



Australian Government

Australian Aged Care Quality Agency

Bupa Cairns

RACS ID 5774
52-59 Swallow Street
Mooroobool QLD 4870

Approved provider: Bupa Care Services Pty Limited

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 22 July 2019.

We made our decision on 14 June 2016.

The audit was conducted on 17 May 2016 to 19 May 2016. 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



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Audit Report

Bupa Cairns 5774

Approved provider: Bupa Care Services Pty Limited

Introduction

This is the report of a re-accreditation audit from 17 May 2016 to 19 May 2016 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 17 May 2016 to 19 May 2016.

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

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

Assessment team

Team leader:	Jill Winny
Team member/s:	Sandra Henry

Approved provider details

Approved provider:	Bupa Care Services Pty Limited
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Details of home

Name of home:	Bupa Cairns
RACS ID:	5774

Total number of allocated places:	144
Number of care recipients during audit:	121
Number of care recipients receiving high care during audit:	121
Special needs catered for:	N/A

Street/PO Box:	52-59 Swallow Street
City/Town:	Mooroobool
State:	QLD
Postcode:	4870
Phone number:	(07) 4037 6300
Facsimile:	[Home Fax]
E-mail address:	cairns@bupacare.com.au

Audit trail

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

Interviews

Category	Number
General Manager	1
Regional Support Managers	2
Business Administration Manager	1
Administration/Fire Safety Advisor	1
Medical Officer	1
Maintenance Officer	1
Clinical and Care Managers	5
Registered nurses	2
Assistants in nursing	9
Care recipients/representatives	18
Chef	1
Speech Pathologist	1
Physiotherapist	1
Physiotherapy aids	2
Recreational Activity Officers	5
Catering, cleaning and laundry staff	5
Gardening/Maintenance	1

Sampled documents

Category	Number
Care recipients' files	16
Summary/quick reference care plans	10
Medication charts	14
Personnel files	7

Other documents reviewed

The team also reviewed:

- Accommodation agreements

- Activity planning sheets/attendance records
- Audits
- Business management systems folder
- Care recipients' information handbook
- Cleaning schedules
- Communication diaries
- Confidential improvement logs
- Controlled drug register
- 'Crimtrack' search results
- Employee handbook
- Food safety program documentation
- General practitioner communication folder
- Handover sheets
- Hazard logs
- Incident/accident notification
- Infection logs
- Lifestyle program
- Mandatory reporting folder
- Medication management reviews
- Meeting minutes
- Menu
- Missing resident report
- New care recipient information pack
- New employee induction checklist
- Newsletters
- Pathology reports
- Planners
- Position descriptions

- Preventative maintenance schedules
- Safety alerts
- Safety data sheets
- Shift planner
- Staff training needs analysis
- Venue location suitability checklist
- Work instructions
- Wound care pathway

Observations

The team observed the following:

- Activities in progress
- Allied health interventions
- Change of shift communications
- Charter of residents' (care recipients') rights and responsibilities
- Clinical stocks and storage of medications
- Equipment and supply storage areas
- Firefighting equipment and signage
- Handover communications
- Interactions between staff and care recipients
- Kitchen and laundry processes
- Living environment
- Meal service and beverage rounds
- Medication administration and storage
- Short group observation

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

Bupa Cairns (the home) commenced services on 21 September 2015. The home utilises organisational improvement systems to identify, plan and implement improvement opportunities. Suggestions for improvements are captured through improvement logs, meetings, audits, surveys, compliments and complaints, clinical data, and direct feedback from care recipients, representatives and staff. Improvement activities are monitored by the General Manager in conjunction with continuous improvement committee meetings and further support is provided by organisational staff. Feedback to care recipients, representatives and staff relating to progress, status and review of improvements is communicated through meetings, noticeboards, newsletters and verbally.

Examples of improvements related to Standard 1 include:

- Registered staff raised concerns that relevant information was not being captured by nursing staff to support handover processes. A shift planner form has been introduced for nursing staff to document information relevant to individual care recipients during their shift such as observed changes in mobility, medication management, diet or personal care. The shift planner is then used as a prompt by registered staff to support a comprehensive handover. Management advise positive feedback has been received especially in the sharing of information from nursing staff who finish their shift prior to handover.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has an organisational system to identify current legislation, regulatory requirements, professional standards and guidelines that relate to the accreditation standards. Policies and procedures are updated to reflect change and are accessible to all staff. Compliance with

legislation is monitored through audits, surveys and observation of staff practice. Staff are informed of relevant changes electronically, through meetings, education sessions, memoranda and notice boards. The home has a system to ensure all relevant individuals have been screened through a current criminal record check. Care recipients/representatives have been informed of the re-accreditation audit through meetings, noticeboards and in writing.

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

During the commissioning period for the home, all staff have been provided with a structured orientation and induction program. Staff are required to undertake mandatory education through the organisation's e-Learning portal on an annual basis. Ongoing training needs are identified through a training needs analysis and during individual staff performance reviews and this information informs the home's yearly education plans. Education sessions are planned and advertised to advise staff of upcoming training events and educational opportunities. Education records are maintained by the home and staff are invited to evaluate individual education sessions. The Approved Provider supports a scholarship program available to all staff. Staff are satisfied they have access to ongoing learning opportunities and are kept informed of their training obligations.

In relation to Standard 1, Management systems, staffing and organisational development, examples of education provided include the Accreditation Standards, Bupa Management System (BMS) documentation, information security awareness and bullying and harassment.

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

The home has a comments and complaints mechanism that is accessible to care recipients, representatives and other interested parties. Information about the internal and external complaint process is displayed and documented in information provided to care recipients/representatives and staff. Complaints can be raised at meetings, through surveys, improvement logs with a secured box for confidentiality or directly to management and staff. Complaints are documented by the General Manager and include actions taken to resolve reported issues. Staff are aware of the internal and external complaints process and how to assist care recipients. Care recipients/representatives are satisfied with the comments and complaints processes and are generally confident that issues raised with management will be addressed.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home's values are displayed within the home and in information provided to care recipients/representatives, staff and other interested parties.

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 a process for the recruitment of staff including advertising, interviewing and orientation protocols and during the commissioning phase has received assistance from the head office. Staffing numbers are reviewed to reflect the planned admission of care recipients. Work instructions and position descriptions are provided to staff and amended as needed to reflect current local practices and the needs of care recipients. The home's orientation program includes mandatory education and instruction, buddy shifts and probationary interviews. Annual performance appraisals are planned to provide a forum for staff to discuss professional development and performance. Performance management is provided to staff as needed with management supported by corporate human resources personnel as appropriate. Rosters are held centrally and within each community for staff to review and staff replacement occurs in response to unplanned leave. Care recipients/representatives are satisfied with the responsiveness of staff and adequacy of care and services.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has a system and processes to ensure there are sufficient stocks of goods and equipment for the delivery of services. Equipment needs are identified and ongoing purchases, repairs and maintenance are based on current needs. Agreements with suppliers and contractors are used to guide purchases and to maintain goods and equipment. The new building and equipment are currently being maintained under the builder and suppliers defect warranty. Stock items are regularly rotated and checked for use-by-dates. Education is provided to staff in the use of equipment. Staff are aware of processes for accessing stores and have enough goods and equipment to carry out their duties. Care recipients/representatives are satisfied that appropriate goods and equipment are provided by the home and are available for the delivery of services to meet the needs of the care recipients.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Management and staff have access to, and the use of, information that is accurate and appropriate to perform their roles. Care recipients, representatives and staff are informed of current processes and activities relevant to their needs through the organisational business Management System (BMS) meetings, handbooks, communication books, handover processes and noticeboards. Locked rooms, cabinets and electronic processes are used to store private and confidential information, computers are password protected and staff maintain confidentiality when handling care recipient information. The home has a system for the archiving and destruction of relevant documentation. Care recipients/representatives and staff are satisfied with the way information is communicated.

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

External services are provided to meet the home's needs through preferred supplier agreements with major service providers that outline organisational requirements for the provision of service. Feedback on the performance of external services is monitored through feedback from care recipients, representatives and staff, feedback mechanisms, audits and surveys. Management review the performance of external services to ensure quality service delivery is maintained and when requirements are not being met appropriate action is taken. Care recipients/representatives are satisfied with the quality of services sourced externally.

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 about the home's continuous improvement systems and processes.

Examples of improvements related to Standard 2 include:

- Clinical management identified the imprest medication system was not being checked as a matter of routine by registered nurses. As a result, imprest stock has been relocated to a central area where medications are accessed and checked daily. No further concerns have been raised.

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 about the home's regulatory compliance system and processes.

In relation to Standard 2, Health and personal care, compliance with legislation includes a system to ensure registered staff are available to provide care and services and maintain current registration and that reporting guidelines in the event of unexplained absences of care recipients are monitored and maintained.

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 systems and processes.

In relation to Standard 2, Health and personal care, examples of education provided include medication administration, continence management, dementia care and clinical observation.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Prior to and on entry to the home, assessment processes identify the care recipient’s care needs, record baseline clinical data and identify potential health risks. Care plans are developed to provide staff with a daily plan of care delivery and directives that are designed to meet individual needs and preferences. Care recipients/representatives have input into their care planning through consultation with registered nursing staff, general practitioners, and other allied health professionals. Information processes are effective in communicating current and amended care needs to staff. Clinical indicators are tracked, analysed and reported through staff forums. Care recipients/representatives are satisfied appropriate clinical care is provided to care recipients and care needs are met.

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 assessed and identified and met by appropriately qualified nursing staff. Registered nursing staff supported by other health professionals provide specialised nursing care needs including diabetes management, complex wound management, catheter management, percutaneous endoscopic gastrostomy (PEG) management and oxygen therapy and monitoring. Treatment regimes and directives are detailed in care plans and staff have access to specialised equipment and educational resources. Care recipients/representatives are satisfied specialised nursing care needs are met and attended to by appropriately qualified 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

Care recipients are referred to appropriate health specialists in accordance with their ongoing identified needs and preferences and in consultation with the care recipient/representatives, their general practitioner and nursing staff. Referral processes are followed to access other health professionals and health services including physiotherapy, speech pathology, dietetics, podiatry, audiology and behavioural management specialists. Reports and recommendations are documented in care files and where indicated care plans are updated to include recommendations for ongoing care. Care recipients/representatives are satisfied with the processes for referral of care recipients to other health and related service in accordance with both their needs and 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

Registered nurses, enrolled nurses and medication competent care staff administer medications. Medication charts provide detailed information regarding care recipients’ identification and specific requirements for administration and assistance required for prescribed medications. General practitioners review medication orders and an accredited clinical pharmacist conducts regular medication poly pharmacy reviews. All medications are stored securely and staff report appropriate stock levels of medications are maintained and arrangements with the pharmacy ensure emergency medications are available. Monitoring of the medication management system occurs through the review of medication incidents and internal medication audits. As required (PRN) medications are monitored for effectiveness and outcomes are documented. The home has safe storage for packed and non-packed medications, protocols for the safe management of controlled drugs in accordance with legislative requirements and scheduled internal reviews and audits. Care recipients/representatives are satisfied with the availability and safe management of medications and the assistance provided to care recipients by staff.

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

Care recipients are assessed for pain as a component of initial and ongoing clinical assessment processes and include both care recipients’ and staff feedback and monitoring of ‘PRN’ as needed medications. The pain management needs of care recipients are identified using both verbal and non-verbal assessment tools. Care recipients are offered a range of methods of pain relieving measures including repositioning, heat packs, massage and

physiotherapy. Pharmacological measures include the use of prescribed regular and/or as needed 'PRN' oral pain relieving medications and transdermal narcotic patches.

Monitoring and evaluation processes include reassessment of pain experiences, identifying when existing management strategies are ineffective, the occurrence of new pain and/or the need for additional health professional consultation. Care recipients are satisfied with the help and support provided to assist them to remain as free from pain as possible.

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 care recipients who are palliating is supported by prior identification of individual preferences and consultation about end of life wishes and where there is agreement with the care recipient/representative an advanced health directive is initiated. Stores of equipment and stock are available to provide comfort measures including mouth and eye care, pressure relief and manual handling equipment and continuous infusion devices for pain relief. Palliative care kits include aromatherapy oils and music to increase relaxation and comfort. Care recipients/representatives are satisfied staff understand and are able to support the 'end of life' wishes and care needs of the care recipient.

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

The dietary needs and preferences of care recipients are identified on entry and information is communicated to catering and care staff. Nutrition and hydration status is monitored by establishing a baseline weight recording and monthly weight monitoring or more frequently, if a concern is identified. The home has access to both dietitian and speech pathology services and incorporates this advice into care plans. Dietary supplements are available for care recipients with identified needs to maintain weight with supplement nutrients offered.

Specialised diets including vitamised and soft texture diets and thickened fluids are also offered. Care recipients/representatives are satisfied with the meals and drinks provided by the home and the interventions employed to maintain adequate nutrition and hydration.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has tools designed to identify care recipients at risk of skin impairment and those with a history of skin injury. Care plans are developed to guide staff practices to reduce the occurrence of break in skin integrity for those care recipients identified at risk. Skin care products designed to maintain the skin health, including soap free products and barrier creams are available. Breaks in skin integrity are reported through the clinical incident reporting process and reviewed and analysed for trends. Registered nursing staff attend to complex wound care and wound resolution is monitored through treatment records and reference to serial photographs. Care recipients/representatives are satisfied the skin care provided by staff meets care recipients’ needs.

2.12 Continence management

This expected outcome requires that “care recipients’ continence is managed effectively”.

Team’s findings

The home meets this expected outcome

The individual continence needs of care recipients are assessed on entry and as care needs change. Individual care plans are developed and include timed toileting, continence aids requirements and bowel management interventions. Staff have access to additional continence aids and document use to ensure reassessment occurs. Specialist interventions, including stoma and catheter care, are managed by registered staff who document the frequency of interventions and the stock/equipment required. The occurrence of infections is monitored through monthly trending and staff review the effectiveness of continence management interventions. Care recipients are satisfied with the support and assistance to manage the continence needs of care recipients while respecting individuals’ privacy and dignity.

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 needs of care recipients with challenging behaviours are identified on entry to the home and on an ongoing basis. Behavioural assessments identify types of behaviours exhibited, possible triggers and management strategies. Referrals to external health services are accessed where needs are identified to assist in the management of complex behaviours.

Staff understand the individual needs of care recipients’ living with dementia and support optimal day-to-day experiences and are aware of their reporting responsibilities in the event of a behavioural incident. Care recipients/representatives are satisfied the home manages care

recipients' challenging behaviours in an effective manner so as to avoid adverse impact on others.

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

Physiotherapy staff complete assessments identifying impairment to mobility and dexterity and outlining instruction for individual care recipients' manual handling requirements.

Physiotherapy assistants complete care interventions in consultation with the physiotherapist and report changes in care needs as appropriate. Exercise programs are devised on an individual and group basis and are incorporated into mobility and lifestyle programs. The incidence of falls is monitored and trended to identify improvement opportunities and to manage risks. Staff receive manual handling training on induction. Care recipients/representatives are satisfied with the level of support and assistance care recipients are provided to maintain mobility and dexterity levels.

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

The oral and dental care needs of care recipients are identified through assessment and monitoring of oral health during entry to the home and then on an ongoing basis. Local dental services can be accessed in accordance with care recipients' preferences. There are processes for ensuring replacement of toothbrushes on a seasonal basis and equipment as necessary. Staff assist care recipients with daily oral care and meal assistance. Care recipients/representatives are satisfied with oral and dental care and referral to external services when required.

2.16 Sensory loss

This expected outcome requires that "care recipients' sensory losses are identified and managed effectively".

Team's findings

The home meets this expected outcome

The home has processes to ensure care recipients' sensory losses are identified and managed effectively. Hearing, vision and speech needs and preferences are collected through initial and ongoing assessment processes. Staff provide support with cleaning, care and fitting of sensory aids. Recreation activities are adapted to assist care recipients participate. Referral to health care specialists including audiology services, optometry and a visiting speech pathologist occurs where indicated. Care recipients/representatives are satisfied with management strategies to meet the needs of those care recipients experiencing sensory loss.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

The usual sleep patterns of individuals are identified soon after entry and include a serial assessment of sleep and rest intervals throughout the day and night. Environmental factors conducive to sleep such as subdued lighting, temperature control and decreased noise levels are provided. Non-pharmaceutical measures are encouraged such as warm drinks and snacks. Staff assist with preferred night time routines including settling and rising times.

Night sedation is available as prescribed by the medical officer. Care recipients/representatives are satisfied with the interventions by staff to assist care recipients achievement of natural sleep and rest patterns.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Examples of improvements related to Standard 3 Care recipient lifestyle include:

- Following the introduction of a ukulele group who visit the home to perform concerts on a regular basis, care recipients have formed their own ukulele group under the support and guidance of recreational staff. Six new ukuleles and an assortment of shakers and tambourines have been purchased to support care recipient participation. The group is currently working towards a Christmas concert tour in the wider community.

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 about the home’s regulatory compliance system and processes.

In relation to Standard 3 Care recipient lifestyle, compliance with legislation includes a system to ensure staff and care recipients are aware of mandatory reporting guidelines.

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 systems and processes.

In relation to Standard 3, Care recipient lifestyle, examples of education provided include 'person first' care and choice and decision-making

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

The home has processes to ensure care recipients receive support in adjusting to life in the new environment on entry and an ongoing basis. Staff consult with family during the initial settling period and assistance is provided to care recipients to establish a friendship network within the home. Information is provided to care recipients and/or their representatives about care and services available and care recipients are encouraged to personalise their rooms. Nursing staff and recreational activity officers provide emotional support and monitor the emotional needs of care recipients. Care plans outline strategies to assist care recipients emotionally including opportunities to maintain contact with family and friends. Ongoing emotional support needs are monitored through staff interactions with care recipients, care plan reviews, feedback and surveys. Care recipients/representatives are satisfied with the emotional support provided by staff.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home is active in supporting individual care recipients in maintaining independence through assessment and consultation. Pathways, appropriate furniture and access to external garden areas allow care recipients to move freely and safely throughout the home as desired. A physiotherapist assesses care recipients' requirements for assistive devices and equipment to assist with mobility. The home has processes to support care recipients manage their own medication and health planning, and can accommodate married couples and partners. A designated bus is available to facilitate care recipients' participation in local community events and attend excursions of interest to them. The home evaluates independence and access to services through the comments and complaints system and through regular care recipient

meetings. Care recipients/representatives are satisfied with the level of independence afforded to care recipients.

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

The home has processes to ensure management and staff recognise and respect each care recipient's right to privacy, dignity and confidentiality. Care recipients are provided with information about their rights, including their right to privacy and the 'Charter of residents' (care recipients') rights and responsibilities' on entry to the home. Confidential information such as administrative and care files are stored in a manner that provides security and confidentiality of information. Staff address care recipients by their preferred name and doors are closed when personal care is provided. The home uses observation of staff practices, surveys/audits, meetings and feedback to monitor effectiveness. Care recipients/representatives are satisfied with the provision of privacy and dignity afforded to them.

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' leisure and activity interests are identified prior to and on entry to the home and as needs change. A 'tree of life' captures care recipients' interests and milestones which assists in developing an individualised care plan and lifestyle program that is of interest to them. As care recipient numbers increase, the program is expanding to include a range of group activities, social events, planned outings and one-to-one interactions. The effectiveness of the lifestyle care plan and activities is monitored and evaluated through attendance records, meetings and surveys to ensure care recipients continued interest.

Volunteers work under the direction of the recreational team and assist with planned group and individual activities. Scheduled activities across the four communities are advertised through a monthly calendar that is displayed on noticeboards in communal areas and individual verbal invitation. Care recipients/representatives are satisfied with the leisure and activity programs offered to care recipients by the home.

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

The home has systems to ensure individual interests, customs, beliefs, cultural and ethnic backgrounds are fostered and valued. Information about the cultural and spiritual needs of care recipients is collected on entry to the home and individual care plans direct staff practice. Religious services are conducted at the home to which care recipients are assisted and encouraged to attend. The activities calendar includes celebrations of specific cultural, religious and significant days. The effectiveness of the home's cultural and spiritual life is monitored through surveys, feedback and meetings. Care recipients/representatives are satisfied their cultural and spiritual needs and preferences are respected and supported.

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

Information about life in the home is provided to care recipients/representatives on entry to the home and care recipients are encouraged and supported to make decisions about their care and routines. Alternative decision-makers are identified and documented in the care recipient's file. Staff respect and accommodate care recipients' choices, encourage them to be involved in choice including assistance with personal cares and evening retiring times and to attend and/or contribute to activities. Surveys, meetings and feedback assist the home in monitoring the effectiveness of the care recipients' rights of individual choice and decision - making. Care recipients/representatives are satisfied the individual choices of care recipients are actioned and respected in lifestyle and care delivery at the home.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Care recipients and their representatives are supplied with written and verbal information regarding care and services prior to and/or upon entering the home. Documents including a care recipient information pack and the residential care agreement provide information about terms and conditions of their tenure, care recipients' rights and responsibilities, feedback mechanisms, privacy and confidentiality. The home has processes to ensure terms of the residential care agreement are understood and ongoing information regarding changes to fees and charges and other legislative/regulatory issues is provided. Care recipients and/or representatives are consulted where changes may require a move within the home or to

another home. Care recipients/representatives are aware of their rights and responsibilities and are satisfied their tenure at the home is secure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Examples of improvements related to Standard 4 include:

- Following an incident in the staff car park the home’s security has been reviewed. Additional security cameras have been installed and organisational approval has been received for security gates to be installed at the rear of the building to improve security. In the interim a security guard is on-site nightly between 6.00pm and 06.00am. Management advised there have been no further incidents or concerns raised.

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 about the home’s regulatory compliance system and processes.

In relation to Standard 4 Physical environment and safe systems, there is a system to ensure staff attendance at annual mandatory fire safety training and food safety guidelines are followed.

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

In relation to Standard 4, Physical environment and safe systems, examples of education provided include fire safety orientation and warden training, infection control practices and work health and safety fundamentals.

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

The home's environment reflects the safety and comfort needs of care recipients. Storage areas are provided for equipment and mobility aids, walkways are free of trip hazards and gardens are maintained to ensure safety. Care recipients are encouraged to personalise their own rooms and utilise communal and outdoor areas. A secure area is provided for care recipients at risk of wandering. The new building and equipment within is currently being maintained under the builder and suppliers defect warranty and a reactive maintenance program is responsive to requests. The building has access control to provide security for care recipients. The living environment is monitored through risk assessments, accident and incident reporting, audits, surveys and feedback from meetings. Care recipients/representatives expressed satisfaction with the living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management in conjunction with key personnel are actively working to provide a safe working environment for staff that meets regulatory requirements. Audits and risk assessments of the internal and external environment are carried out on a regular basis. Staff are introduced to safe working practices through the induction and orientation program, during their buddy shifts and through observation by supervisory staff. Workplace health and safety and management meetings monitor incidents/accidents and hazards and plan and implement improvement strategies. Chemicals are stored securely with risk assessments conducted on hazardous substances and safety data sheets are available to guide staff practice as required. Staff report satisfaction with the incident, hazard and maintenance reporting systems and management's response to identified safety issues.

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 policies and procedures are documented to manage fire safety, evacuations and other emergencies. Mandatory fire safety training and education is provided for staff at orientation and annually thereafter. Fire drills are conducted and staff demonstrated knowledge of the home's fire and emergency procedures and their role in the event of an alarm and evacuation. Evacuation plans are located in key areas of the home and exits are clear of obstruction. External providers maintain fire systems, equipment and signage.

Emergency procedures are documented in the BMS and are available to staff including procedures to maintain the security of the building after hours and at the weekends. Care recipients/representatives are satisfied with the safety and security of 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

The home has an effective infection control program that includes staff training and access to personal protective equipment, vaccination programs, a food safety program, pest control measures and outbreak management contingency plans. Infection control education is provided to all staff. Cleaning schedules and laundry practices are monitored to ensure infection control guidelines are followed. Records of care recipients' infections are maintained and reviewed regularly to assist in the identification of trends and evidence of possible transmission sources. Personal protective equipment is available and hand washing facilities, sharps' containers and spill kits are readily accessible. Staff described infection control measures, including the appropriate use of personal protective equipment, hand hygiene procedures and precautions to be taken in the event of an outbreak.

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

Care recipients' dietary needs and preferences are identified through assessments and this information is communicated to catering staff. The home has a four-week rotating menu that is developed in conjunction with a dietitian. All meals are cooked on site with alternatives meal items available for individual care recipients on request, and specific food, drinks and snacks are provided according to care recipients' preference and clinical need. The dining rooms, dining tables and table settings support care recipients' quality of life. Cleaning services are provided on site seven days a week. Standard cleaning procedures direct staff in the areas to be cleaned and the frequency at which cleaning is to be conducted in accordance with the

home's health and hygiene standards. All laundry services are completed on-site seven days per week by laundry staff using specialised equipment and practices that minimise risk of cross infection. Hospitality services are monitored via regular audits, observation of staff practice and through care recipient feedback during meetings, surveys and complaints mechanisms. Care recipients/representatives are satisfied with catering, cleaning and laundry services provided by the home and staff are satisfied with the working environment.