clinical care provided and the expertise of the 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

Registered nurses assess, supervise and evaluate care recipients’ specialised nursing care needs to ensure their needs and preferences are met. Consultation with care recipients and their representatives, review of medical history, clinical assessments and liaison with a multi-disciplinary team provides information to assist planning and care. Care staff refer care recipients to a range of allied health professionals and other specialists to assist in the management of complex care needs including chemotherapy, diabetes, wound and palliative care. Care staff advised they have received education to support them to provide complex care. Care recipients and representatives are satisfied care recipients’ needs are met.

## 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 are referred to a range of allied health and medical specialists and other related services in accordance with their needs and preferences. These include podiatry, dental, optometry and audiology services. Other clinical specialists available for advice, assessment and treatment include a speech therapist, dietician and a physiotherapist. The home liaises with palliative care and mental health teams, and wound specialists when necessary. A review of care recipients’ files and other documentation showed care recipients

are referred to health specialists for advice, assessment, treatment and review, and appropriate changes to care plans are documented and implemented as a result. Care recipients and representatives said care recipients are consulted about their needs and preferences. Care recipients are referred to health specialists when required and they are satisfied with the choices available to them.

## **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 and processes to manage the ordering, storage, administration, review and disposal of medications. Qualified nursing staff use a blister pack medication system to administer prescribed medications. Liaison with the supplying pharmacy ensures new or changed medications are supplied promptly. Medication incidents including supply errors are reported and recorded; prompt action is taken to correct incidents and errors.

Actions include staff counselling and competency assessments, and follow up with the supplying pharmacy when supply or packaging errors occur. Care recipients’ medication charts include recent photographs and a record of any allergies. Medication orders are current, legible, signed and dated, and include the time and dose to be administered.

Medications are stored securely and are refrigerated when necessary. Eye drops are dated when opened and are discarded as instructed. A clinical pharmacist conducts medication reviews and makes recommendations regarding medication management. A medication advisory committee meets every four months to discuss matters of interest or concern. Care recipients and representatives are satisfied with the management of care recipients’ medications

## **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

Registered nurses assess, monitor and evaluate care recipients’ pain using observation, and verbal and non-verbal assessments; care recipients experiencing pain are referred to a physiotherapist or their medical practitioner to assist with pain management. A physiotherapy aide provides treatment and massage according to instructions from the physiotherapist.

Medication and non-chemical strategies including massage, heat therapy, pressure relief and repositioning, gentle exercise, transcutaneous electrical nerve stimulator (TENS) machine, aromatherapy and diversional therapy are used to relieve and manage care recipients’ pain. Care staff said they receive education to assist them to identify pain and monitor the effectiveness of pain management strategies. Care recipients and their representatives expressed satisfaction with care recipients’ pain management and stated staff assist care recipients to be as free as possible from pain.

## 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

When care recipients move into the home registered nurses discuss and document care recipients’ preferences for end of life care if they and their representatives wish. Care strategies to ensure the comfort and dignity of terminally ill care recipients include pain management, emotional support and the use of appropriate equipment. Care staff seek advice and support from a palliative care link nurse if necessary. Pastoral care services provide spiritual and emotional support for terminally ill care recipients and their families when requested, and are available for staff. A designated palliative care room is available for end of life care and families are welcome to stay if they wish. Care staff described strategies to ensure the comfort and dignity of terminally ill care recipients is maintained.

## 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

Care recipients’ dietary and nutrition requirements and preferences are assessed and documented when they move into the home and when their needs and preferences change. A dietician is available to provide advice about any special dietary requirements, and a speech therapist reviews care recipients experiencing swallowing difficulties. Catering staff receive written information about care recipients’ individual requirements, preferences and changes to diets. Care staff routinely monitor care recipients weights and refer significant weight variations to a dietician or medical officer for further investigation and advice. The home provides care recipients with special diets, textured meals and thickened fluids; extra fluids are encouraged, especially during hot weather. Care recipients are encouraged to provide feedback at meetings and focus groups, in surveys and individually to staff or management. The home responds to care recipients’ comments about menu preferences and concerns, adjusting menus or offering alternatives to meet choices where possible. Care recipients are satisfied with the quantity, quality, temperature and presentation of meals, and with the choices available to them.

## 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

Care recipients’ skin care needs and preferences, skin integrity and their ability to manage their own personal hygiene requirements are assessed when they move into the home, and at regular intervals. Risk assessments identify those at risk of injury. Care staff use a range of aids and interventions to maintain skin integrity including repositioning, massage, protective

aids, pressure relieving equipment and regular nail and hair care. Care staff are trained in correct manual handling procedures to reduce the incidence of skin tears. Skin tears, wounds and any injuries are assessed, documented and treated; skin tear rates are analysed monthly to identify possible causes. A hairdresser and a podiatrist visit the home regularly. Care recipients and representatives are satisfied with the skin care regimes provided to 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

Care recipients’ continence needs and patterns are assessed and documented on entry to the home and on an ongoing basis. When necessary a continence management plan is developed in consultation with the care recipient or their representative. Continence is promoted and managed through initial and ongoing assessments, scheduled toileting and the use of continence products. Continence management is monitored through observation of staff practices, data collection including urinary tract infection rates and analysis, and care recipient or representative feedback. The home maintains adequate supplies of linen and a range of continence aids. Staff receive training in continence management and the use of appropriate continence products. Care recipients and representatives are satisfied care recipients’ continence is managed effectively.

## **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

When care recipients with challenging behaviours move into the home their behaviours are assessed, documented and behaviour care plans are developed. Care staff observe the frequency and nature of challenging behaviours in an effort to identify triggers and to develop effective management strategies. Possible physical causes such as pain or urinary tract infections are investigated when challenging behaviours are evident. Care recipients are reassessed regularly and as care needs change or if current interventions become ineffective. Care staff receive education and training in the management of challenging behaviours, and diversional therapy programs are in place to assist with behaviour management. Staff practices are monitored through observation and representative feedback. The home has access to specialist medical and mental health services for assessment, advice and support if required. Care recipients and representatives are satisfied with the way in which care recipients with challenging behaviours are managed at the home.

## **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

When care recipients move into the home care recipients dexterity, mobility and risk of falls are assessed to assist in the preparation of physiotherapy and mobility care plans. A physiotherapist assesses mobility, movement, balance, muscle strength, risk of falls and pain. Care plans are reviewed regularly in consultation with a physiotherapist. A physiotherapy aide carries out exercise programs and treatments with supervision from a physiotherapist. Care recipients are encouraged to exercise and are prompted to use appropriate aids and equipment to assist mobility and reduce the risk of falls. The incidence of falls is documented, monitored and analysed, and risk factors are identified; a falls risk committee meets regularly to discuss falls minimisation. The home provides a range of manual handling equipment and mobility aids, and has a system for hazard identification and reduction which assists in reducing the risk of falls. Staff are trained in safe manual handling, the use of equipment and falls prevention strategies. Care recipients reported they are encouraged to remain mobile and active, and to use mobility aids when appropriate.

## **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

Care recipients’ dental history, oral health and dental hygiene, and their ability to attend to their own oral and dental care are assessed and documented when they move into the home. They are encouraged and assisted to brush their own teeth or dentures to maintain their independence. Care staff monitor care recipients’ oral health and dental hygiene, and carry out mouth care when care recipients are unable to do so independently or when they are receiving palliative care. Care recipients are provided with new toothbrushes every three months. Dental services, including a dentist and dental technician, are available for care recipients requiring dental care. Staff practices are monitored through observation, education and feedback from care recipients and representatives. Care recipients and representatives are satisfied with the oral care provided to care recipients.

## **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 status is assessed when they move into the home to identify and manage sensory losses. Care recipients have access to specialist services including audiology, ophthalmology and optometry, and a dietician is available for advice when they have lost their sense of taste. Care staff assist care recipients requiring help to clean and maintain hearing aids and spectacles. Large print books are available to assist visually

impaired care recipients. The sense of smell and taste is stimulated during meal service, and tactile stimulation is achieved through massage. Staff assist care recipients to maintain spectacles and hearing aids. Care recipients and representatives are satisfied that sensory losses are identified and managed effectively.

## **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

When care recipients move into the home information about their sleeping patterns, routines and preferences is documented and care staff observe sleep patterns to assist with care planning and management. Care recipients are encouraged to exercise and remain active during the day and to follow their preferred sleep patterns. Care staff identify causes for sleep disturbances such as pain and continence status, and maintain a quiet and comfortable environment at night to assist care recipients to achieve natural sleep patterns. Non-chemical interventions used to encourage sleep include warm drinks and snacks, heat packs, repositioning and reassurance. Care recipients are satisfied that staff assist them to sleep without disruption and are attentive when they have difficulty sleeping.

## 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 for further information including a description of the overall system of continuous improvement. The home is making planned improvements in Accreditation Standard three which include the following examples.

- As part of the home’s renovations and as part of the organisation’s philosophy that the kitchen is the heart of the home, a kitchen/servery was created and called the ‘Bupa belly café’. The leisure and lifestyle staff and care recipients use the adjacent dining area for special events such as high teas which are prepared in the kitchen/servery area. They also cook treats together as part of the celebration for theme days and special events. Some of the cooking activities have been: Christmas treats, chocolates for St. Valentine’s Day, Anzac biscuits, and mango chutney which won first prize at the 2015 Kempsey show. Each day the staff cook bread in a bread-maker in the kitchen which is a sensory experience for care recipients and eaten with the evening meal.
- As part of the organisational initiative of ‘person first, dementia second’, a leisure and lifestyle staff member has taken a leading role in offering care recipients the opportunity to have a ‘life board’. Currently 95 per cent of care recipients have a completed ‘life board’. The boards contain photographs and stories of selected significant events in each care recipient’s life as chosen by the care recipient during discussion about their ‘map of life’. The boards assist staff and volunteers understand a little about the care recipient’s background, challenges and interests and are an aid to reminiscence. Care recipients, representatives, staff and visitors have provided positive feedback about the ‘life boards’.
- Management received a suggestion that care recipients would benefit from having the use of a computer specifically for them. Management purchased a laptop which is located in one of the care recipient lounge areas. Care recipients can use the computer to keep in touch with family and friends via email or Skype. Care recipients can also search the internet to gain information and access websites of interest to them. Care recipients are enjoying using the laptop.
- Staff noticed that three large reclining arm chairs were in a poor condition and likely to cause skin tears to care recipients. Care recipients who were no longer able to walk or sit upright for long periods were required to share the available reclining arm chairs which meant care recipients had to stay in bed all day on alternate days. Three new chairs have been provided and are in use. The registered nurses report there are now sufficient chairs for all care recipients who wish to sit in them during the day. The new chairs have enhanced the quality of life for those care recipients who require this equipment.



### 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

Management has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. For further information relating to the home’s regulatory compliance system, please see expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance relevant to Accreditation Standard three include:

- Management has a system for the compulsory reporting of alleged and suspected reportable assault and/or abuse as required under amendments to the *Aged Care Act 1997*. Management and staff have received information and education on elder abuse policies and procedures.
- The obligations of staff to maintain the confidentiality of care recipients’ information and to respect care recipients’ privacy are included in the employee handbook.
- All care recipients and representatives receive a copy of the resident agreement upon the care recipients’ entry to the home and this document provides information about care recipients’ entitlements.
- The Charter of care recipients’ rights and responsibilities is displayed in the home.

### 3.3 Education and staff development

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

#### **Team’s findings**

The home meets this expected outcome

Our rationale for finding the home does meet this expected outcome is based on the home’s systems for ensuring that management and staff have appropriate knowledge and skills as described in expected outcome 1.3 Education and staff development. We verified that the home uses those systems to identify and implement a range of educational sessions relevant to Accreditation Standard three. These include: privacy and dignity; mandatory reporting of assault; and providing cultural support. In addition, the leisure and lifestyle staff have completed their certificate IV in leisure and health.

### **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

Care recipients expressed appreciation to staff for the support and assistance that staff provide to them during their entry to the home and the subsequent settling in period. The entry process includes gathering information from care recipients and representatives to identify care recipients' existing care and lifestyle preferences. Care staff and leisure and lifestyle staff spend one-to-one time with care recipients during their settling in period and thereafter according to care recipients' needs. Staff assist care recipients to make entries and affix photographs in their personal 'memorable moments' books which become a record of each care recipient's experiences at the home. Care recipients and representatives can contact religious clergy for individual support as needed. The organisation has a volunteer program and volunteers help and encourage social interactions. We observed positive and supportive interactions between staff and care recipients during the re-accreditation audit.

Feedback about care recipients' levels of satisfaction with the provision of emotional support is gained through surveys, care case conferences, feedback forms and informally through discussions.

### **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 stated they are satisfied with the opportunities available to them to participate in the life of the community. Care recipients are supported to go out with family and friends and they are encouraged to entertain their visitors at the home. Staff facilitate care recipients' participation in the life of the community, for example, through the arrangement of regular bus trips. Many community groups visit the home including service clubs, entertainers, special interest groups and school children. Many care recipients use mobility aids to ambulate around the home. Physiotherapy and regular exercise sessions assist care recipients to maintain their mobility levels and independence. Care recipients are supported to meet their civil obligations as appropriate.

### **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

Care recipients' right to privacy, dignity and confidentiality is recognised and respected. Information about care recipients is securely stored. Staff are provided with education about

privacy, dignity and confidentiality on induction. We observed staff respecting care recipients' privacy. The environment and staff practices support care recipients' privacy and dignity when undertaking personal hygiene activities. Staff address care recipients in a respectful manner by their preferred names. Observations of staff interactions with care recipients showed warmth and respect. Many care recipients enjoy the services of a care staff member who provides hairdressing services in a salon at the home. Care recipients and representatives confirmed that staff provide care to care recipients in a respectful and dignified manner.

### **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

Care recipients expressed a high level of satisfaction with the lifestyle program that is provided by leisure and lifestyle staff and volunteers over seven days a week. Staff use an assessment process that identifies care recipients' map of life, social histories and leisure preferences. The monthly activity program, which includes special events, takes into account care recipients' preferred activities and celebrates significant cultural days. The program includes a mix of group and individual activities. Those care recipients who have difficulty self-initiating activities and those who prefer not to join in with others are provided with one- to-one time with leisure and lifestyle staff or volunteers. This enables them to engage in activities of meaning to them. Leisure and lifestyle staff are responsive to the feedback that care recipients provide at resident meetings, through surveys and during informal discussions. They maintain participation records for each care recipient to identify their level of interest in the activities provided. Leisure and lifestyle staff evaluate care recipients' leisure and lifestyle participation regularly to ensure the program continues to meet care recipients' recreational and leisure needs.

### **3.8 Cultural and spiritual life**

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

#### **Team's findings**

The home meets this expected outcome

Care recipients reported they are satisfied with the support provided for their cultural and spiritual needs. The individual requirements of care recipients to continue their beliefs and customs are identified as part of the assessment process on entry. Care recipients at the home are mainly from an Australian or European background and all care recipients understand English. Specific cultural days of interest to the care recipients are commemorated with appropriate festivities. Care recipients and representatives expressed appreciation for the efforts of staff to entertain and please the care recipients on these occasions. Care recipients' birthdays are celebrated on the day. Regular church services are held at the home and care recipients are invited to attend.

### **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

Care recipients advised they are satisfied with the choices available to them at the home. Care routines are arranged following discussions between staff and care recipients and/or their representatives. The cook speaks with care recipients every morning about their meal choices for each meal. Care recipients' choices of medical officer and allied health services are respected. Participation in group activities is the choice of the care recipient and leisure and lifestyle staff discuss with them how they wish to be supported during one-to-one time.

Care recipients have personalised their rooms with photographs, other mementoes and small items of furniture. The home has a number of mechanisms to assist care recipients and representatives participate in decisions about the services care recipients receive including: discussions with staff; resident meetings; surveys; care case conferences; and through the comments and complaints processes. Care recipients expressed satisfaction with the actions taken by management on matters raised and their responsiveness to requests. Care recipients' care plans, care case conference records and progress notes provide evidence of consultation with them about their preferences for the manner in which care is provided.

### **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

Care recipients and representatives reported they are satisfied with the information the home provides to care recipients on entry regarding care recipients' entitlements, details of tenure as well as the fees and charges. A resident agreement is offered to care recipients on entry which meets the requirements of the applicable legislation. The resident handbook which is provided to care recipients on entry contains information about the services available, processes for making complaints and information about residents' rights and responsibilities. Management advised that care recipients and representatives are consulted on the rare occasion that care recipients have needed to change rooms.

## 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 further information including a description of the overall system of continuous improvement. The home has made planned improvements relating to Accreditation Standard four which include the following examples.

- It was identified that staff lacked knowledge about the business continuity plan. Specifically they were unaware it contained information about evacuation procedures, emergency supplies and details of tradesmen to contact in an emergency. The content and location of the continuity plan were discussed at the staff meeting in January 2015. Staff have been encouraged to familiarise themselves with the plan so they will be more confident of actions to take in an emergency. Management continue to undertake spot checks on staff awareness of the content and location of the continuity plan.
- Management received a suggestion that the care recipients in one of the accommodation wings would be safer if they had security screens attached to their external windows. Security mesh screens were installed on the windows in each room. Care recipients and staff now have improved safety and security.
- Staff identified that the catch on the external gate in the delivery area did not provide security for any care recipient who found their way to that area of the home. A pin code pad has been affixed to the gate. The perimeter of the home now provides care recipients with a secure environment.
- As a result of the building renovations and the creation of a new dining room for care recipients residing in that area, suggestions were made about ways to enhance the dining experience for care recipients who continued to use the existing dining room. Purchases included: new dining tables; new cutlery and crockery; and vases of flowers for the tables. Condiments are now placed on the tables for each meal. A new servery bench was installed. A small stereo player has soft music playing during meals. Care recipients have provided positive feedback about their refurbished dining room.

## 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

Management has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. For further information relating to the home’s regulatory compliance system, please refer to expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance relevant to Accreditation Standard four include:

- The home has implemented a staff consultation process which supports a work health and safety committee which is accordance with current legislation.
- Audits, surveys and checklists are used to ensure compliance with relevant legislative requirements in the areas of food safety, infection control, laundry processes and fire safety and security.
- To ensure compliance with manual handling requirements all staff have undertaken manual handling education and attend regular update training.
- The home maintains a current fire safety statement.

## 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

Our rationale for finding the home meets this expected outcome is based on the home’s systems to ensure management and staff have appropriate knowledge and skills as described in expected outcome 1.3 Education and staff development. We verified that the home identifies and implements a range of educational measures relevant to Accreditation Standard four. These include: mandatory training for all staff which includes fire safety, infection control and manual handling; and food safety education is mandatory for all staff who handle food.

#### **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 for care recipients. Care recipients are encouraged to personalise their rooms with photographs and mementoes. Care recipients and their visitors have access to communal areas, including lounge and dining areas, and a large, landscaped central courtyard. We observed that the home is clean, and free of odour and clutter. Communal areas, corridors and bedrooms are bright and well lit. Structural renovations were completed recently to improve the accommodation in Lilly wing. The home has a planned preventative and corrective maintenance program; environmental audits identify risks, and monitor care recipients' comfort and safety. Hazards are identified, documented and corrected promptly. Care recipients commented the home is comfortable and temperatures are adjusted to meet their needs. Staff stated maintenance staff attend promptly to identified hazards

#### **4.5 Occupational health and safety**

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

##### **Team's findings**

The home meets this expected outcome

Management is actively working to provide a safe working environment through policies and procedures, hazard identification and management, and incident and accident reporting. The audit schedule includes regular inspections and checks of the working environment and staff practices. The home's scheduled maintenance program identifies and minimises risk. The home has a representative work health and safety committee which meets regularly to discuss issues identified or raised at meetings or individually. Ongoing education ensures staff understand regulatory requirements and safe work practices. Safety signage is on display and personal protective equipment is available for staff use. Chemicals are stored securely, staff are trained in the storage and use of chemicals, and safety data sheets are provided for all chemicals in use. Staff receive mandatory manual handling training and are trained in the use of new equipment. Staff say they are encouraged to report potential and actual risks within the home.

#### **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

Fire, security and safety systems are monitored and maintained through policies and procedures, regular fire equipment testing and maintenance, and mandatory staff fire safety training. Other measures include hazard identification, safety signage throughout the home

and safe storage of chemicals. The home has emergency evacuation procedures and care recipients' evacuation information which can be quickly accessed in an emergency. A fire safety company regularly tests and maintains the fire detection system and firefighting equipment, and a current fire safety statement is on display. We observed clearly marked emergency exits and correctly orientated evacuation plans. Safety data sheets are accessible where chemicals are used and spills kits are available for use. Staff lock external doors of the home each evening and the exterior of the home is secure and well lit. Care recipients, representatives and staff are satisfied with the safety and security of the physical environment.

#### **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 infection control program to identify, document, manage and minimise infections. The program includes a food safety plan, a vaccination program for care recipients and staff, and outbreak management contingency plans. Care recipients' infection statistics are monitored, documented and reviewed monthly. A pest control program is in place, and cleaning schedules and laundry practices are monitored to ensure infection control guidelines are followed. We observed personal protective equipment and colour coded equipment in use. Handwashing facilities, hand sanitisers, sharps waste disposal containers and spill kits are readily accessible. Staff receive infection control education at orientation and as part of ongoing education. They described infection control measures, including the appropriate use of personal protective equipment and hand hygiene procedures.

#### **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 a four week rotating menu which takes into account care recipients' preferences. Care recipients' dietary requirements and preferences, allergies and supplementary fluid requirements are conveyed in writing to catering staff and information is updated when care recipients' dietary requirements or preferences change. All meals are prepared in the home's kitchen. The home has a food safety program, and catering staff follow hazard analysis and critical control point principles (HACCP) including the use of colour coded equipment and personal protective equipment. Temperature monitoring includes food storage and food from delivery to consumption. Staff follow cleaning schedules and we observed care recipients' rooms, bathrooms and communal areas were clean, tidy and clutter free. The home has a system for the identification, collection and delivery of care recipients' personal items of clothing and the handling of soiled linen. Processes are in place to label care recipients' personal items of clothing, and to manage missing clothing. Staff advised that adequate supplies of cleaning equipment and linen are available. Care recipients and representatives stated they are satisfied with the catering, cleaning and laundry services.