



**Australian Government**

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**Australian Aged Care Quality Agency**

**Bupa South Hobart**

RACS ID 8051  
14 Gore Street  
SOUTH HOBART TAS 7004

**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 31 July 2018.

We made our decision on 18 June 2015.

The audit was conducted on 19 May 2015 to 20 May 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 care recipients, 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:

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.

| <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: 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.

| 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 Care recipient security of tenure and responsibilities | Met                     |

## 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.

| 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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**Australian Aged Care Quality Agency**

## **Audit Report**

**Bupa South Hobart 8051**

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

### **Introduction**

This is the report of a re-accreditation audit from 19 May 2015 to 20 May 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 19 May 2015 to 20 May 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of three registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 2014.

## Assessment team

|                      |                             |
|----------------------|-----------------------------|
| <b>Team leader:</b>  | Doris Hamilton              |
| <b>Team members:</b> | Renee Sweet<br>Ruth Richter |

## Approved provider details

|                           |                                |
|---------------------------|--------------------------------|
| <b>Approved provider:</b> | Bupa Care Services Pty Limited |
|---------------------------|--------------------------------|

## Details of home

|                      |                   |
|----------------------|-------------------|
| <b>Name of home:</b> | Bupa South Hobart |
| <b>RACS ID:</b>      | 8051              |

|  |                                      |
|--|--------------------------------------|
| <b>Total number of allocated places:</b>                           | 128                                  |
| <b>Number of care recipients during audit:</b>                     | 111                                  |
| <b>Number of care recipients receiving high care during audit:</b> | Not applicable                       |
| <b>Special needs catered for:</b>                                  | Care recipients living with dementia |

|                        |                |
|------------------------|----------------|
| <b>Street:</b>         | 14 Gore Street |
| <b>City:</b>           | SOUTH HOBART   |
| <b>State:</b>          | TAS            |
| <b>Postcode:</b>       | 7004           |
| <b>Phone number:</b>   | 03 6221 2200   |
| <b>Facsimile:</b>      | 03 6224 7045   |
| <b>E-mail address:</b> | Nil            |

## Audit trail

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

### Interviews

| Category                        | Number |
|---------------------------------|--------|
| Management and administration   | 2      |
| Clinical and care staff         | 11     |
| Allied health staff             | 2      |
| Maintenance staff               | 2      |
| Catering staff                  | 3      |
| Care recipients/representatives | 16     |
| Lifestyle staff                 | 2      |
| Laundry staff                   | 2      |
| Cleaning staff                  | 2      |

### Sampled documents

| Category                  | Number |
|---------------------------|--------|
| Care recipients' files    | 15     |
| Dietary requirement forms | 12     |
| Care recipient agreements | 12     |
| Medication charts         | 13     |
| Personnel files           | 12     |

### Other documents reviewed

The team also reviewed:

- Care recipients' information handbook
- Clinical documents and records
- Continuous improvement documents and records
- Document control system
- Education needs analysis and records
- External services records
- Human resource management documents and records

- Leisure and lifestyle documents and records
- Meeting minutes, memoranda, communication books and noticeboards
- Menu
- Physical environment and safe systems documents and records
- Staff and care recipient newsletters
- Stock ordering system
- Work instructions.

## **Observations**

The team observed the following:

- Activities in progress
- Care recipient noticeboards and information displays
- Equipment and supply storage areas
- Interactions between staff and care recipients
- Internal and external living environment
- Meal service and assistance
- Short group observation
- Staff noticeboards.



## 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 home has a continuous improvement system to identify improvement opportunities and monitor performance against the Accreditation Standards. The General manager (GM) oversees the continuous improvement plan and improvement opportunities are identified through a number of forums including audits and surveys, incidents analysis, feedback forms and various meetings. Improvement opportunities identified are added to the continuous improvement plan and are actioned, monitored and evaluated by the care managers and GM. Staff gave examples of recently completed improvements that have assisted them in their roles.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 1 – Management systems, staffing and organisational development are described below.

- The GM identified staff were not consistently completing the documentation and assessments related to the 28 day admission process when care recipients enter the home. As a result, the home has implemented a suite of 28 stickers which are placed in the communication diary, which details what assessments and actions are required to be completed on each day. As these tasks are completed they are 'ticked off' on the sticker. Since this process has been implemented the manager advised that assessments are being completed on time in line with the company's work instructions.
- To improve the communication process in the home, the GM has introduced a memoranda notification system. Care managers and GM identified memoranda were not consistently being read by staff. The GM sends a text message to all relevant staff that they are required to read a new memorandum when they are next on shift. Staff advised they are satisfied with the new process.

## 1.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

The home has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. Professional and peak bodies provide updates of regulatory and legislative changes to the home through the GM and Business administration manager (BAM). Management inform stakeholders of changes at meetings, training sessions, noticeboards and memoranda. Work instructions and the staff handbook are available to guide staff in relation to legislative and regulatory compliance. Staff, volunteers and contractors are required to have current police certificates. The GM and BAM are responsible for maintaining the currency of police certificates, professional registrations and visa registers, and staff are notified when renewals are due.

Management monitors legislative and regulatory compliance via an auditing program. Care recipients and representatives reported they were informed of the re-accreditation audit via correspondence, notices and meetings.

## 1.3 Education and staff development:

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

### **Team’s findings**

The home meets this expected outcome

Management demonstrates there are systems in place to ensure all staff have appropriate knowledge and skills to perform their roles effectively. All staff have induction training when they commence employment and ongoing compulsory education relevant to their role.

Further education is offered based on a training needs analysis, feedback at meetings, staff interest or a change in care recipients’ needs. A designated person maintains attendance records and evaluations to monitor effectiveness of training. The organisation supports staff development through further training. Staff stated they are satisfied with the level of education on offer and that e-training, internal and external training opportunities are available to further develop their skills.

Recent training opportunities relevant to Standard 1 Management systems, staffing and organisational development include:

- personal best
- online information management system
- the Bupa way.

## 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

There are processes to ensure care recipients and representatives receive information regarding the internal and external comments and complaints processes through information packs, agreements, brochures and meetings. Care recipients discuss complaints and suggestions at care recipient meetings, and management facilitates a resolution with the complainant as required. Management reviews the effectiveness of the comments and complaints process via monitoring mechanisms, and information regarding complaints and suggestions flows into the home's continuous improvement plan. Staff advocate on behalf of care recipients and receive information about the comments and complaints procedure during induction. Care recipients and representatives reported using formal and informal processes with staff and management as way of resolving issues and are satisfied with their access to complaints processes.

## 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 has documented vision, values, philosophy, objectives and commitment to quality statements displayed throughout the home and available in the care recipient handbook and on the organisation's website. The organisation supports staff to express documented vision, values, philosophy, objectives and commitment to quality in their practises through training and processes to support provision of quality services.

## 1.6 Human resource management

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

### **Team's findings**

The home meets this expected outcome

The home has appropriately skilled and qualified staff sufficient to meet care recipients' needs. The organisation's recruitment, induction and appraisal processes support local management. New staff participate in induction and education programs and work 'buddy' shifts. Position descriptions, handbooks, policies and procedures guide staff in their roles. Management monitor the roster to ensure appropriate staffing levels and skill mix are in place to meet the needs of care recipients and to provide appropriate services. Appraisals, audits, education sessions, observation and competency assessments assist management in monitoring staff skills and practises. Staff said they have sufficient time to perform their roles. Care recipients and representatives expressed satisfaction with the care and services provided by 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 sufficient goods and equipment for quality service delivery with identified staff managing stock control, ordering and purchasing. Stock is inspected on delivery and stock and equipment are safely stored. Management monitor preferred suppliers' performance, practises and the quality of goods supplied. Goods are rotated and stored safely. Routine and reactive maintenance ensures equipment is kept in a clean and usable condition. Staff stated they have sufficient equipment and supplies to meet care recipients' needs, maintenance needs are met and training is provided for new equipment. Care recipients and representatives said there are mostly sufficient supplies and equipment to meet care recipients' needs.

## 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 organisation has effective information management systems in place. Meetings, care staff handovers, communication books, memos and electronic messaging enable communication with all stakeholders. Care documentation guides staff in care delivery and information is stored and disposed of securely. The organisation's computer systems are password protected. Documentation is kept to meet legislated requirements and the organisation manages document control. Staff stated they have the information they need to fulfil their duties. Care recipients and representatives are mostly satisfied with access to information and communication in the home.

## 1.9 External services

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

### **Team's findings**

The home meets this expected outcome

The home engages external providers across a range of clinical and non-clinical services. The organisation and the home's management ensure external providers have the necessary certificates and insurance and monitor the quality of services provided. A list of preferred providers is available and senior staff can access after hours' internal and external services. All stakeholders expressed satisfaction with the external services provided by the home.

## 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

In relation to Standard 2 – Health and personal care, staff record care recipient falls, skin tears, medications, behaviours and unexplained absences of care recipients, and this information is collated and analysed for trends. Care recipients and staff are satisfied the organisation actively promotes and improves care recipients' physical and mental health.

Examples of current or recent improvement activities related to Standard 2 – Health and personal care are described below.

- Management identified the need to improve the pain management process in the home. Previously pain management interventions were looked after by different staff members in each area of the home. In order improve way the home manages care recipient pain, the pain management portfolio has been delegated to one registered nurse who is responsible for administering therapeutic massage and other pain interventions to care recipients. This allows the registered nurse to track and monitor the success of the pain management interventions administered. Staff interviewed advised they were satisfied with the new pain management processes. Management advised they are still working on improving the pain management process in the home.
- As a part of the home's work instructions care plans are required to be reviewed on a three monthly basis, management identified this was not being consistently followed. In order to support this requirement the clinical team has implemented a 'care plan schedule'. The schedule lists each care recipient and the month their care plan is due for review. At the start of each month registered nurses are assigned the care recipients they are responsible for reviewing and ensuring their care needs are being met. Staff advised they are satisfied with the process and management advised a review of care plans have shown they are being reviewed consistently. Care recipients interviewed advised they were satisfied with the level of care they receive.

### 2.2 Regulatory compliance

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

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

The home meets this expected outcome

The home has systems to identify and ensure compliance with all relevant legislation, regulations, professional standards and guidelines. A monitoring system is used to ensure

professional staff maintain current registrations. The registered nurses carry out initial and ongoing assessments of care recipients, and direct and supervise the management of care recipients' care. Processes are established to ensure unexplained absences of care recipients are reported in accordance with legislative requirements. Care recipients and representatives reported care recipients receive care and services in accordance with specified care service requirements.

### **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 information about the home's education and staff development systems and processes.

The home offers a range of training and education topics to staff relevant to care recipient's health and personal care. There are systems and processes to monitor the knowledge and skills of management and staff to ensure they perform their roles effectively.

Recent education relating to Standard 2 Health and personal care includes:

- managing sedatives and antipsychotic drugs
- registered and enrolled nurse clinical training
- therapeutic massage
- living with dementia.

### **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 ensure care recipients receive appropriate clinical care. Registered nurses assess care recipients for their clinical needs and preferences on entry to the home. Care recipient care plans contain information for staff to provide appropriate clinical care. Registered nurses ensure care recipients have a medical practitioner who will provide care to care recipients. Clinical staff review care recipient care plans regularly and in consultation with care recipients and their representatives. Registered nurses transfer care recipients to acute care services and refer care recipients to medical specialists and allied health practitioners as appropriate. Management monitor the clinical care management program through regular audits and feedback. Care recipients and representatives expressed satisfaction with clinical care.

## 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 identifies and meets care recipients’ specialised nursing care needs. Registered nurses assess, plan and perform specialised nursing care for care recipients. Medical practitioners develop and review care recipients’ care directives. Specialised nursing care provided by the home includes diabetes management, urinary catheter and wound care.

Staff stated they had the necessary equipment and supplies to provide specialised nursing care. Care recipients and representatives expressed satisfaction with care recipients’ specialised nursing care.

## 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

Registered nurses refer care recipients to appropriate health specialists in accordance with care recipients’ needs and preferences. Allied health professionals visit the home regularly to assess, plan and review care recipient care. Registered nurses refer care recipients to allied health professionals in response to their wishes and clinical conditions. Registered nurses coordinate care recipients’ appointments with and transport to medical specialists.

Registered nurses review care recipient care plans in response to the recommendations made by allied health professionals and medical specialists. Care recipients and representatives expressed satisfaction with care recipients’ access to allied health services and medical specialists.

## 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 assess, plan and review medication management. Medical practitioners complete and regularly review medication charts. Pharmacies supply medications in dose administration aids and original packaging. Clinical staff administer medications according to their qualifications and competencies. Annual competency education is provided to staff administering medications. Medication is stored and disposed of correctly. Management monitor the system through incident reports, audits and a medication advisory committee. Care recipients and representatives expressed satisfaction with care recipients’ medication management.

## **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 ensure all care recipients are as free from pain as possible. Registered nurses assess care recipients for pain on entry to the home. Care recipient care plans detail reasons for pain and strategies to relieve pain. Clinical staff observe care recipients for pain using both verbal and non-verbal assessment tools. Medical practitioners review care recipients’ pain and prescribe pain relieving treatments. Registered nurses implement a massage program for the relief of pain. Management monitor the pain management program through regular reviews and feedback. Care recipients and representatives expressed satisfaction with the assistance staff provide care recipients to minimise 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

The home has systems to maintain the comfort and dignity of terminally ill care recipients. Clinical staff document care recipients’ terminal care preferences on entry to the home.

Clinical staff consult with care recipients, representatives and medical practitioners to ensure care plans are developed as appropriate. Staff said they have access to palliative care resources and expertise as required. Management monitor the palliative care management program through regular reviews and audits.

## **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 receive adequate nourishment and hydration. Clinical care staff assess care recipients on entry to the home for their nutrition and hydration needs and preferences and a plan of care is documented. Staff weigh care recipients to identify changes and report significant variations to registered nurses. Registered nurses refer care recipients to dietitians and speech pathologists as appropriate. Staff provide care recipients with nutritional supplements, modified cutlery and crockery and physical assistance to consume food and fluids as appropriate. Management monitor the nutrition and hydration management program through regular reviews and audits. Care recipients and representatives expressed satisfaction with meals and drinks.



## 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 systems to ensure care recipients’ skin integrity is consistent with their general health. Registered nurses assess care recipients’ needs and preferences for skin care and their risk of developing interruptions to skin integrity on entry to the home. Care recipient care plans document interventions for maintaining skin integrity. Management and staff provide pressure-relieving devices. Staff monitor care recipients’ skin, reporting changes to registered nurses. Registered nurses refer care recipients to medical practitioners for review and treatment of skin conditions. Registered nurses manage wounds and maintain data on rates of wounds in the home. Management monitor through incident reports and data analysis. Care recipients and representatives expressed satisfaction with care recipients’ skin care.

## 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 effectively manage care recipients’ continence. Registered nurses assess care recipients for their continence needs and preferences on entry to the home and develop care plans. Staff monitor care recipients and identify strategies to reduce episodes of incontinence and maintain social continence. A continence aid supplier provides education and advice to staff regarding continence management and participates in meetings to review continence aids management. Registered nurses regularly review continence care plans and refer care recipients to medical practitioners as necessary. Management monitor the continence management program through regular audits. Care recipients and representatives expressed satisfaction with care recipients’ continence management.

## 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

Management and staff effectively manage the needs of care recipients with challenging behaviours. Staff assist care recipients to settle into the home and use assessment tools to identify challenging behaviours and their triggers. Staff assess care recipients for their cognitive abilities and mood. Care recipient care plans contain strategies to manage challenging behaviours and specialist assessment is sought for care recipients as appropriate. The home has an area dedicated to care recipients living with dementia. Management monitor the behaviour management program using audits and incident reports. Care recipients and representatives expressed satisfaction with care recipients’ behaviour management.

## **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

The home has systems to ensure care recipients achieve optimum levels of mobility and dexterity. Physiotherapists assess care recipients for mobility and dexterity on entry to the home and develop plans of care. Care recipients’ care plans include strategies to assist care recipients remain mobile and the assistance required to change location and reduce the risk of falls. The home has an indoor swimming pool and gym. Physiotherapists review care recipients regularly, on referral and following a fall. Management monitor incidents of falls and audit the mobility management program regularly. Care recipients and representatives expressed satisfaction with the assistance staff provide care recipients to maintain their mobility.

## **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

Management and staff have systems to maintain the oral and dental health of care recipients. Registered nurses assess care recipients’ oral and dental health on entry to the home and develop a plan of care. Care recipient care plans include oral and dental needs and preferences and the level of care required. Staff assist care recipients to see dentists when necessary and report any concerns regarding oral health to medical practitioners who prescribe treatments as appropriate. Management monitor the oral and dental management program through regular reviews and audits. Care recipients and representatives expressed satisfaction with the assistance staff provide care recipients for 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

The home has systems to identify and manage care recipients’ sensory losses effectively. Registered nurses assess care recipients on entry to the home for their abilities regarding all five senses. Care recipient plans of care include strategies to maximise senses and assist with sensory loss. Registered nurses review care plans regularly and refer care recipients to specialists as necessary. Medical practitioners review care recipients and prescribe treatment for conditions affecting sensory loss. Management monitor the sensory loss management program through regular audits and incident reports. Care recipients expressed satisfaction with the support they receive from staff to manage their sensory loss.

## 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

Management and staff have systems to ensure care recipients achieve natural sleep patterns. Registered nurses assess care recipients on entry to the home to establish care recipients’ needs and preferences for sleep. Clinical staff document care recipients’ patterns of rest and wakefulness to ensure they are achieving adequate sleep. Registered nurses refer care recipients to medical practitioners for strategies to assist sleep and medication is prescribed as deemed appropriate. Care recipient care plans detail individual preferences such as preferred rising and settling times and bed time rituals. Management monitor results for care recipients through regular reviews and audits. Care recipients have single rooms and said it is a quiet environment at night in which 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

In relation to Standard 3 – Care recipient lifestyle, care recipient/representative meetings and surveys are used to gather suggestions. Feedback is regularly recorded and evaluated from all lifestyle and care activities. Staff also contribute to improvements to care recipient lifestyle through surveys, training and networking. Staff encourage and support care recipients and others to provide feedback and suggestions.

- A suggestion was received from a staff member about introducing a ‘pub lunch’ as some care recipients really enjoy having pub lunches and no longer have the opportunity to dine outside of the home. As a result, the home has introduced a monthly ‘pub lunch’ event, the menu includes lamb shanks and crumbed scallops. Care recipients provided positive feedback about the dining experience and the pub lunch event has been implemented across the home and occurs on a monthly basis.
- Therapy staff wanted to improve the way the home celebrates birthdays. As a result, each care station has a list of care recipients’ birthdays, so each staff member is aware and can wish the care recipient a happy birthday. Therapy staff ensure a card and a cake is prepared for the care recipient and they have an afternoon tea in the living room and celebrate with staff and other care recipients. Care recipients have provided feedback they like celebrating their birthdays with staff and other care recipients.

### 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

The home has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. Management inform staff of changes relevant to care recipient lifestyle through training, memoranda and meetings. All staff sign an employment contract at the commencement of employment that includes a confidentiality clause and code of conduct agreement. Staff demonstrated an understanding of the regulatory guidelines for the reporting and management of elder abuse. Care recipients and representatives reported they are aware of their rights and responsibilities.

### **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 information about the home's education and staff development systems and processes.

The home offers educational topics relevant to care recipient lifestyle to assist staff to perform their roles effectively. Staff attend external training and the home's internal training and education program.

Recent education relating to Standard 3 Care recipient lifestyle includes:

- person first, dementia second
- respecting privacy and dignity
- care of the deceased.

### **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 or their representatives are provided with a care recipient handbook prior to moving into the home. Care recipients' needs and preferences are discussed with the care recipient and their family, and care recipients are orientated to their room, surroundings and introduced to other care recipients. Staff monitor and support each care recipient, qualified staff assess their emotional needs, and therapy staff gather information to identify people, events and dates of significance. Care plans include the holistic requirements of each care recipient including social and emotional well-being. Care recipients are encouraged to personalise their rooms with furniture, pictures and mementos from home, and families and friends are encouraged to visit on a regular basis. Staff described ways they support care recipients and report any concerns to the registered nurse. Care recipients and representatives reported they are satisfied care recipients' receive appropriate emotional support on moving into the home and on an ongoing basis.

### 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

The home has processes to ensure regular assessments of care recipients' needs to maintain independence. On moving into the home, qualified staff assess each care recipient's level of ability to participate in activities of daily living. Care plans consider the sensory, cognitive and mobility levels of each care recipient when promoting independence. The home encourages care recipients to maintain friendships inside and outside of the home and staff support care recipients to attend outings at local shopping centres and other places of interest. Staff described ways they assist care recipients to maintain their independence during activities of daily living. Care recipients and representatives reported they are satisfied care recipients are encouraged and supported to maximise their independence.

### 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. Confidential information is stored securely and accessed by authorised personnel only. Staff were observed interacting with care recipients in a respectful manner. All care recipients have a single room with an ensuite bathroom, and care recipients and their visitors have access to small lounges, gardens and communal areas for privacy. Staff described ways they maintain care recipients' privacy, dignity and confidentiality. Care recipients and representatives reported they are satisfied care recipients' right to privacy, dignity and confidentiality is recognised and respected.

### 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

There are processes to support and encourage care recipients to participate in a range of activities of interest to them. Therapy staff gather information regarding each care recipient's past and current interests on moving into the home and incorporate them into their care plan. The activity program runs seven days per week and includes a range of activities for fine and gross motor skills, sensory and cognitive abilities. Therapy staff incorporate special events and social outings in the program. Care recipients' attendance and participation in activities is documented and feedback on the activity program is sought via the home's feedback mechanisms and care recipient survey. Staff assist care recipients to attend and participate in

activities, and care recipients' refusal to attend activities is respected. Care recipients and representatives reported they are satisfied with the range of activities provided.

### **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' individual interests, customs, beliefs and cultural and ethnic backgrounds are identified on moving into the home and this information is included in their care plan. Care recipients have access to religious personnel and community visitors. Culturally significant events and anniversaries are celebrated including ANZAC day, Remembrance day, Easter and Christmas, and other days of significance to care recipients. Care recipients and representatives reported they are satisfied care recipients' customs, beliefs and cultural and ethnic backgrounds are recognised and respected.

### **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

Management and staff support care recipients' individual choices and decisions. Care recipient/representative meetings, surveys and feedback mechanisms provide opportunities for care recipients and/or their representative to participate in the care and services care recipients receive. Staff described ways they encourage and support care recipients to make choices and decisions including choice of medical practitioner, time for rising and settling, meals, attendance at activities and time to attend to personal care. Care recipients and representatives reported they are satisfied with the support provided by the staff to enable care recipients to make decisions.

### **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 a system to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. Management provides prospective care recipients with information about security of tenure, care and service entitlements and rights and responsibilities and every new care recipient is offered an agreement which confirms these arrangements. Room changes occur after consultation with the care recipient and, if required, their representatives. External complaint and advocacy information and the Charter of care

recipients' rights and responsibilities is on display. Care recipients and representatives stated care recipients have secure tenure and are aware of their 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 about the home’s continuous improvement system and process.

Examples of improvement initiatives implemented by the home over the last 12 months are described below.

- A review of incidents showed staff and care recipients were slipping outside the home when the ground was wet and icy. As a result the home has resurfaced the pathways outside the home and kitchen with a non-slip surface. The home has also commenced resurfacing care recipients’ balconies. Since the non-slip surface has been installed there have been no reported incidents in relation to slips on pathways in and around the home. Care recipients and staff stated they are satisfied with the new surface around the grounds.
- Management received feedback from care recipients in relation to damaged clothing after being returned from the laundry. In order to improve the laundry services for care recipients, management has provided further training to staff and placed clear directions of clothing colours and types on top of laundry skips. Since this process has been in place, management advised and documentation reviewed confirmed, the home has had a reduction in complaints in relation to the laundry services provided in the home.

### 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

There are systems to identify and ensure ongoing regulatory compliance in relation to the physical environment and safe systems. All staff attend mandatory fire, emergency and safety training, and external contractors regularly service fire safety equipment. Infection control training is included in the mandatory training calendar. There are established mechanisms for reporting incidents, accidents and hazards. Chemicals are securely stored and safety data sheets are available. Staff explained the locations and use of personal protective equipment. External audits and inspections are undertaken to monitor compliance with food safety.

### 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 information about the home's education and staff development systems and processes.

Recent education relating to Standard 4 Physical environment and safe systems includes:

- manual handling
- fire and emergency response
- hazard identification
- bullying and harassment for workers.

### 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 actively works towards providing a safe and comfortable living environment with ongoing improvements. The home provides single rooms with ensuites and balconies or access to patios. There are lounge areas with kitchenettes for care recipients and visitors, large areas for activities and dining areas. The home's outdoor areas are easily accessed by care recipients. Care recipients' rooms reflect individual preferences and care recipients report temperatures are well controlled. Management maintains safety of the environment by promptly addressing hazard reports and maintenance requests. Care recipients and representatives expressed satisfaction with the environment.

### 4.5 Occupational health and safety

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

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

The home meets this expected outcome

Management actively pursues occupational health and safety to ensure a safe working environment which meets regulatory requirements. There is a system of policies and procedures, incident and hazard reports, an occupational health and safety representative and committee and mandatory staff training. The home provides a range of equipment to minimise the risk of injury to care recipients and staff. Management and the organisation monitor occupational health and safety through environmental audits, analysis of incidents and

hazards, from observation of practises and feedback from staff. Secure storage and safety data sheets support the safe use of chemicals. Staff demonstrated knowledge regarding hazard and incident reporting and confirmed their attendance at annual manual handling training.

#### **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 manage fire, security and emergencies and minimise risk. Fire equipment, floor plans and fire procedure instructions are located throughout the home. Evacuation packs contain equipment and a current care recipient evacuation list is available. Emergency exits are marked and provide clear access and egress. Specialist contractors regularly test and maintain fire detection and firefighting equipment. The home has a process for testing and recording the safety of electrical appliances. The home provides staff with education on fire and emergencies during orientation and the annual mandatory fire and emergency training program. Staff follow security procedures to ensure a safe home environment. Staff demonstrated knowledge and provided examples of what to do in a fire or other emergency.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home has an effective infection control program. Policies and procedures including guidelines for managing gastroenteritis and influenza outbreaks are in place. Infection control education is included in staff induction and annual mandatory education. There are facilities for hand hygiene, supplies of personal protective equipment and processes for the safe disposal of sharps and contaminated waste. Food safety, cleaning and laundry practices support infection control. Management and the organisation monitor the infection control program. Staff explained procedures to follow to manage and prevent infections and their roles in the event of an infectious outbreak. Care recipients and their representatives stated that staff implement extra care when care recipients are unwell.

#### **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 provides hospitality services in a way that enhances care recipients' quality of life and the staff's working environment. Catering services adhere to the home's food safety plan and meet care recipients' dietary needs, preferences and special requirements. Dining rooms provide a pleasant eating environment and care recipients have the opportunity to choose their

meals and provide feedback. Staff allocated cleaning duties follow documented processes for maintaining infection control and the cleanliness of the environment. An onsite laundry operates daily to ensure linen supplies are available and care recipients' personal clothing is returned in a timely manner. Cleaning and laundry supplies and equipment are available and chemicals are stored in a safe manner. Care recipients, representatives and staff expressed satisfaction with the catering, cleaning and laundry services at the home.