



**Australian Government**

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**Australian Aged Care Quality Agency**

**Bupa Templestowe**

RACS ID 3974  
222-228 Serpells Road  
TEMPLESTOWE VIC 3106

**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 22 October 2018.

We made our decision on 04 September 2015.

The audit was conducted on 04 August 2015 to 05 August 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 recipient 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 Templestowe 3974**

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

### **Introduction**

This is the report of a re-accreditation audit from 04 August 2015 to 05 August 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 04 August 2015 to 05 August 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>	Lisa Coombes
<b>Team members:</b>	Mary Jo Nash Richard Hanssens

## 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 Templestowe
<b>RACS ID:</b>	3974

<b>Total number of allocated places:</b>	142
<b>Number of care recipients during audit:</b>	130
<b>Number of care recipients receiving high care during audit:</b>	Not applicable
<b>Special needs catered for:</b>	Not applicable

<b>Street:</b>	222-228 Serpells Road
<b>City:</b>	Templestowe
<b>State:</b>	Victoria
<b>Postcode:</b>	3106
<b>Phone number:</b>	02 8247 3000
<b>Facsimile:</b>	N/A
<b>E-mail address:</b>	<a href="mailto:quality@bupacare.com.au">quality@bupacare.com.au</a>

## Audit trail

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

### Interviews

Category	Number
Management and administrative	6
Clinical/care staff	12
Lifestyle staff	3
Catering staff	5
Cleaning staff	2
Laundry staff	2
Care recipients/representatives	32
Volunteers	1
Maintenance staff	1
Allied Health staff	2
Medical Practitioners	3
Customer relations consultant	1

### Sampled documents

Category	Number
Care recipients' files	14
Map of life and activity assessments/records	6
Medication charts	13
Personnel files	7

### Other documents reviewed

The team also reviewed:

- Activity records
- Allied health information
- Audit documentation
- Care recipient agreements
- Care recipients' information packs, handbook and draft welcome booklet

- Cleaning schedules and cleaning documentation
- Clinical and specialised nursing care documents and charts
- Continuous improvement documentation, complaints mechanisms brochures
- Dietary documentation, menus
- Education records, competencies and matrix
- Emergency plan and procedures
- External contractors folder
- Fire system records including certification
- Food safety program and related documentation
- Handover and communication documents
- Hazards register
- Human resource management documentation including police certificate, statutory declaration, visa documentation and nursing registration documentation
- Incident reports and flipchart
- Infection control documentation
- Laundry schedules and related documentation
- Maintenance registers, maintenance records (reactive and proactive), service reports (including pest control, legionnaires testing and hot water testing)
- Material safety data sheets
- Meeting minutes and memoranda
- Re-accreditation self-assessment
- Recruitment documentation, staff employment pack and position descriptions
- Risk assessments
- Roster
- Specialised nursing care documentation
- Work instructions.

## **Observations**

The team observed the following:

- Activities in progress including games, exercise programs and concert



- Alzheimer's handbook for carers
- Archive room
- Call bells, accessible to care recipients
- Chemical hazards register
- Doll therapy information (to support program)
- Drinks trolleys and morning and afternoon tea service
- Education posters and information
- Emergency maps, exits, contact numbers, evacuation folder
- Equipment and supply storage areas
- Hairdresser in on-site salon with care recipients
- Hot water and utilities system
- Infection control equipment, personal protective equipment, outbreak kits, spills kits and waste disposal
- Interactions between staff, volunteers and care recipients
- Living environment (internal and external)
- Locked suggestion box
- Medication administration and storage
- Noticeboards and information displays
- Short group observation in communal area
- Vision, mission and commitment to quality statements displayed.

## 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

Management and staff, supported by a centralised management structure, actively pursue continuous improvement and monitor performance across the Accreditation Standards. Work instructions, improvement logs, continuous improvement plans, clinical reports, surveys, audits and formal and informal feedback inform the continuous improvement system.

Management monitor and evaluate the effectiveness of improvement processes with regular meetings and on-going analysis of data collected. Management provides feedback to stakeholders through meetings, electronic mail, correspondence and noticeboard information. Care recipients, representatives and staff expressed satisfaction with the home's continuous improvement system.

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

- To improve the effectiveness of the induction process, management created a power point presentation and handbook that includes Bupa's values, vision and commitment to quality, personal best passport system, appraisal system, model of care, complaints, incidents and work instructions. This has resulted in staff feeling empowered following induction and a greater awareness of the Bupa way.
- As part of Bupa's implementation of a person centred model of care, management created new position descriptions and duty lists for all clinical staff. Management reviewed rostering and changed the model to provide consistent and dedicated staffing in the four communities. This has resulted in staff becoming familiar with all care recipients in their community and ensuring that the care and services provided reflect aspects of the lives of the care recipients and that care recipients maintain their connection to friends and family, local communities and continue involvement in their favourite hobbies. Staff stated they feel engaged and understand their roles.
- Management introduced weekly leadership meetings including the all department heads and the on-site general practitioner. This ensures everything is discussed and decided as a team. This has resulted in an open and transparent approach where everyone is aware of what is occurring throughout the communities of the home. Minutes are provided to everyone at the meeting with a copy placed in the staff room. Feedback from

participants was extremely positive with participants stating they feel informed and engaged.

## 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 relevant legislation, regulations, professional standards and guidelines across the Accreditation Standards. Bupa Care Services has a legislative review committee which meets monthly to ensure Bupa complies with regulatory requirements. This committee monitors changes to legislation and professional standards and practice and determines what actions may be required as a result of changes.

Management disseminates relevant information to staff through memoranda, staff meetings and education and to all care recipients and representatives through electronic mail, meetings and notices. Staff and management are aware of their responsibilities regarding regulatory compliance. Care recipients and representatives stated they are satisfied with the information provided to them.

Examples of regulatory compliance relating to Standard 1, Management systems, staffing and organisational development include:

- Work instructions reflecting current and relevant legislation.
- Processes to monitor the currency of staff, volunteer and external contractors’ police certificate records and professional registrations.
- Notification to all stakeholders of the re-accreditation audit within the requisite timeframe.

## 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 demonstrate they and staff have the appropriate knowledge and skills required to perform their roles effectively. The care manager, general manager and human resources team oversee the education and staff development program. Education sessions are a mix of mandatory and optional sessions developed through annual training analysis, identified need and changes in care recipient requirements. The organisation has a comprehensive electronic learning program which staff can access from work or home and complete at their own pace. Competencies are undertaken in a range of areas including medication administration. Education attendance/completion is data based, sessions evaluated and there is a system in place to follow-up on non-attendance for mandatory sessions. The organisation and management provide a comprehensive induction/orientation program for commencing employees. The home’s organisation offers a range of career development opportunities and

scholarships to assist staff develop their work roles. Staff and management said the education provided to them meets their needs.

Education provided relating to Accreditation Standard 1 includes:

- The Bupa Way-2020 Vision
- Leadership training
- Management of incidents
- Orientation and induction.

#### **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

All stakeholders have access to complaints mechanisms. Internal and external comments and complaints information is on display, included in care recipient and staff handbooks and in care recipient agreements and discussed during orientation. Care recipients, representatives and staff are encouraged to discuss any areas of concern with management through an open door policy or by completing improvement logs. Review and evaluation of comments and complaints feed directly into the continuous improvement system with outcomes communicated to stakeholders personally or through electronic mail and meetings. Care recipients, representatives and staff stated they are generally satisfied with the comments and complaints system.

#### **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

Bupa has documented its vision, values and commitment to quality. Management displays these statements prominently in the home and documents them in staff and care recipient handbooks.

## 1.6 Human resource management

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

### **Team's findings**

The home meets this expected outcome

Management ensures there are appropriately skilled and qualified staff to deliver appropriate care and services to care recipients. Work instructions guide staff recruitment, orientation, rostering, staff replacement and management processes. Management use a master roster with staff levels reviewed in response to care recipients' changing care needs and, currently, in response to the increasing number of care recipients. Staff have access to position descriptions and duty lists and said staff levels are flexible and appropriate. New staff are orientated to the home which includes an overview of the organisation's vision and values.

Care recipients and representatives are satisfied with staff knowledge and with staff levels.

## 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

Management has a comprehensive system to ensure there are stocks of appropriate goods and equipment. These are monitored electronically and an inventory system feeds into this to ensure adequacy of supply. Stock rotation is used to ensure freshness of supply. A quality checking system is in place including audits, stock take and inspection and a procedure to return goods which are faulty or not of the required standard. This system was seen to be effective and storage areas showed the home maintains sufficient stock to meet the ongoing needs of its care recipients. A reactive and preventative maintenance program ensures that equipment is regularly checked, serviced and where required, replaced. Care recipients, representatives and staff expressed satisfaction with the provision of stock and the maintenance, fixing or replacing of equipment as and when required.

## 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

There is a range of strategies to provide an effective information system at the home. This includes a paper based clinical management system and various electronic systems for the organisation and provision of information. The organisational intranet provides staff with relevant information on work instructions and links to other information. Key staff collect, analyse and report on clinical, incident and infection data. There are appropriate security levels, archiving and destruction processes to protect information ensuring the privacy and confidentiality of care recipient and staff information. Management uses electronic mail, informal discussion, noticeboards, handover and scheduled meetings to communicate relevant

information with all stakeholders. Staff are satisfied they receive appropriate and sufficient information to support their roles and responsibilities. Care recipients and representatives are generally satisfied with the level of information provided to them.

### **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 strong system for managing externally sourced services and the maintenance of contracts, contractors' information and the quality of delivery of goods and services. Bupa Templestowe is a new home and has a number of contracts under warranty. It has systems to audit and monitor that these are effective and a system to manage when they are not. The general manager and maintenance officer monitor services of external contractors and assess whether the service agreements are met. Care recipients/ representatives and staff said they are satisfied with the availability, responsiveness and appropriateness of externally sources services.

## 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

Management actively pursues continuous improvement across all aspects of care recipients' health and personal care. Refer to expected outcome 1.1 Continuous improvement for information regarding the home's continuous improvement system and processes.

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

- Organisational management have introduced a 'Person First' approach to care recipients living with dementia. The 'Person First' approach means putting the care recipient, their experiences, wellbeing, needs and feelings at the centre of the care process. Staff have undertaken education in 'Person First' care and have access to an eLearning module to further develop their knowledge. Identified staff are undergoing training and assessment to become 'Person First' coaches to continue the education and coaching to embed the approach across the home. As the 'Person First' approach is new to Bupa Templestowe, management are continuing to monitor.
- Due to an increased incidence in falls, management implemented falls clocks in each of the care stations. A clock face was printed and staff placed a coloured dot at the time and date of each fall over a month. This enabled staff to readily identify patterns of falls occurring in each community, including that more falls were occurring when carers were attending handover at 3.00 pm. Management changed the handover practice to team leaders providing individual handover to carers. This has resulted in a reduction in falls from 39 in June 2015 to 28 in July 2015.
- Care recipients complained of consistent noise at night, impacting their sleep. Maintenance conducted a review and identified the noise was created by doors slamming shut due to heavy door closers. Maintenance removed the door closers resulting in acceptable noise levels at night. Feedback at care recipient and representatives meetings identified that care recipients are satisfied the doors are no longer slamming shut and they are sleeping well.

## 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 comply with all relevant legislation, regulatory requirements, professional standards and guidelines in the area of health and personal care. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s regulatory compliance system and processes.

Examples of regulatory compliance in relation to Standard 2, Health and personal care include:

- Registered nurses review specialised nursing care.
- There are systems for recording, reporting and managing care recipients’ unexplained absences.
- Medication is administered safely and correctly, by appropriately qualified staff.

## 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 regarding the organisation’s system to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively.

Examples of education sessions and activities provided relating to Standard 2 include:

- Aged Care Funding Instrument
- Bupa model of care
- Continence training and catheterisation
- Medication training including diabetic medication management
- Palliative care
- Wound care.



## 2.4 Clinical care

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

### **Team’s findings**

The home meets this expected outcome

Management has processes in place to ensure care recipients receive appropriate clinical care. Assessments conducted on entry to the home enable the development of an interim care plan, which details individual needs and preferences. Nursing staff review care plans regularly in partnership with the care recipient and their representative and initiate re- assessment of care recipients annually and in response to changes in health status. Care recipients have access to either their own or the onsite medical practitioner. Management engages a range of allied health professionals and local area health services to enable a multidisciplinary approach. Work instructions, flow charts and relevant clinical education guide staff practice. Management monitor clinical care through incidents and infections, audits, care plan reviews and stakeholder consultation. Care recipients and representatives are satisfied with clinical care provided.

## 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

Appropriately qualified staff provide care recipients’ specialised nursing care needs. Registered nurses oversee the provision of complex clinical care and develop care plans detailing specialised needs, preferences and care instructions to guide staff practice. Staff consult with other health specialists as required and have access to appropriate specialised nursing equipment and educational resources. Audits, checklists, care plan reviews and stakeholder feedback monitor specialised nursing care. Care recipients and representatives are satisfied with the specialised care provided.

## 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 appropriate health specialists in accordance with the care recipient's needs and preferences. There is a medical practitioner based at the home however, care recipients can retain their own medical practitioner if desired. Allied health professionals are available at the home and include physiotherapy, podiatry, dietitian, speech pathologist, social worker, optometrist, audiologist and dental services. Geriatricians and specialised health services are available for care recipients as needed. Care recipients and representatives are satisfied with the way the home arranges referrals to relevant health specialists when required.

## **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

Management systems ensure care recipients’ medication is managed safely and correctly. Qualified staff administer medications according to an assessment of care recipients’ needs and preferences and staff receive regular education with annual competency testing conducted. Medications are stored securely in accordance with regulatory requirements and all medication incidents are recorded, investigated and actioned. There are processes to enable care recipients to self-administer medication if competent to do so. Management coordinates a medication advisory committee and the consultant pharmacist and medical practitioner undertake regular reviews of each care recipient’s medications. Care recipients are satisfied with the management of their medication.

## **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

All care recipients are as free as possible from pain. Nurses conduct pain assessments when care recipients move into the home using verbal, non-verbal and behavioural indications of pain and develop individual care plans. Staff and physiotherapists provide non-pharmacological pain management interventions such as the application of heat, gentle massage, exercise programs and repositioning. Staff monitor care recipients’ pain and record the use and effects of interventions and strategies implemented to relieve pain. Pain assessments are repeated and referrals made to the medical practitioner as required.

Management provide education to staff regarding pain management. Care recipients and representatives are satisfied with staff assistance to relieve their 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

Management ensure staff practices maintain the comfort and dignity of terminally ill care recipients. When care recipients move into the home management discuss end of life care with the care recipient and their representative and provide the opportunity to complete terminal wishes documentation. Individual palliative care plans are developed and adjusted as care needs and preferences change. Staff have access to special comfort care supplies and arrange for the involvement of religious personnel and an external palliative care service to provide additional support for care recipients and their families if required. Management and staff are satisfied they have access to appropriate resources and equipment to care for care recipients during this time.

## 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. During the initial entry period, nursing staff assess individual nutrition and hydration needs and preferences in consultation with the care recipient and their representative. Care plans identify food allergies, clinical needs, personal and cultural preferences and the level of assistance or equipment required. Staff weigh care recipients regularly and monitor any weight changes on an ongoing basis. Special diets and supplements are available for care recipients at risk of weight loss and nurses refer to a speech pathologist or dietitian for review of swallowing difficulties or weight changes. Alternative meals, extra drinks and snacks are available at all times. Care recipients have input into meal planning and feedback indicated satisfaction with the choice, variety and quality of meals in the home.

## 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 practices maintain care recipients’ skin integrity consistent with their general health. When care recipients move into the home staff assess skin integrity and identify skin care needs. Care plans provide specific strategies for maintaining and improving skin integrity such as regular repositioning, the use of pressure relieving equipment and the application of protective bandaging and moisturising lotions. Management provides education and work instructions regarding wound management and a wound consultant reviews complex wounds. Care recipients and representatives are satisfied with the care provided to manage care recipients’ skin integrity.

## 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 are managed effectively. Assessment, charting and evaluation of care recipients’ continence needs occur on entry to the home, annually and as necessary. Individual care plans outline care recipients’ routines, needs and preferences for continence care including staff assistance required and the provision of aids. The continence consultant provides continence support and education and care staff refer to continence specialists as required. The monitoring of staff practice occurs through care plan reviews, feedback, auditing and analysis of infections. Care recipients and representatives are satisfied with the management of care recipients’ continence needs.

## 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 demonstrate behavioural management care planning is effective in meeting care recipients’ needs. Staff assess care recipient behaviours when they move into the home following a settling in period and reassessment occurs if necessary. Care planning includes consultation with care recipients and representatives to identify individual triggers and strategies to minimise responsive behaviours. Diversional therapy programs are implemented to assist in managing reactive behaviours. Management and staff consult with external mental health professionals as required. Work instructions guide staff practice to support a restraint free environment and care plan reviews and incident analysis monitor the effectiveness of strategies. Care recipients and representatives are generally satisfied with the management of the needs of care recipients with challenging behaviours.

## 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

Optimum levels of mobility and dexterity are achieved for all care recipients. Care staff and the physiotherapist undertake assessment and care planning for mobility, dexterity and rehabilitation needs when a care recipient moves into the home as well as at regular intervals and as necessary following a fall or change in health status. The physiotherapist provides education and competency based training for staff in the use of equipment with an emphasis on maximising independence. Assistive devices are provided including height adjustable beds, sensor alarms, transfer equipment, mobility aids and wheelchairs. Audits, incident analysis and feedback mechanisms contribute to evaluation of the environment and the falls prevention program. Care recipients and representatives are satisfied with the support care recipients receive to maintain their mobility and dexterity.

## 2.15 Oral and dental care

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

### **Team’s findings**

The home meets this expected outcome

There is a system to ensure the maintenance of each care recipient’s oral and dental health. Care staff assess care recipients’ oral and dental needs and preferences upon entry to the home and review the care plan regularly in consultation with the care recipient and their representative. Care recipients have access to a mobile dental technician and may attend their own dentist if preferred. There are adequate dental and mouth care supplies as well as a toothbrush replacement program. Care recipients and representatives are satisfied with the oral and dental care provided.

## **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 losses are identified and managed effectively. Care staff assess individual sensory needs and preferences when care recipients move into the home and care plans provide details of assistance required with personal devices. Staff refer to health professionals such as the medical practitioner, optometrists and audiologists as required.

Large and light filled rooms and common areas along with special lifestyle resources support care recipients with sensory loss. Care recipients and representatives are satisfied with the approach to managing sensory losses.

## **2.17 Sleep**

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

### ***Team’s findings***

The home meets this expected outcome

Care recipients are able to achieve natural sleep patterns. Care staff identify individual sleep needs and preferences during initial and ongoing assessments via observation and care recipient feedback. Care plans detail individual comfort measures to promote sleep, including personal rituals and preferences for retiring, waking and naps. Staff implement strategies to minimise sleep disturbance and the risk of falls. Care recipients and representatives are satisfied with the home’s approach to enhancing sleeping patterns.

## 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

Management actively pursues continuous improvement activities in relation to all aspects of care recipients’ lifestyle. Refer to expected outcome 1.1 Continuous improvement for information regarding the home’s continuous improvement systems and processes.

Examples of improvement initiatives implemented in relation to Standard 3, Care recipient lifestyle include:

- Following the opening of Bupa Templestowe, management and lifestyle identified the dementia specific communities environments were stark, lacking stimulation and the care recipients were bored. Lifestyle staff purchased items including dolls, wheelbarrows, plastic gardening tools, laundry baskets and textural fabrics. This enhancement of the environment has resulted in a decrease in care recipient behaviours with less friction between care recipients. Management are continuing to monitor.
- Management identified that lifestyle programs need to meet the differing needs of four communities while retaining the community feel of one home. Management employed four lifestyle staff with specific skill sets to meet the needs of the differing communities. The lifestyle coordinators meet weekly to discuss, formulate and coordinate the activities calendars for each community. Care recipient and representatives feedback is they have choice across the home in relation to activities and said care recipients days are busy if that is their choice.
- A care recipient at the home became unwell. The general manager discussed this with their representatives and asked if there were anything the care recipient would like as a ‘bucket wish’ type activity that staff could provide. The care recipient decided they would like a ‘high tea’ with friends and family. The home has a number of private dining areas where this can be accommodated and this event has been organised. Following on from this management has discussed with lifestyle staff the possibility of a ‘bucket list’ approach to arranging activities special to individual care recipients such as a recent men’s morning tea at the Melbourne Cricket Ground.

### 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 comply with regulatory compliance obligations in relation to care recipient lifestyle. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s regulatory compliance system and processes.

Examples of regulatory compliance in relation to Standard 3, Care recipient lifestyle include:

- Management display the ‘Charter of care recipients’ rights and responsibilities – residential care’ throughout the home and include it in selected documentation.
- Care recipients’ agreements include information regarding privacy and confidentiality, specified care and services and security of tenure.
- There are systems to ensure the security and privacy of confidential information.

### 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 regarding the organisation’s system to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively.

Examples of education sessions and activities provided relating to Standard 3 include:

- Doll therapy
- Lifestyle training
- Mandatory reporting
- Person first training
- Privacy and dignity.

### 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 and representatives are provided with information prior to and on arrival at the home including a tour of the home, to assist in adjusting to their new life. Staff ensure care recipients are introduced to each other and other staff and they explain the home's layout, daily routines and events occurring. Family are made welcome and encouraged to participate in activities and were observed to be doing so. Care recipients are actively encouraged to personalise their rooms and living environment, which was observed to be vibrant, and care recipients said how much they enjoy the homeliness of their environment. Care recipients and representatives said staff assisted them to adjust to residential care and the new environment and this is ongoing. Staff were described as kind, caring and supportive. Observations of staff interacting with care recipients during the re-accreditation audit showed warm and respectful relationships.

### 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

Management utilise a range of systems to assist care recipients to achieve maximum independence, maintain family ties and friendships and to actively participate in their community. Management and its organisation are strongly focused on supporting care recipient independence and this was demonstrated in staff interactions with care recipients. There are a range of programs which assist care recipients to maintain independence such as exercise and mobility programs. Care recipients will be encouraged to participate in actions such as voting and are involved with their personal and legal responsibilities as is appropriate and manageable for them. Care recipients were observed going out of the home to attend family functions or shopping and expressed their satisfaction with how the home supports them to maintain 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

Management and staff of the home protect the privacy and dignity of care recipients and ensure the confidentiality of their personal information. Personal information was observed to be secured and accessed by those with authority to do so. It was observed there are sufficient shared spaces within the home such as alcoves and small rooms available for care recipients to have privacy and meet with family or friends or others and community when required. On



entry to the home care recipients sign consent forms for the release of information to appropriate parties and on appointment staff sign confidentiality agreements. Staff demonstrate an awareness of practices which promote the privacy and dignity of care recipients, including closing care recipients' doors when providing personal care. Care recipients said staff are polite, respect their privacy, address them in a suitable manner and by their preferred name and knock on doors prior to entering their rooms. This was observed to be the case.

### **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

Bupa Templestowe has systems to ensure care recipients are encouraged and supported to participate in interests and activities of their choice. On entry to the home care recipients and their representatives complete a 'Map of Life' to assist staff develop an individualised activity plan and to encourage meaningful engagement by identifying a range of the care recipients' interests. This is monitored on an ongoing basis to ensure currency of information. Activities include group activities such as concerts, games, craft and outings; one to one engagement such as music and discussion; and specific activity sessions for those care recipients living with dementia who prefer a more fluid and targeted program. Activities are evaluated through direct feedback, attendance and through care recipient meetings. The activity program and posters advertising upcoming events are prominently displayed throughout the home. Care recipients expressed satisfaction with the range of and access to activities, and said they are encouraged to attend but if they choose not to this is also respected. They were very complimentary about the energy and commitment of lifestyle staff saying they looked forward to spending activity time with them.

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

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

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

The home meets this expected outcome

Management has systems through which care recipients' cultural and spiritual needs are valued and fostered including the identification and documentation of interests, cultural needs, and religious preferences. The home has care recipients from a variety of cultures and there is a range of staff fluent in languages other than English able to communicate with care recipients in their preferred language. The organisation also has access to interpreters if required. Specific cultural days such as Australia Day, Anzac Day, Christmas and Easter are commemorated with appropriate festivities. Staff have organised Italian and Greek days to celebrate these cultures with appropriate food, celebrations and reminiscing. Care recipients' birthdays are recognised and celebrated. A range of church services are available and visiting religious denominations are accessed as and when required by care recipients to address their religious needs and faith. Care recipients and representatives expressed their satisfaction with how religious and cultural needs are catered for.

### **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, staff and the organisation's philosophy encourage care recipients to exercise choice and control through participation in decisions about the care and services they each receive. Care recipients and their representatives are encouraged to attend meetings and forums, including case conferences, and participate in discussions and raise matters with staff in the home. Care recipients provided a range of examples where they can decide what they want to do from participation in activities, choice of meals and when to eat and consultation regarding provision of care. Where care recipients are unable to make choices for themselves, management said an authorised decision maker is identified and acts on behalf of the person concerned. Care recipients' choices are recorded where relevant and accommodated whenever possible. Staff were observed providing care recipients with choices in a range of activities of daily living. Care recipients and representatives say they are empowered to speak up without hesitation and management supports them to make choices of importance to them.

### **3.10 Care recipient security of tenure and responsibilities**

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

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

The home meets this expected outcome

All potential and new care recipients and representatives are provided with a comprehensive information package. Agreements and handbooks contain information regarding security of tenure, complaints procedures and care recipients' rights and responsibilities. Care recipients are encouraged to seek their own advice regarding its terms and conditions. Care recipients and their representatives are actively encouraged to raise any concerns and seek further information regarding any changes to ongoing conditions. Care recipients and representatives are satisfied with the information provided regarding security of tenure and in outlining 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

Management actively pursues improvements to ensure care recipients live in a safe and comfortable environment. Refer to expected outcome 1.1 Continuous improvement for information regarding the home’s continuous improvement systems and processes.

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

- Following an electrical failure which affected the gas hot water service, the maintenance officer has provided instructions, including photographs, on how to reset the gas service. These instructions are located at the fire panel and staff stated they know where to access the instructions in the event of a hot water outage.
- Organisational management implemented a voluntary program to enable workers to call a tele-doctor for initial medical advice following a work injury. The tele-doctor provides a provisional diagnosis, treatment recommendations and return to work recommendations, as required. Education has been provided to staff and, while the program is new, it is expected to provide support to minimise the impact of work injuries and to expedite recovery. Management are continuing to monitor.
- To create fine dining for care recipients and to continue to improve the dining experience and food service, a three monthly care recipient food service survey was introduced. First quarter results identified a 66 percent satisfaction rate with the second quarter results at 80 percent satisfaction. Care recipients and representatives complimented food services and the dining experience.

## 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 regulatory compliance obligations in relation to physical environment and safe systems. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s regulatory compliance system and processes.

Examples of regulatory compliance in relation to Standard 4, Physical environment and safe systems include:

- The kitchen has a current food safety plan and certifications by external authorities.
- External contractors maintain essential services according to legislative requirements.
- Chemical storage is secure with current safety data sheets accessible.

## 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 regarding the organisation’s system to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively.

Examples of education sessions and activities provided relating to Standard 4 include:

- Chemical training
- Fire and emergency training
- Manual handling
- Safe food handling
- Work, Health and Safety.

#### **4.4 Living environment**

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

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

The home meets this expected outcome

Bupa Templestowe is a recently commissioned and commenced home. Care recipients have spacious individual rooms with ensuites. Rooms are personalised with care recipients encouraged to use some of their own furnishing, pictures and ornaments. There is sufficient living space in terms of private, dining and activity areas and we observed these to be used and the home to be clean, fresh and clear of obstruction. A reactive and proactive maintenance system ensures the home is functional and safe. The internal temperature of the home is comfortable and care recipients are able to adjust temperatures in their rooms. There is a call bell system to assist care recipients. Care recipients and representatives commented on how much they appreciate the quality and atmosphere of their living 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 demonstrate they are actively working to ensure a safe working environment. There is a system to identify and record hazards and a work health and safety committee meets regularly to manage any issues which may impact on a safe working environment. A process is underway to appoint a range of staff to this committee and the organisation will provide them with training in their role. A staff member already in this role was able to describe an environmental auditing tool used to monitor the home and its surrounding environment.

#### **4.6 Fire, security and other emergencies**

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

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

The home meets this expected outcome

Management demonstrate they are working actively to provide an effective and responsive fire and emergency system. Staff are required to attend training in fire and other emergencies and instructions to care recipients regarding what to do in case of emergency were observed on the back of the doors in each care recipients' room. The home has a comprehensive emergency plan to manage a range of contingencies. Fire and emergency equipment is regularly checked and maintained and records of these kept on site. Additional security measures include a system for signing in and out and keypad controlled areas. Care recipients said they feel safe in their 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

Management has an effective infection control program. Staff attend infection control training and their practice is guided by documented work instructions. Management monitors and analyses infections and appropriate strategies are implemented to reduce the incidence and spread of infections. Infection control measures include a current food safety program, a vaccination program for care recipients and staff and a pest control system. Staff have access to outbreak kits, spill kits and personal protective equipment and there are hand hygiene facilities and appropriate waste disposal systems. Staff demonstrate their knowledge regarding procedures in the event an infectious outbreak occurs.

#### **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

Management provides environmental and hospitality services in a way that enhances care recipients' quality of life and the staffs' working environment. Catering services meet care recipients' individual dietary needs and preferences, offer variety with a seasonal, four weekly rotating menu and adhere to a food safety program. Staff provide cleaning and laundry services and follow schedules to ensure completion of tasks. Furnishings, linen, and personal clothing are laundered onsite with replacement of linen as needed. Staff undertake labelling of clothing to minimise any loss and there is a system for returning misplaced clothing items. Chemicals are stored securely. Management and staff monitor environmental service performance through discussions with care recipients and representatives, stakeholder feedback, audits and observation of practice. Care recipients, representatives and staff are satisfied with the home's catering, cleaning and laundry services.