



**Australian Government**

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**Australian Aged Care Quality Agency**

**Bupa Woodend**

RACS ID 4184  
2 Sullivans Road  
WOODEND VIC 3442

**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 July 2018.

We made our decision on 19 May 2015.

The audit was conducted on 14 April 2015 to 15 April 2015. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

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

## Standard 2: Health and personal care

### Principle:

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

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

## Standard 3: Resident lifestyle

### Principle:

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

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

## Standard 4: Physical environment and safe systems

### Principle:

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

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



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**Australian Aged Care Quality Agency**

# **Audit Report**

**Bupa Woodend 4184**

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

## **Introduction**

This is the report of a re-accreditation audit from 14 April 2015 to 15 April 2015 submitted to the Quality Agency.

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

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

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

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

## **Assessment team's findings regarding performance against the Accreditation Standards**

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

- 44 expected outcomes

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 14 April 2015 to 15 April 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>  | Amanda McFarlane                 |
| <b>Team members:</b> | Helen Fitzpatrick<br>Mary Murray |

## Approved provider details

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

## Details of home

|                      |              |
|----------------------|--------------|
| <b>Name of home:</b> | Bupa Woodend |
| <b>RACS ID:</b>      | 4184         |

|  |                       |
|--|-----------------------|
| <b>Total number of allocated places:</b>                           | 107                   |
| <b>Number of care recipients during audit:</b>                     | 104                   |
| <b>Number of care recipients receiving high care during audit:</b> | NA                    |
| <b>Special needs catered for:</b>                                  | Dementia Support Unit |

|                        |  |
|------------------------|--|
| <b>Street:</b>         | 2 Sullivans Road   |
| <b>City:</b>           | Woodend  |
| <b>State:</b>          | Victoria   |
| <b>Postcode:</b>       | 3442   |
| <b>Phone number:</b>   | 03 5427 9700   |
| <b>Facsimile:</b>      | 03 5427 4853   |
| <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 administration   | 5      |
| Nursing staff                   | 11     |
| Lifestyle and care staff        | 4      |
| Allied health professionals     | 2      |
| Care recipients/representatives | 19     |
| Volunteers                      | 3      |
| Hospitality services staff      | 8      |
| Maintenance staff               | 2      |

### Sampled documents

| Category                           | Number |
|------------------------------------|--------|
| Care recipients' files             | 21     |
| Summary/quick reference care plans | 10     |
| Resident agreements                | 9      |
| Medication charts                  | 9      |
| Personnel files                    | 13     |

### Other documents reviewed

The team also reviewed:

- Assessments, care plans and progress notes
- Asset register
- Audit reports and analysis
- Clinical audits
- Clinical observation records and charts
- Clinical risk assessments
- Consolidated register of incidents
- Diabetes management records

- Dietary information
- Doctor and allied health communication folders
- Emergency control documentation
- External contractor information
- Fire services records
- Food safety certifications and related documentation
- Handover sheets
- Human resources documentation
- Incident reports and trending
- Infection control documentation
- Kitchen, cleaning and laundry documentation
- Lifestyle documentation
- Maintenance program documentation
- Minutes of meetings
- Occupational health and safety documentation
- Pest control records
- Policy and procedure
- Professional registrations
- Resident and staff information handbooks
- Resident and staff surveys.

## **Observations**

The team observed the following:

- 'Charter of residents' rights and responsibilities' displayed
- Activities and entertainment in progress
- Archive area and secure disposal bins
- Cleaning in progress
- Equipment, supplies and storage areas
- Fire equipment, signage and evacuation kits



- Infection control equipment and waste disposal
- Interactions between staff and residents
- Internal and external living environment
- Meal and refreshment services in progress and assistance to care recipients
- Noticeboards
- Personal protective equipment
- Pressure relief aids and mobility equipment in use
- Privacy of residents respected by staff
- Secure electronic systems
- Security processes
- Short group observation conducted in 'Crystal' dining room.
- Storage and administration of medications.

## Assessment information

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

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

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

#### 1.1 Continuous improvement

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

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

The home meets this expected outcome

The organisation actively pursues continuous improvement and monitors performance against the Accreditation Standards. The home uses a framework with input from mechanisms such as an internal and external audit process, stakeholder feedback, resident needs, training needs analysis and incident reports, to identify areas for improvement.

Residents, representatives and staff contribute to the continuous improvement system through verbal and written feedback including meetings and improvement log forms. Management introduce changes in a planned manner and monitor progress to ensure appropriate implementation and evaluation. Management provide feedback to stakeholders through meetings, consultation, staff education, emails and noticeboards.

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

- Following an organisational quality review the home's management identified areas for improvement in work health and safety management. Management and staff have collaborated to establish a new work health and safety committee, update noticeboards and communication, and provide training for staff in areas such as manual handling. Statistics and feedback support that residents and staff have benefited from these improvements.
- The new management team identified through training needs analysis and feedback that staff supported education and training and maintaining skills competency. The home's management have implemented staff “champions” in areas of care. Champions are provided with mentoring, training and responsibilities in areas to educate and support staff, such as medication administration, hand washing, continence management and manual handling. Staff stated the changes are 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 ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines across the Accreditation Standards. Corporate and local management monitor regulatory compliance in the home. The organisation’s management subscribe to various legislative services, government agencies and industry bodies and provide relevant information to local management. The home’s management notify staff and stakeholders of any regulatory changes using mechanisms such as meetings, notice boards and electronic systems. The organisation’s management develop or modify policies and procedures and education processes to ensure alignment with any changes. Management at the home provide a resource folder to staff containing legislation and departmental advice.

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

- Stakeholders have access to information about advocacy services and internal and external complaint mechanisms.
- Management monitor the professional registrations of staff to ensure performance of tasks by qualified individuals.
- There is a system to ensure compliance with police certificate requirements and overseas statutory declarations for all staff.
- Stakeholders receive advance notification of upcoming re-accreditation audits through letters, notices and meetings.

### 1.3 Education and staff development

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

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

The home meets this expected outcome

Management and staff have the knowledge and skills required to perform their roles effectively. The organisation provides an overarching education program and at site level management plan training in response to stakeholder feedback, audit results, changes in resident needs, training needs analysis and staff requests. An attendance record is kept relating to the sessions held and sessions are evaluated. Staff complete a variety of competency assessments appropriate to their role to ensure maintenance of their skills and knowledge. Management encourage staff to attend both internal and external training to ensure they have opportunities to maintain and gain new skills. Staff said they are satisfied with the education opportunities offered to them at the home.

Education conducted in recent months relating to Standard 1 Management systems, staffing and organisational development include:

- documentation preparation
- induction
- information security awareness
- reportable incidents training.

### 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

Each care recipient and other interested parties have access to internal and external complaints mechanisms. The home informs residents and their representatives about internal and external complaints processes through brochures, handbooks, posters and meetings. Management have 'improvement log' forms available for the use of residents and stakeholders to lodge comments and complaints and provide a mail box for lodgement.

Residents and representatives may lodge forms anonymously or in confidence to the manager. The home also encourages residents and others to speak to management directly about complaints. Management operate with an 'open door policy' and attend meetings with residents. The home logs feedback into their electronic continuous improvement system.

Staff said they are satisfied with the process and outcomes from comments and complaints. Residents and representatives said they are aware of how to provide feedback and are happy with the response and action from management and staff.

## 1.5 Planning and leadership

*This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".*

### **Team's findings**

The home meets this expected outcome

Management has documented its vision, values and philosophy including its commitment to quality. Management displays these statements prominently in the home and repeat them in a range of organisational documents.

## 1.6 Human resource management

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

### **Team's findings**

The home meets this expected outcome

The home has appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's vision and values. The home has a formal recruitment system that includes online and paper based advertising, interviews, reference and security checks, appointment and orientation of staff. Management provide resources to support staff including position descriptions, duty lists, policies and procedures, handbooks and ongoing education and training. Processes to monitor staff performance include observation, skills assessments and performance appraisals. Management develop rosters and review staffing levels in response to residents' changing care needs identified by observation and audits. Residents, representatives and staff are satisfied with staffing levels and staff knowledge.

## 1.7 Inventory and equipment

*This expected outcome requires that "stocks of appropriate goods and equipment for quality service delivery are available".*

### **Team's findings**

The home meets this expected outcome

The home's management ensure stocks of appropriate goods and equipment for quality service delivery is available. Key personnel have processes to confirm equipment and supplies are appropriate for the purpose intended and meet the needs of the residents. Management maintain computerised inventory and asset lists and systems are in place to maintain appropriate stock levels and ensure equipment is safe. The organisation conducts risk assessments, evaluations and trials of new equipment to ensure goods and equipment are suitable for use in the facility prior to purchase. Electrical equipment is tested and tagged. Approved suppliers provide training in the use of new equipment to relevant staff. The home reviews all equipment by completing regular audits and has effective preventative and responsive maintenance programs. Residents, representatives and staff said they have appropriate goods and equipment to meet their needs.

## 1.8 Information systems

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

### **Team's findings**

The home meets this expected outcome

The organisation has effective information management systems in place. Management, staff, residents, representatives and others have access to current information, including through meetings, noticeboard displays and emails. Management and staff have accurate and sufficient information to perform their roles through the organisation's systems, policy and procedure, care plans, education, newsletters and meetings. Management ensures regular review of its policies and procedures and provide information which staff access via the electronic messaging system. Staff have individual logons and passwords for electronic systems. Resident information and staff records are stored securely and there is an onsite archive room for the secure storage of information to ensure confidentiality. The home has policies in place for archiving and destroying documents. Staff dispose of confidential material using a secure waste disposal system. Residents and representatives said they are satisfied with information systems within the home.

## 1.9 External services

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

### **Team's findings**

The home meets this expected outcome

The organisation ensures externally sourced services are provided in a way that meets the home's needs and quality goals. External services include fire services, pharmacy and pathology services. External contractors provide evidence of qualifications, certification and insurances as part of the contractual engagement and review process. Management has processes to ensure external service providers meet their contracted obligations as scheduled. Management monitor and regularly review the quality of service provision through feedback and reporting processes, satisfaction surveys and visual observation.

Management, staff, residents and representatives are satisfied with the services provided by external contractors.

## Standard 2 – Health and personal care

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

### 2.1 Continuous improvement

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

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

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for 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:

- The organisation provided input to enhance the environment and management of care for residents living with dementia. Management conducted a review of “Chrystal” wing. The dementia care unit was renovated and capacity was reduced to fifteen beds. Rosters were developed of skilled staff who are dedicated to the care of residents in this wing. Management have reported a significant benefit to residents including a reduction in behaviours and reduction in the use of medication.
- Management implemented an improved weights regime to monitor changes in the weight of each resident. New charting and analysis allows staff to see changes immediately in a visual trend. Evaluations of the system are ongoing and management are pleased with the impact on resident care.

### 2.2 Regulatory compliance

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

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

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information regarding the home's regulatory compliance system and processes.

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

- Management demonstrate the home follows legislation in relation to medication management.
- Missing persons and reportable incidents policy and procedure is supported by staff knowledge and the consolidated register.
- Registered nurses oversee specific care planning activities and tasks.

## 2.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes.

Education conducted in recent months relating to Standard 2 Health and personal care include:

- managing difficulty swallowing
- person first, dementia second foundations
- pressure area care
- understanding behaviour we find difficult or challenging
- 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

Care recipients receive appropriate clinical care. Registered nurses consult with residents and their representatives on care needs and undertake clinical assessments on entry to the home and on an ongoing basis. An individualised care plan outlines care goals and describes the resident’s history and any specific needs or preferences. Staff consult with medical and other health professionals in relation to any change in the resident’s health status and incorporate any medical directives into the resident’s care plan. Registered nurses review and evaluate clinical care in response to changing needs and during the ‘resident of the day’ process. Staff said they have access to documentation and information to guide them in the delivery of clinical care. Residents and representatives said care consultations occur and they are satisfied with the clinical care of residents.



## 2.5 Specialised nursing care needs

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

### **Team’s findings**

The home meets this expected outcome

Registered nurses consult with care recipients, representatives and treating medical officers to identify specialised nursing care needs on entry to the home and on an ongoing basis. An individualised care plan outlines the resident’s specialised care needs and preferences.

Appropriately trained and qualified staff deliver specialised care in accordance with the care plan. Registered nurses identify emerging specialised care needs and evaluate ongoing specialised care delivery for its effectiveness through observation, audits and incidents and during the ‘resident of the day’ process. In consultation with medical officers, referrals to specialist services occur and include speech therapists, continence nurses and geriatricians. Staff said they have access to the equipment, resources and care plan information to meet the specialised nursing care needs of residents. Residents said they are satisfied their specialised care needs are met by nursing staff.

## 2.6 Other health and related services

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

### **Team’s findings**

The home meets this expected outcome

Registered nurses refer care recipients to appropriate health care specialists for review, advice and management in accordance with their care needs and preferences. An individualised care plan outlines specialist and complementary services the resident has chosen to receive. Staff assist residents to attend appointments with external specialists and a range of visiting health professionals are available to residents. Nursing and allied health staff update care plans with the outcomes of specialist, allied health or hospital visits and communicate directives or changes in care needs to staff. Staff said they are aware of referral processes. Residents and representatives said referrals occur on request and in response to assessed needs and staff assist residents to make and attend appointments outside the home.

## 2.7 Medication management

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

### **Team’s findings**

The home meets this expected outcome

The organisation has a system to safely and correctly manage care recipients’ medication according to legislative requirements. A medication advisory committee and external pharmacy reviews facilitate the quality use of medicines within the home. A registered nurse manages medications across the home and has access to imprest stock for urgent supplies. Policies, medication charts and care plans guide staff in the administration of medications for individual residents and outline assessment and support protocols for self-medicating

residents. The organisation monitors the correct management of medication through audits, observation and incident reports. Staff said they have access to the resources and information to manage and deliver medication safely. Residents and representatives said they are satisfied with the home's approach to managing residents' medication requirements.

## **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

A system to ensure all care recipients are as free from pain as possible is evident. Registered nurses consult with residents on their needs and preferences for pain management and chart and assess residents' pain levels on entry to the home and on an ongoing basis. Individualised care records describe the type, source, level and frequency of pain the resident experiences and outline interventions and strategies to control the pain.

Registered nurses review analgesic use and the effectiveness of pain management strategies in consultation with the resident, their general practitioner and allied health staff. Staff identified verbal and non-verbal indicators for pain in residents and were aware of individual pain relief strategies for residents. Residents and representatives are satisfied staff identify and respond to residents experiencing pain.

## **2.9 Palliative care**

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

### **Team's findings**

The home meets this expected outcome

The comfort and dignity of terminally ill care recipients is maintained. The organisation is part of a regional palliative care team and has a palliative care link nurse on staff. Registered nurses consult with care recipients and representatives to ascertain the care recipient's wishes for palliative care and complete an advanced care plan. When appropriate, a general practitioner meets with the resident, representatives and family to offer of a palliative approach to care. In consultation, nursing staff develop a palliative care plan reflecting care needs, pain management, family involvement and any religious or cultural preferences. A registered nurse monitors the resident daily for any changes to care needs and communicates these to care staff. Document review confirms staff consult on end of life wishes and use a framework of respecting resident choices. Staff said they have access to support services, equipment and specialists to assist during palliation.

## 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. Registered nurses assess and consult with care recipients, representatives and allied health staff to identify care recipients’ nutrition and hydration needs and preferences on entry to the home and on an ongoing basis. Catering staff receive advice of the resident’s dietary preferences, allergies and any modification to meals or specialised equipment required to support the resident’s ability to maintain their nutritional status. Staff monitor residents’ weight, observe residents for signs of dehydration, swallowing difficulties or changes in appetite and refer residents to specialist services. Registered nurses review the effectiveness of nutrition and hydration strategies in response to a change in health status and during the ‘resident of the day’ process. Care and catering staff said they have documentation and information to support them in maintaining optimal nutrition and hydration for residents. Residents and representatives said staff assist residents with meals and drinks and meet their nutrition and hydration needs.

## 2.11 Skin care

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ skin integrity is consistent with their general health. Registered nurses assess and consult with care recipients, representatives and allied health staff to identify care recipients at risk of compromised skin integrity on entry to the home and on an ongoing basis. Registered nurses develop skin care plans for at risk residents and outline strategies and interventions to promote skin integrity, relieve pressure and support wound healing. Appropriately trained staff deliver skin care in accordance with the care plan and manage complex wounds. Staff monitor the delivery and effectiveness of skin care through audits, incidents and during the ‘resident of the day’ process. Staff said they have access to the equipment, resources and care plan information to meet the residents’ skin care needs. Residents are satisfied staff 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

Care recipients’ continence is managed effectively. Registered nurses assess and consult with care recipients and representatives on continence care needs on entry to the home and on an ongoing basis. Registered nurses develop individualised continence and bowel management care plans for residents and outline strategies and interventions to maintain the resident’s comfort. Staff provide care, continence aids and equipment in accordance with the care plan and refer residents to specialist services as needed. Staff monitor the effectiveness of

continence strategies when assisting residents, during the 'resident of the day' process and by monitoring the use of continence aids. Staff said they have access to equipment, resources and care plan information to meet the residents' continence care needs. Residents are satisfied equipment and aids are available to assist them manage their continence and staff assist them in a 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

Care recipients with challenging behaviours are managed effectively. Registered nurses assess and consult with care recipients, representatives and medical officers on the management of behaviours of concern on entry to the home and on an ongoing basis. Registered nurses develop individualised care plans to minimise or alleviate behaviours. Staff provide care in accordance with the care plan and refer residents to specialist mental health services as needed. Staff monitor the effectiveness of behaviour management strategies through observation, incidents and during the 'resident of the day' process. Staff said they have received 'person first dementia second' education and are aware of individual and environmental strategies in place to minimise behaviours. Residents and representatives said staff intervene appropriately if a resident's behaviour is of concern.

### **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. Registered nurses assess and consult with care recipients, representatives and allied health professionals on mobility and dexterity support on entry to the home and on an ongoing basis. Registered nurses develop individualised care plans outlining aids, equipment, transfer techniques and falls minimisation strategies. Staff provide care in accordance with the care plan and refer residents to physiotherapy services as needed. Monitoring of the effectiveness of care plan strategies occurs through observation, incidents, during the 'resident of the day' process and at falls focus meetings. Staff said they are aware of individual and environmental strategies to promote mobility and have equipment to assist transfer residents and minimise falls. Residents said they attend exercise programs and staff provide hand massage and assist them with 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

Care recipients oral and dental health is maintained. Registered nurses assess and consult with care recipients and representatives on oral and dental care needs on entry to the home and on an ongoing basis. Registered nurses develop individualised care plans outlining the level of assistance required, equipment and oral hygiene routines. Staff provide care in accordance with the care plan and refer residents to dentists and specialists as needed.

Monitoring of the effectiveness of care plan strategies occurs through observation and during the ‘resident of the day’ process. Staff said toothbrushes are regularly changed and a visiting dental technician is available to maintain dentures. Residents are satisfied with the way staff care for their oral and dental care needs and the assistance 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. Registered nurses assess and consult with care recipients, representatives and allied health professionals on sensory deficits and support needs on entry to the home and on an ongoing basis.

Registered nurses develop individualised care plans outlining strategies, aids and equipment to optimise residents’ vision, hearing, smell, taste and touch. Staff provide care in accordance with the care plan and refer residents to allied health services and visiting audiologists and optometrists as needed. Monitoring of the effectiveness of care plan strategies occurs through observation, incidents and during the ‘resident of the day’ process. Staff said they are aware of individual and environmental strategies to minimise the impact of sensory loss. Residents said staff assist them with maintaining and cleaning hearing aids and glasses.

## 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. Registered nurses assess and consult with care recipients and representatives on sleep patterns and routines on entry to the home and on an ongoing basis. Registered nurses develop individualised care plans outlining strategies and interventions to assist the resident to achieve a good night’s sleep. Monitoring of the effectiveness of care plan strategies occurs through observation and the and during the ‘resident of the day’ process. Staff are aware of individual and environmental strategies to aid sleep and protocols to minimise noise and disruptions overnight. Residents said there is

minimal noise overnight and staff offer hot drinks, snacks, massage, and emotional support to help them sleep.

## Standard 3 – Care recipient lifestyle

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

### 3.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the home’s continuous improvement system and processes.

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

- Management collaborated with local community volunteers to establish a ‘Men’s Shed’ on the premises. The shed is operated by a team of community members who have undertaken volunteer training and security checks. A range of power and other tools have been provided by the volunteer organisation with support from the local council. Residents are encouraged to visit the shed to observe and participate in projects suitable to their needs. Projects include making aids used by residents which enhance their lifestyle participation. Volunteers offer a link to the community, physical activity, emotional support and mateship to residents. Residents and volunteers said the program has benefited all participants.
- Management received feedback from residents that they would benefit from access to equipment and technology to use the internet and contact family and friends. Management have provided resources and training for residents to facilitate this request. Residents said they are please management is responsive to feedback. Evaluation of the initiative is ongoing.

### **3.2 Regulatory compliance**

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

#### ***Team’s findings***

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s regulatory compliance system and processes.

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

- There are policies, procedures and training concerning elder abuse and mandatory reporting.
- There are policies and procedures to outline privacy legislation and guide staff on the security and confidentiality of information.
- Residents and representatives receive information on care and services available to residents on entry to the home in agreements and resident handbooks.
- Residents have the option to sign consent forms to allow the display of photographs within the home and in publications.

### **3.3 Education and staff development**

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

#### ***Team’s findings***

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes.

Education conducted in recent months relating to Standard 3 Care recipient lifestyle include:

- activity program improvement logs
- managing and reporting elder abuse
- privacy and dignity
- the role of PCAs in lifestyle for team leaders
- volunteers trained in wheelchair mobility.



### 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 supported to adjust to the new environment when the resident moves into the home and on an ongoing basis. Pre-entry meetings occur with the resident and where applicable their representatives. The meetings introduce the resident to the home and gather information to assist staff to support the resident on the day of entry. On entry to the home, further assessments and a map of life tool capture the resident's emotional status and support needs. Resident's emotional needs are monitored through daily observation and reporting by care and lifestyle staff. Staff review care plans and support needs regularly. Referrals to support services are available if required, including mental health and pastoral care. Residents and representatives said staff are always sensitive to residents' individual emotional support needs and provide support in a compassionate manner.

### 3.5 Independence

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

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

The home meets this expected outcome

Care recipients are supported to maximise their personal level of independence. Assessment and care planning processes identify, assess and plan for maintaining residents' individual level of physical, social, cognitive and emotional independence. Care plans include strategies to maximise independence. Staff support residents to maintain friendships within the home and visitors are encouraged and welcome. We observed residents using mobility aids and moving independently around the home. Staff across all care, lifestyle and hospitality services demonstrated a high level of commitment to ensuring residents reach their optimum level of independence in all aspects of their life in the home. Residents and their representatives are satisfied staff support and respect for residents' 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 demonstrate a strong commitment to ensuring care recipients' right to privacy, confidentiality and dignity is respected and maintained. Residents and representatives sign consent forms in relation to sharing clinical and personal information and for the use of photographs. Access to resident files and other confidential information is restricted to authorised staff and computers are password protected. Staff gave examples of ways they support residents' privacy and dignity. We observed respectful and warm interactions between

staff and residents. Residents and representatives said staff are always polite and respectful of the residents' privacy and dignity needs.

### **3.7 Leisure interests and activities**

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

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

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a wide range of interests and activities. The leisure and lifestyle programs support residents to participate in a range of interests and activities according to their choice and abilities and include cognitive, social, emotional, cultural, spiritual and physical aspects. When each resident moves into the home, lifestyle staff complete a 'map of life' which includes, social, life history, important events and leisure interests. This information is used to develop a care plan which is updated in response to residents changing preferences and needs. Activity calendars are on display on notice boards and there is a wide range of activities including music, games, outings, exercise, art and craft therapy and individual one to one activities. Evaluation of the program occurs through observation, attendance records, meetings and verbal feedback. Residents expressed a high level of satisfaction with the activities offered and said they are assisted to participate according to their choice.

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

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

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

The home meets this expected outcome

Care recipients individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Care and lifestyle assessment processes identify residents' cultural and spiritual backgrounds and practices of significance to them. The home facilitates residents' preferred practices including regular on-site church services for a variety of denominations. Staff demonstrated an understanding of residents' cultural and spiritual needs and how they provide support as required. Management monitor and evaluate the effectiveness of these processes through surveys, feedback and observation. Residents and representatives said they are satisfied with how the residents' cultural and spiritual interests and beliefs are met and said staff are sensitive to resident needs.

### **3.9 Choice and decision-making**

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

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

The home meets this expected outcome

The home's management and staff demonstrate they are committed to facilitating and respecting residents' choices and their decisions. Staff provide the residential agreement and resident handbook to residents and representatives which includes information about residents' rights and responsibilities. Staff consult with each resident and representative about their individual preferences when the resident moves into the home and preferences are reviewed regularly. Residents provide feedback to management at resident meetings, in personal meetings and using feedback systems. Staff empower and support residents to make their own decisions and choices when and where appropriate. Residents and representatives said they have input into the care and services residents receive, including personal care, meals and level of participation in activities.

### **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 provide agreements to care recipients to formalise their tenure within the residential care service and document their rights and responsibilities. Residents and their representatives meet with staff and receive a resident information pack and residential agreement. This includes a summary of care services provided, fee structure and outlines security of tenure. The charter of residents' rights and responsibilities is displayed in the home. Residents and representatives are satisfied with their security of tenure and information provided.

## Standard 4 – Physical environment and safe systems

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

### 4.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the home’s continuous improvement system and processes.

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

- The home’s management received feedback from residents and representatives at the home on the quality of food, meal temperatures and menu choices available. The organisation and local management collaborated to undertake a review of catering. Management have implemented a food forum for residents, changes to the menu, ordered hot boxes to facilitate transport and reviewed staff. Resident said they are satisfied with the changes implemented and pleased that the new management team have responded to their feedback in a timely manner.
- The home’s organisation undertook a quality review and identified an issue with parking for visitors. Residents and visitors also provided feedback that parking was not easily accessible. The home’s management have reviewed available parking and reallocated parking to suit the access needs of visitors and encourage attendance at the home. Staff and residents have been notified via meetings and newsletters. Signage is to be displayed. Evaluation of the change to parking arrangements is ongoing.
- The home’s management observed a trend in falls as a result of audits and trend analysis. A falls committee was implemented in collaboration with staff. Training for manual handling was updated for staff. Audits and statistics support that falls have been reduced significantly since the program was implemented.

## 4.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s regulatory compliance system and processes.

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

- The home has a system to ensure compliance with fire safety regulations.
- There are processes to provide a safe working environment that meets regulatory requirements.
- There are infection control guidelines to minimise the risk of infection including processes to follow in the event of an outbreak.
- To demonstrate compliance with food safety standards, there is a food safety program with regular monitoring by external accredited auditors.

## 4.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes.

Education conducted in recent months relating to Standard 4 Physical environment and safe systems include:

- fire and emergency management
- food safety
- infection control
- manual handling
- prevention of occupational violence.

#### **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. Accommodation includes single rooms with ensuite and double rooms for couples with a shared ensuite bathroom. Residents have access to a variety of well-lit communal lounges, private sitting areas and dining rooms with appropriate furniture and fittings. We observed the home to be well maintained, uncluttered, clean and at a comfortable temperature for residents. The large gardens and grounds surrounding the home are well maintained, accessible and secure. Designated staff conduct regular environmental audits, action audit outcomes and seek feedback from residents and representatives through surveys, feedback forms and resident meetings. Staff, residents and representatives said the environment is safe and comfortable for residents.

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

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

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

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. There are policies and procedures in relation to safe work practice and training is provided to staff. Equipment and hazardous material is stored safely and there are processes to ensure regular testing of electrical equipment. Staff demonstrated knowledge of incident and hazard reporting processes and their role in maintaining a safe environment.

Staff are informed of their responsibilities through information displays, booklets, at meetings and during induction. The work health and safety committee meets on a regular basis and health and safety representatives for staff. Staff are satisfied management actively work to create a safe work environment and are responsive to any issues raised.

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

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

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

The home meets this expected outcome

The home's management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. There are procedures and guidelines to respond to a range of internal and external emergencies including natural disasters. External contractors maintain the fire and emergency system and equipment.

Management display emergency evacuation plans and ensures emergency exits and egress routes are free from obstruction. All staff are required to complete mandatory annual fire and emergency training. There is a security camera surveillance system, keypad access and an after hours security procedure. Residents said they feel safe and secure in the home.

#### **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

There is an effective infection control program to identify and manage infection risks and outbreaks. The program includes an infection surveillance program, data collection, review and actioning of identified trends and internal and external audits. Infection control is included in staff inductions and there is ongoing education and competency testing. Policies and procedures including for the management of gastroenteritis and influenza are available to all staff. A staff and resident vaccination program is in place. Supplies of protective clothing and equipment are available as well as systems for the disposal of sharps and infectious waste. Food safety, pest control programs and environmental services comply with legislation and infection control guidelines. Management reviews infection rates and infection control data is benchmarked against other homes within the organisation. Trends identified through audits are discussed at staff meetings and improvement plans are implemented to ensure infection control practices remain current and effective.

#### **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

Hospitality services are consistent with the needs of care recipients and staff working environment. Meals are prepared on site in a central kitchen with dietitian input into the four week rotating menu. Meals are served in accordance with food safety standards. Residents' have a choice of alternate meals including a daily vegetarian option and snacks are available. Cleaning occurs according to a schedule and there is a system to accommodate urgent cleaning requirements. Laundering of linen and residents' personal laundry is completed onsite and processes aim to minimise lost property. Cleaning and laundry occurs according to

infection control guidelines and personal protective equipment is utilised. Staff are aware of procedures relevant to their role and receive education to support this.

Residents and their representatives are satisfied with the quality of the hospitality services provided.