



Australian Government

Australian Aged Care Quality Agency

Bupa Traralgon

RACS ID 3977
96 Park Lane
TRARALGON VIC 3844

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 06 February 2019.

We made our decision on 14 December 2015.

The audit was conducted on 10 November 2015 to 11 November 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.

Expected outcome	Quality Agency decision
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.

Expected outcome	Quality Agency decision
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



Australian Government

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Audit Report

Bupa Traralgon 3977

Approved provider: Bupa Care Services Pty Limited

Introduction

This is the report of a re-accreditation audit from 10 November 2015 to 11 November 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 10 November 2015 to 11 November 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

Team leader:	Rebecca Phillips
Team members:	Jenny Salmond Kathryn Bennett

Approved provider details

Approved provider:	Bupa Care Services Pty Limited
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Details of home

Name of home:	Bupa Traralgon
RACS ID:	3977

Total number of allocated places:	120
Number of care recipients during audit:	114
Number of care recipients receiving high care during audit:	N/A
Special needs catered for:	Secure dementia community (30 beds)

Street:	96 Park Lane
City:	TRARALGON
State:	VIC
Postcode:	3844
Phone number:	03 5171 1200
Facsimile:	03 5171 1227
E-mail address:	Amal.Croft@croft.com.au

Audit trail

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

Interviews

Category	Number
General manager	1
Regional manager	1
Care managers	4
Nursing and care staff	8
Lifestyle staff	3
Maintenance and property staff	2
Care recipients	12
Representatives	7
Visiting medical and health professionals	3
Business and administration services	2
Catering, cleaning and laundry staff	6

Sampled documents

Category	Number
Care recipients' files	12
Residential agreements	12
Medication charts	14
Personnel files	12

Other documents reviewed

The team also reviewed:

- Audit schedule, audits and analysis
- Clinical charts, assessment tools and records
- Continuous improvement logs
- Contractor sign in register and contractor information
- Dietary needs and preferences, supplementation and preference documentation
- Doctor's communication book and specialist/allied health documentation

- Education documentation including attendance and completion records, calendar and evaluation
- Fire and emergency services records
- Food safety plan
- Handbooks for 'residents' and staff
- Hazard logs, infection control documentation and benchmark reports
- Human resource management documentation
- Lifestyle documentation and photographs
- Meeting minutes, memoranda and service improvement newsletters
- Policies, procedures, work instructions and flip charts
- Preventative and corrective maintenance documentation
- Productivity and quality monitoring tools including food and refrigerator temperature records
- 'Resident list'
- Risk assessment forms and plans
- Rosters
- Self-assessment tool
- Staff survey 2015 and education training needs analysis results.

Observations

The team observed the following:

- Activities and events in progress, including Remembrance Day commemoration
- Archive area
- Charter of care recipients' rights and responsibilities – residential care displayed
- Electrical test tags
- Emergency and firefighting equipment, evacuation maps and exits
- Equipment and supply storage areas
- Feedback forms, external complaint and advocacy information, brochures and locked suggestion box
- Infection control equipment

- Interactions between staff, care recipients and representatives
- Internal and external living environment
- Meal and refreshment services, including menu displayed
- Mobile shopping cart
- Notice boards with information displayed
- Notification to stakeholders of re-accreditation audit displayed
- Palliative care kit
- Security processes in operation including wanders' alert system
- Storage and administration of medications
- Vision statements displayed
- Wound care trolley.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The organisation actively pursues continuous improvement and monitors performance across the Accreditation Standards. Audits, informal and formal feedback, observations and surveys feed into the continuous improvement system. Management monitor and evaluate the effectiveness of improvement processes with outcomes tabled at relevant meetings. Care recipients, representatives and staff are satisfied the organisation pursues continuous improvement.

Examples of improvements implemented by the home relevant to Standard 1 Management systems, staffing and organisational development include:

- Care recipient feedback indicated that the existing 'resident/representative' meeting was too big; making it difficult to hear what was being said. It was agreed to divide the 'resident/representative' meeting into three separate meetings, one in each area of the home. Feedback following the new meeting format indicates care recipients can more easily hear what management, staff and fellow care recipients are saying and feel more comfortable to raise any feedback they may have. Furthermore, meeting agendas are tailored to the specific areas where they are being conducted ensuring information relevant to the audience is disseminated.
- To enhance staff education and learning, management introduced a regular training session based on care recipients' needs, audit results and subsequent trend analysis. These sessions include input from guest speakers. Management report these sessions are well attended and that staff feedback has been positive.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The organisation’s management has systems to identify and promote compliance with relevant legislation, regulatory requirements, professional standards and guidelines.

Mechanisms such as organisational legislative review committee meetings, peak body information, sector forums and government communications support the identification of regulatory compliance changes. The organisation notifies local management of compliance requirements through emailed changes to work instructions and through the electronic management system on the organisation’s intranet. Changes in regulatory compliance obligations are communicated to staff through meetings, updated work instructions, the intranet, corporate service improvement newsletters and use of a staff communication folder. Monitoring of regulatory compliance occurs through database reviews and alerts, observation, data trend analysis and competency testing processes. Staff are satisfied management inform them of regulatory requirements.

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

- Management has a system for maintaining current police certificates and applicable statutory declarations for staff, volunteers and external contractors as appropriate.
- Management maintains a plan for continuous improvement across the Accreditation Standards.
- Management notified each care recipient and representative of the re-accreditation audit within the required time frame.
- Organisational work instructions for management and staff reference regulatory compliance requirements.

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

An education and staff development program supports management and staff to have appropriate skills and knowledge to perform their roles effectively. Management, in collaboration with organisational staff, identify education opportunities through regular staff training needs analyses, monitoring of care recipient needs, analysis of quality data, audit results and observation. Management and staff participate in web based and face-to-face training, presentations, ‘corridor conferences’, practical demonstrations and external training. Participation records are maintained and monitored to ensure staff knowledge and skills are

contemporary. Local and organisational management monitor education effectiveness through review of training evaluations, observation of practice, analysis of quality data and staff performance development processes. Staff are satisfied they have access to ongoing learning opportunities. Care recipients and representatives are satisfied staff have the knowledge and skills to perform their roles effectively.

Recent education relating to Standard 1 Management systems, staffing and organisational development includes:

- absence management
- bullying and harassment
- funding and assessment documentation
- progress note documentation
- the organisational model of care.

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 formal and informal comments and complaints processes that are accessible to care recipients and their representatives, staff and visitors. Information regarding internal and external complaints mechanisms and advocacy services is conveyed in publications distributed to care recipients and representatives on entry to the home. Management encourages stakeholders to raise their feedback in person or document them using improvement logs which are on display throughout the home. Management and staff practice ensures confidentiality of information and the provision of a suggestion box preserves anonymity if preferred. Care recipients and representatives are aware of the comments and complaints processes available to them.

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

Management has displayed the organisation's vision, values and commitment to quality throughout the home.

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

There are sufficient appropriately skilled and qualified staff to deliver care and services. A corporate human resources team support management to ensure staff recruitment, induction, professional development and cyclical performance management processes occur.

Commencing staff receive an information handbook, access work instructions that guide them in their roles and complete induction that is role and site specific. Registered nurses are rostered across each shift to ensure staff guidance and support is available. Management and key staff monitor staffing levels and skill mix through stakeholder feedback, review of care recipients' needs, observation of practice and data trend analysis. Rosters are flexible to meet care recipients' needs and a pool of casual staff, together with permanent staff, are used when planned and unplanned staff leave occurs. Staff are generally satisfied with staffing levels and care recipients and representatives are generally satisfied there are sufficient, appropriately skilled staff to deliver quality care.

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

A system ensures appropriate goods and equipment are available for quality service provision. Staff organise the purchase, return and replacement of inventory and equipment through established ordering and supply processes and the use of preferred suppliers and contractors. Management and staff identify equipment needs through mechanisms such as reviews of care recipient need, audits, reports of data trend analyses and stakeholder feedback. Management oversee the purchase and supply of inventory and equipment, new capital equipment is trialled within the organisation as appropriate and staff are trained in the use of new equipment where required. Goods are stored safely in clean areas and stock is checked and rotated to ensure it is in optimal condition. Preventative and corrective maintenance programs, an asset tagging system and an electrical testing and tagging program are supported by local maintenance staff and corporate property services.

Monitoring of the system occurs through inspections, audits and hazard reporting processes. Care recipients, representatives and staff are satisfied with the availability and condition of inventory and equipment.

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 are information management systems at the home. Documentation and information systems provide care recipients and representatives with information relating to the care and service of the home during the admission process via handbooks and residential agreements. Staff receive information relevant to their role during orientation, through access to job descriptions and work instructions and via the distribution of handbooks, memoranda and invitations to regular meetings. There are both electronic and paper based information systems in use. All staff and care recipient files are stored securely and used only for the intended purpose. There is access to secure document disposal and there are processes in place for archiving when required. The development of information systems that effectively support its new staff continues to evolve.

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

A system ensures externally contracted services are provided to meet care recipients' care and service needs and organisational quality goals. Corporate procurement services develop, negotiate, approve and regularly review contracts for external services. A range of contractors, suppliers and external providers operate within formalised agreements to provide services including fire safety systems, allied health, pharmacy, chemical supply and gardening services. Corporate services and local management monitors and manages the performance of external service providers through review of service reports, focus groups, observation and stakeholder feedback. Care recipients, representatives and staff are satisfied with the quality of external 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

The home pursues continuous improvement related to care recipient health and personal care with the overall systems described in expected outcome 1.1 Continuous improvement.

Examples of improvements implemented by the home relevant to Standard 2 Health and personal care include:

- The general practitioner identified staff were frequently testing the blood sugar level of care recipients with stable, non-insulin dependent diabetes. To minimise the frequency of blood sugar level tests, the general practitioner instead arranged for these care recipients to undergo a three monthly blood test. This test identifies the average level of blood sugar over the previous few months, to determine if the care recipient's diabetes is under control. Staff report the alternative blood test is less invasive and reduces the frequency at which care recipients required a blood sugar finger prick test.
- To enhance the provision of palliative care to terminally ill care recipients management:
- Introduced a palliative care kit to include resources and equipment for easy staff access, when required;
- Developed a quilt, with staff input, that is used to enhance the care recipient's comfort and dignity during this time;
- Liaised with an external palliative care team to provide education and support to staff regarding the phases of palliative care and subsequent symptom management.

Management report feedback regarding these initiatives, introduced to further strengthen the quality of palliative care provided, has been positive.

- In response to a care recipient's request, management introduced rehabilitation equipment which is now used in an area set up as a gymnasium. Under the supervision of an allied health representative care recipients have the opportunity to exercise and undertake strength training to further enhance their mobility and dexterity. Management and staff report a marked improvement in some care recipients' mobility. In some instances care recipients who first required a wheelchair can now walk with the assistance of either a four wheel walking frame or walking sticks. The benefits of this program has had a significant impact on care recipients' physical and mental health and increased their independence.

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 promote compliance with all relevant legislation, regulatory requirements, professional standards and guidelines in the area of health and personal care. Please refer to expected outcome 1.2 Regulatory compliance for further information about the regulatory compliance system.

Examples of responsiveness to regulatory compliance relating to Standard 2 Health and personal care include:

- Appropriately qualified staff carry out specific care planning activities and care tasks.
- Medications are stored and managed according to legislated processes and imprest licence requirements.
- Professional registrations of nursing staff are maintained and monitored.
- The home has work instructions to guide staff response in relation to unexplained absences of care recipients.

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

A system supports management and staff to have the knowledge and skills to perform their roles effectively in relation to care recipients’ health and personal care. Please refer to expected outcome 1.3 Education and staff development for further information about the education and staff development system.

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

- chronic pain
- continence care
- dementia and pain
- diabetes management
- medication management including incidents
- nervous system changes in paraplegia
- pain patch application
- spinal cord injury.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Care recipients receive clinical care appropriate to their needs and preferences. When care recipients move into the home, an initial assessment forms the basis for an interim care plan to guide staff until the formal assessment and care planning process is complete. This process occurs in consultation with the care recipient and/or their representative, the general practitioner and other health professionals. Appropriately qualified and experienced staff provide care. The home’s general practitioner receives daily updates through meetings with management and the communication diary and reviews each care recipient regularly and as care needs change. Nursing and care staff remain aware of current care needs and preferences through a variety of communication processes. Established care recipient focused case reviews, consultation with care recipients and representatives and monitoring of care are used to support the monitoring of the quality of clinical care provision. Staff describe the needs and preferences of individual care recipients. Care recipients and representatives are satisfied with the quality of 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

Care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. In consultation with the care recipient and their representative, registered and enrolled nurses, the home’s general practitioner and other health specialists, identify any specialised nursing care needs. Specific complex health needs care plans detail care recipients’ assessed needs and preferences, the timing of interventions and specific equipment requirements. The range of specialised nursing care includes the management of diabetes, oxygen therapy, urinary catheters, stomas, enteral feeding and complex wounds. Referrals and consultation with other health professionals occur as required and subsequent directions for care are documented. Organisational work instructions and education support staff knowledge and management ensure adequate equipment and supplies are available.

Management monitor specialised nursing outcomes through established regular care plan review processes, stakeholder feedback and the audit program. Care recipients and representatives expressed satisfaction with the quality of 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 their individual needs and preferences. On entry to the home and as the requirements of individual care recipients change, staff establish care recipients’ needs and preferences for accessing allied health practitioners and other specialist services. The home employs a full time general practitioner, who care recipients are welcome to consult. A range of complementary health related services available to care recipients include dietetics, podiatry, speech therapy, physiotherapy, dental and optometry. Where it is not feasible to access these services at the home, staff and families assist care recipients to attend external appointments with providers of their choice. Staff maintain records of specialist reviews and are satisfied they are advised of changes to care in a timely fashion. Care recipients and representatives are satisfied with the assistance care recipients receive to access a variety of healthcare professionals according to their preferences.

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

There is a system to ensure the safe and correct management of care recipients’ medication. Established clinical processes guide the timely assessment, identification, documentation and ongoing review of care recipients’ medication special needs and preferences. Medication charts include identification details, the care recipient’s allergy status and details of any special administration requirements. Policies, procedures and work instructions are accessible to guide the administration of medications by appropriately qualified staff. Where indicated, established systems support the assessment and monitoring of care recipients who are able to self-manage all or part of their medications. Medications are stored securely in accordance with regulatory guidelines and there are procedures to ensure a consistent supply. The home maintains a licenced medication imprest, has access to medications out of hours and ensures the secure disposal of unused medications. The medication incident reporting and auditing systems support the ongoing monitoring of the medication management system. Regular medication reviews and meetings of the medication advisory committee complement this process. Care recipients and representatives are satisfied with processes for managing care recipients’ medications.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

There are processes to ensure care recipients are as free as possible from pain. On moving into the home, clinical processes guide the assessment of care recipients’ past and current pain experiences in consultation with the care recipient and their representative. This information forms the basis for the documentation of an individualised care plan. A range of prescription medications and alternative strategies, such as massage, heat packs, exercise and repositioning contribute to the efficacy of pain management. Ongoing evaluation of the success of these strategies is documented in the progress notes and a specific assessment tool supports care recipients who are unable to verbalise their pain. Care recipients are referred to the general practitioner if their pain experience changes. Management monitor the effectiveness of care recipients’ pain management through established care review processes and stakeholder feedback. Staff are aware of the pain management needs of care recipients and describe their role in identifying, reporting and monitoring of the effectiveness of pain relieving strategies. Care recipients are satisfied with the assistance provided by staff to manage their pain and discomfort.

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

Established systems ensure the comfort and dignity of terminally ill care recipients is maintained. On moving into the home, discussion occurs with care recipients and/or their representative to establish their preferences for end of life care. Staff, the general practitioner and other health specialists, including palliative care practitioners, develop an individualised care plan to meet the individual’s needs and preferences. On an ongoing basis staff review care plans to ensure care aligns with care recipients’ wishes and includes consideration of comfort, symptom management, spiritual and emotional care. As appropriate, external service providers attend to support the provision of continuous infusions of pain relieving medication. Family members receive support from staff to remain with their family member during end of life care. Staff provide appropriate equipment and support to care recipients and representatives during this important phase of the care recipient’s life.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Care recipients receive adequate nourishment and hydration. On moving into the home, staff in consultation with the care recipient and their representative, assess the care recipient’s food allergies, nutritional needs, preferences and any assistance they require. This information is used to develop an appropriate care plan which is reviewed regularly. A speech pathologist and dietitian are available to review any care recipient who has difficulties with swallowing or demonstrate issues with weight maintenance. Catering staff provide required special diets and texture modified foods/fluids and assistive devices as necessary. Nutritional supplements are provided as prescribed. Communication processes between nursing staff and the catering department to support changes to care recipients’ requirements are defined. Catering staff enhance the quality of nutritional intake through their responsiveness to care recipients’ feedback. Management monitor the quality of care recipients’ nutrition and hydration through regular monitoring of weights, observation, stakeholder feedback and audit processes. Care recipients and representatives are satisfied with the quality and variety of food and beverages provided.

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

There are processes to promote care recipients’ skin integrity being consistent with their general health. Established assessments identify potential risks to care recipients’ skin

integrity with consideration to nutrition, hydration and continence needs. Care plans document required preventative measures and interventions. These include the application of emollient creams and the use of pressure relieving devices, continence aids, massage and limb protectors. Staff assist care recipients with position changes and ambulation as needed. The management of skin tears and wounds are monitored, expert advice is sought as required, the success of wound management strategies are regularly evaluated and sufficient stocks of wound care products are maintained. Suitable equipment and regular staff training ensures the safe transfer of care recipients. The availability of a podiatrist and hairdresser complements existing care. Management monitors the quality of strategies to optimise skin integrity through regular monitoring of wounds and skin tears, stakeholder feedback and the audit program. Care recipients are satisfied with the support they receive from staff to maintain their 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

Established processes ensure care recipients’ continence needs are managed effectively and with dignity. After moving into the home, staff assess each care recipient’s continence needs in consultation with care recipients and their representatives. The general practitioner is involved when any continence issues are identified. The subsequent care plan documents individualised continence management strategies and specifies the level of staff assistance each care recipient requires. Staff allocate the most appropriate continence aid to meet each care recipient’s needs and reassess each care recipient as their needs change. Care recipients’ independence in managing their continence needs is promoted and strategies are implemented to promote privacy and dignity. Related care strategies include the prompt management of infections, the documentation of diet and fluid needs and regular medication reviews. Constipation is managed proactively, care recipients are encouraged to mobilise and where indicated toileting schedules are established. Management monitor the effectiveness of continence management through clinical charting, observation, care recipients’ feedback, regular care plan evaluations and the audit program. Care recipients are satisfied staff manage their continence needs in a timely and dignified manner.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The approach of staff to the management of the needs of care recipients with challenging behaviours is effective. On moving into the home established clinical systems guide staff assessment, management and ongoing review of care recipients’ behaviours. Individualised care plans document triggers, where evident and strategies that have proved effective in managing individual behaviours. Referrals to behavioural management specialists occur as necessary and reassessments occur in the setting of new or escalating behaviours. As a result of support available from the home’s general practitioner, established behaviour management practices and environmental strategies minimise the use of restraint. Should restraint be required, established processes require formal authority is obtained and ongoing monitoring is

undertaken. Appropriate education and training supports staff to develop skills in the appropriate management of care recipients' behaviours. Management monitor the effectiveness of behavioural care through regular care plan reviews, observation, stakeholder feedback and through the audit program. We observed a calm community environment and positive interactions between staff, care recipients and visitors. Care recipients and representatives are satisfied behavioural issues are managed with sensitivity.

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

Established care processes support all care recipients to achieve optimal levels of mobility and dexterity. On moving into the home, the physiotherapist and nursing staff assess care recipients for their needs and risks relating to mobility and dexterity. Care plans document strategies to encourage care recipients to maintain their mobility and dexterity through participation in activities of daily life according to their capabilities. Safety and risk management strategies include identifying each care recipient's risk of falling and documenting interventions to minimise the outcome of a fall. There is access to a physiotherapist following a care recipient's fall or in response to a significant deterioration in health. Appropriate assistive devices and mobility aids are available and staff receive education in manual handling and the safe transfer of care recipients. Lifestyle programs enhance mobility and dexterity through exercise and walking based activities. Management monitor the success of mobility and dexterity strategies through observation, care recipients' feedback, regular care plan evaluations and the audit program. Care recipients and representatives are satisfied staff assist care recipients to remain as independent as possible in all aspects of their daily life.

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

Staff ensure care recipients are assisted to maintain optimal oral and dental health. On moving into the home, care recipients are assessed to establish their oral and dental care needs and preferences. The subsequent care plan includes details about daily care of teeth, mouth and dentures as appropriate. Staff support and prompt care recipients with daily dental hygiene and observe and document any identified dental issues. Care recipients have access to dental professionals and appropriate dental cleaning aids. A speech pathologist is available to assess care recipients with swallowing difficulties and menu options include alternative food textures to manage dental or swallowing difficulties. Staff have access to appropriate information to guide the provision of quality oral and dental care. Management monitor the effectiveness of oral and dental care through feedback from care recipients and the care plan review process. Care recipients and representatives are satisfied with the level of assistance care recipients receive to maintain their oral and dental health.

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

Established processes identify and manage care recipients’ sensory losses. On moving into the home, care recipients are assessed by staff to identify their sensory deficits. Care plans document individualised strategies to optimise sensory function. Where appropriate, care recipients are assisted to attend appointments with their preferred hearing and vision service providers. The environment is well lit, uncluttered and unobstructed passage ways and paths are maintained. Lifestyle staff support the involvement of care recipients with sensory deficits in group and individual activities. Staff are aware of care recipients’ individual needs and assist those who require help with the care, maintenance, fitting and cleaning of aids and devices. Management monitor the provision of care related to sensory loss through consultation with care recipients and representatives, regular care plan reviews and the audit program. Care recipients and representatives are satisfied with the home’s approach to managing care recipients’ sensory needs.

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

Staff assist care recipients to achieve natural sleep patterns where possible. On moving into the home and in consultation with the care recipient and their representative, staff assess normal sleep and waking patterns. Care plans document the individual preferences of care recipients for routines that promote their normal sleep patterns. These include the documentation of a range of preferred general comfort measures such as timely management of pain or discomfort, evening drinks and snacks and the use of medications when prescribed. Management monitor the effectiveness of sleep management strategies through stakeholder feedback, observation, the regular care plan review process and the audit program. Care recipients said they usually sleep well and staff assist with their comfort as necessary.

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

The home pursues continuous improvement related to care recipient lifestyle with the overall systems described in expected outcome 1.1 Continuous improvement.

Examples of improvements implemented by the home relevant to Standard 3 Care recipient lifestyle include:

- Based on an initiative from a sister site, the home implemented the use of an angel motif to be placed on a care recipient’s door after they passed away. Management and staff report the use of this motif signals to all staff not to enter the room to ensure the privacy and dignity is ongoing during this time.
- In response to care recipient feedback, management installed a mailbox inside the home. Staff report care recipients regularly post letters at this mailbox, which is emptied on a daily basis. The ability for care recipients to post their own letters enhances their independence and increases their ties with the community through written correspondence. Feedback regarding this initiative is positive.
- To increase care recipients’ independence, a shopping cart was introduced. Twice a week a volunteer visits with a mobile shopping cart that includes a range of food, toiletry, stationery and craft items, many of which the care recipients made themselves. Management report the introduction of the mobile shopping cart provides care recipients the opportunity to purchase things themselves, without the need of going to a shopping centre or relying on others.

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. Please refer to expected outcome 1.2 Regulatory compliance for information about the regulatory compliance system.

Examples of responsiveness to regulatory compliance related to Standard 3 Care recipient lifestyle include:

- Care recipients and representatives receive initial and ongoing information about care recipients’ rights and responsibilities in information handbooks, residential agreements, meetings and notices.
- Management maintain a consolidated log of compulsory reporting incidents and incidents where management have used discretion not to report.
- The ‘Charter of care recipients’ rights and responsibilities – residential care’ is on display.
- Work instructions, flip charts and a corporate support hotline provide guidance to management and staff in the event of suspected elder abuse and reportable incidents.

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

Management and staff have the knowledge and skills to perform their roles effectively in relation to care recipient lifestyle. Please refer to expected outcome 1.3 Education and staff development for further information about the education and staff development system.

Recent education topics relating to Standard 3 Care recipient lifestyle include:

- coaching to promote care recipient focused care for all, including those care recipients living with dementia
- person centred care
- protecting care recipients’ rights.
- reportable incidents

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

Each care recipient receives support in adjusting to life on entry to the home and on an ongoing basis. Prior to and on moving into the home, management and staff provide care recipients and/or their representatives information regarding the entry process, explain services and provide a tour with introductions to staff and other care recipients. Lifestyle staff provide care recipients and representatives the opportunity to complete a social profile prior to entry. This information gives lifestyle staff an insight into the care recipient's past history to encourage conversation and ways in which to engage and support the care recipient.

Representatives are welcome to visit throughout the day and evening to foster emotional support through ongoing connections with family and friends. Care recipients and representatives are satisfied with the level of emotional support staff provide.

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 and staff assist care recipients to achieve maximum independence, maintain friendships and participate in community life. The assessment process identifies care recipients' ability and preference for social interaction and community participation. Physical independence is encouraged through the provision of exercise and rehabilitation equipment, regular walks and physiotherapy sessions. A varied activity program includes bus outings, visits from local school groups and other external organisations to enhance independence with ongoing connections to the community. Care recipients and representatives are satisfied with the assistance staff provide to help care recipients 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

There are processes to recognise and respect each care recipient's privacy, dignity and confidentiality. Information regarding privacy and confidentiality is outlined in handbooks the home distributes. The home has single rooms with private en-suites and facilities are available for care recipients to store their valuables securely. Staff encourage care recipients to personalise their room with mementos from home and the availability of a private dining room and sitting areas provide additional space for quiet time or socialisation with families and friends, as needed. Care recipient files are stored securely and document individual's

preferred name. Care recipients and representatives are satisfied staff respect care recipients' rights to privacy and dignity.

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 encourage and support care recipients to participate in a wide range of interests and activities they enjoy. Prior to and on moving into the home, staff establish care recipients' past history, family background, hobbies, achievements and personal preferences. Staff develop activity programs based on this information, provide individual and group sessions and have access to volunteers who assist in the provision of the lifestyle program. The home consists of three units, including a designated area for care recipients living with dementia. Each unit has a leisure and lifestyle program tailored to the care recipients living in that specific area, though staff welcome care recipients from all areas of the home to participate in all activities on offer, should they choose to do so. Regular monitoring of the lifestyle program, including review of care recipient participation and feedback, occurs to ensure ongoing satisfaction of the activities on offer. Care recipients and representatives said care recipients are encouraged to attend the lifestyle program and are satisfied with the activities available.

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

There are processes to ensure care recipients' individual customs, beliefs and cultural backgrounds are fostered and valued. Prior to and on moving into the home, staff establish care recipients' cultural and spiritual preferences. Lifestyle staff develop an activity program reflective of care recipients' specific cultural and spiritual backgrounds including significant cultural events, religious days and special celebrations. There are regular church services at the home and access to other religious personnel ensures religious needs of all care recipients are met as required. Care recipients and representatives are satisfied with the cultural and spiritual life available to care recipients in the home.

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

There are processes to promote and support care recipients to exercise choice and decision making over his or her lifestyle while not infringing on the rights of others. Care recipients have input into the services they receive such as preferred rising and settling times, food and dining preferences and preferred title and name. There are formal mechanisms whereby stakeholders can raise feedback regarding the care and services provided and include meetings, improvement forms and satisfaction surveys. There is a wide range of activities on offer and care recipients can choose their participation levels. Care recipients and representatives are satisfied staff encourage, respect and support care recipients to make their own choices and 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

Management with the support of the organisation has a system to ensure care recipients have secure tenure and understand their rights and responsibilities. Prior to and on moving into the home, care recipients and representatives receive an information package including service brochures, an information handbook and residential care agreement. The agreement provides information on security of tenure, care recipients' rights and responsibilities, complaint processes, care and services. Management, with the support of the organisation, assist care recipients to understand their rights and responsibilities through ongoing meetings, case conferences, personal contact and information displays. Management consult with care recipients and representatives when care needs require a change of room or when care recipients request room changes. Staff receive information about care recipient security of tenure in employee handbooks, case conferences and at meetings. Care recipients and representatives are satisfied they understand care recipients' rights and responsibilities and care recipients feel secure in their tenure.

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

The home pursues continuous improvement related to the physical environment and safety systems with the overall systems described in expected outcome 1.1 Continuous improvement.

Examples of improvements relevant to Standard 4 Physical environment and safe systems include:

- In response to care recipient request management organised a working bee in the garden where fruit trees, herb gardens and raised planter boxes were planted. Staff and management report the new garden area increases the usability of the area and enhances the environment, aesthetically. Care recipients now make the most of this space, either by enjoying quiet time in the new surroundings or assisting in maintaining the garden. Feedback from all stakeholders regarding the new area has been very positive.
- Care recipients reported at a food focus group that they were seeking more variety in the menu. The chef modified the menu based on care recipient request and introduced a salad as an alternative for each meal. Care recipients’ feedback has been positive regarding the changes in the menu.

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 in relation to physical environment and safe systems. Please refer to expected outcome 1.2 Regulatory compliance for further information about the regulatory compliance system.

Examples of regulatory compliance related to Standard 4 Physical environment and safe systems include:

- Chemicals are stored appropriately and corresponding safety data sheets are available.
- Fire services personnel monitor and maintain fire and emergency equipment.
- Management actively promotes work health and safety.
- Staff adhere to a food safety program.

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

A system supports management and staff to have the knowledge and skills to perform their roles effectively in relation to the physical environment and safe systems. Please refer to expected outcome 1.3 Education and staff development for further information about the education and staff development system.

Examples of education and training relating to Standard 4 Physical environment and safe systems include:

- chemical safety
- fire training
- food safety
- gastroenteritis outbreak education
- manual handling.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe and comfortable environment consistent with care recipients' care needs. Each of three communities that comprise the living environment accommodate care recipients in single rooms with ensuite bathrooms and there are double rooms available for couples if required. Single rooms have ceiling fans and hydronic heating while communal areas have reverse cycle air conditioning. Care recipients may access communal lounge and dining areas or smaller lounges, the library, hair salon, private dining area and exercise room. Care recipients have access to landscaped outdoor areas. Management ensures the buildings, grounds and equipment are maintained through preventative and corrective maintenance programs. Staff monitor the safety and comfort of the living environment through regular environmental inspections and audits, incident and hazard reporting processes, observation and stakeholder feedback. Care recipients, representatives and staff are satisfied the living environment is safe and comfortable.

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 works in partnership with corporate services to provide a safe working environment that meets regulatory requirements. Staff receive information and training to promote work health and safety at orientation and on a regular, ongoing basis. Staff access transfer equipment and training in manual handling, fire and emergencies, food safety and the safe use of chemicals as appropriate. Systems to promote staff work health and safety include risk assessments, equipment maintenance programs, incident and hazard reporting processes, corporate safety alerts and fact sheets, environmental audits and inspections. An on site work health and safety committee, with support from management, monitor and address safety issues. Staff are satisfied management provides a safe working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff actively work to provide an environment and safe systems of work that minimise risk of fire, security and other emergencies. Fire protection systems include a fire panel, manual call points, smoke detectors, heat detectors, sprinklers, firefighting equipment and fire and smoke doors. A fire hydrant back up water tank is accessible.

Keypad security and surveillance systems operate and staff secure the home at night. Organisational contingency plans and flip charts guide response to other emergencies such as external disasters, power, telecommunication and food services failure. Management and staff monitor risk through internal and external audits, inspections and incident and hazard reporting processes. Staff are satisfied they receive training in fire and emergencies. Care recipients and representatives said staff would assist them in an 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

A system promotes an effective infection control program. Infection control education for staff occurs at orientation and regularly thereafter. Key staff and management collect and collate infection data, analyse the information for trends and implement actions to resolve and minimise infections as appropriate. The infection control program includes infection control guidelines, personal protective equipment, a food safety program and care recipient and staff vaccination programs. Staff practices promote infection control. The effectiveness of the program is monitored through audits, infection surveillance data and competency tests. Staff are satisfied there are adequate infection control supplies, work instructions and a vaccination program to promote infection control and outbreak management. Care recipients and representatives are satisfied with staff hygiene practices.

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

Catering, cleaning and laundry services enhance care recipients' quality of life and the working environment for staff. Catering staff prepare all food in a central kitchen and staff deliver meals to care recipients according to their individual dietary needs. The rotating menu and the provision of alternative meals ensures catering services allow for individual preferences and service and delivery of meals occurs in accordance with a food safety plan. Cleaning services follow established routines to ensure completion of tasks in designated timeframes. There are adequate supplies and equipment available for cleaning staff with regular education and

training available to ensure staff maintain organisational occupational health and safety standards. All personal laundry and linen is laundered on site in a purpose built laundry with designated clean and dirty areas. Laundry services include the provision of labelling and ironing and there are established processes to minimise the spread of infection. Monitoring of hospitality services occurs through internal and external audits with care recipient input raised via focus groups, meetings and satisfaction surveys. Care recipients, representatives and staff are satisfied with the catering, cleaning and laundry services provided.