



Aged Care
Standards and Accreditation Agency Ltd

Bupa Kempsey

RACS ID 2679

71-97 Cochrane Street
WEST KEMPSEY NSW 2440

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 14 July 2015.

We made our decision on 17 May 2012.

The audit was conducted on 17 April 2012 to 18 April 2012. 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.

Expected outcome	Accreditation 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:

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.

Expected outcome	Accreditation 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: 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		Accreditation 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		Accreditation 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



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Bupa Kempsey 2679

Approved provider: Bupa Care Services Pty Limited

Introduction

This is the report of a re-accreditation audit from 17 April 2012 to 18 April 2012 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents 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, resident 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 Accreditation 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

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 17 April 2012 to 18 April 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. 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 1997.

Assessment team

Team leader:	Carol Lowe
Team member/s:	Annette Barrett

Approved provider details

Approved provider:	Bupa Care Services Pty Limited
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Details of home

Name of home:	Bupa Kempsey
RACS ID:	2679

Total number of allocated places:	81
Number of residents during audit:	71
Number of high care residents during audit:	70
Special needs catered for:	Nil

Street/PO Box:	71-97 Cochrane Street	State:	NSW
City/Town:	WEST KEMPSEY	Postcode:	2440
Phone number:	02 8247 3000	Facsimile:	02 9270 0156
E-mail address:	Nil		

Audit trail

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

Interviews

	Number		Number
General Manager	1	Residents/Representatives	10
Care Manager	1	Registered Nurses	3
Catering Officer	1	General Service Officers	4
Administration Staff	1	Care Staff	5
Leisure Staff	2	Maintenance Staff	1
Physiotherapy Staff	3		

Sampled documents

	Number		Number
Audit folders	4	Summary/quick reference care plans	11
Residents' files	11	Medication charts	30

Other documents reviewed

The team also reviewed:

- Activity logs
- Admission process information package
- Allied health book
- Annual fire safety statement
- Attendance sheets and evaluations
- Bupa Care Services Australia (BCSA) Governance 2012 folder
- Bupa Kempsey newsletters
- Care resources
- Charter of residents' rights and responsibilities
- Communication diaries
- Confidential logs folder
- Contingency folder for emergency situations
- Customer satisfaction surveys
- Dementia care mapping interim report
- Departmental manuals
- Education records
- Fire alarm log books and equipment service records
- Flipcharts on emergency procedures and guide to incident reporting requirements
- Fridge temperature sheets

- Handover report sheets
- Heat treatment record
- Human resource manual – workplace policies and procedures
- Incident notification folder
- Information on computer system – emails and alerts for police checks and nurses registrations
- Kitchen records including diet sheets and food safety program documents
- Laundry and cleaning folders
- Life boards
- Maintenance folders
- Mandatory reporting register
- Map of life
- Material safety data sheets
- Meeting minutes
- Memo on personal best support pack (March 2012)
- Modules on the Person first education program (seven booklets)
- NSW Food Authority Licence
- Physiotherapy plan
- Planning sheets and evaluations
- Police check listing for staff on computer
- Resident and staff satisfaction survey results
- Residents' information package, resident handbook and resident agreements (high care and respite)
- Resource lists
- Restraint orders and release charts
- Roster
- Staff handbook and orientation package for new staff
- Statistics and benchmarking reports
- Treatment folders
- Weekly and monthly highlights programs

Observations

The team observed the following:

- Activities in progress
- Equipment and supply storage areas
- Fire fighting equipment, evacuation plans, flip charts, exit signs and fire board
- Hand over reports
- Improvement log folder and maintenance folder at front entrance

- Interactions between staff and residents
- Living environment
- Medication round
- Minty – resident's dog
- Noticeboards for staff and residents
- Storage of medications
- Trophies for footy tipping competition and scarves in club colours currently being knitted

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 residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home operates an active quality management system which incorporates information gathered from a wide range of sources. These include improvement logs (including confidential logs), results of various audits and surveys as well as complaints. The organisation also conducts a periodic audit across the Accreditation Standards at the home and monitors performance by reviewing selected audit results. Data obtained from these audits is trended across the homes within the group and the results are shared across the group. Feedback is actively sought from residents, their representatives and staff. This is undertaken through staff and resident meetings. Information from these forums is fed into the quality system through improvement logs. These enable management at the home as well as at head office to monitor the actions being taken to undertake any improvements. The home has a quality and safety committee which oversees the improvements being undertaken through the system. Improvements undertaken at the home in relation to Accreditation Standard One Management systems, staffing and organisational development include the following:

- As a result of a staff member's improvement log the home has introduced pigeon holes in the staff room to provide a central distribution point for notices and handouts to staff. Previously the administration officer spent a considerable amount of time and effort to catch staff as they came on and off duty to provide them with documents and collect signatures. These documents are now placed in the pigeon holes and a signing sheet is located in the staff room to enable staff to sign that they have read the documents. A laminated notice has been placed in the staff room to enable management to quickly alert staff to any information which has been disseminated. Feedback from staff indicates that this system is working well.
- The home has created a new employee package as a result of a suggestion from a staff member. The general manager said that they had been able to access work pack covers through the organisation's website. This enables all the relevant paper work to be provided in a folder which looks more professional. The general manager advised that they have not yet been able to fully evaluate the employee package as there had been no new staff employed since the package was developed.
- The organisation undertook a review of the Personal Best program. As a result improvements have been made to "raise the bar on being a Bupa Legend". This is aimed at making sure staff (who wish to become a Bupa Legend) push the boundaries to exceed expectations in providing person centred care and provide a higher level of commitment to the program. Staff members are now required to document their "commitments" (tasks they will undertake during the month) by the 10th day of each month. These are reviewed by the general manager and either accepted or rejected. The general manager advised that they reject the commitments if these would normally be

considered as part of their duties and provide the staff member with an opportunity to revise their commitment.

- The passports used in tracking staff progress in the Personal Best program have been redesigned. A red passport is used for new staff members and a green passport for existing staff. The general manager advised that the green passports are now being used in the staff appraisal process and will cover a twelve month period. The previous passports lasted a shorter period of time.

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 has a system to identify changes to legislation and regulations. At the head office the policy and regulatory committee monitor and assess any changes to legislation and regulations. These are provided through various legislation websites as well as through information provided by various industry and government bodies. This committee ensures that relevant teams within the organisation are informed of any changes and assists in the review of organisational policies and procedures to ensure on-going compliance. In turn the organisation provides information to homes within the group. This includes outlining the action to be taken by the general managers at each home. Compliance with legislation forms part of the quality management system. Information is disseminated to staff via memos or through education sessions when required.

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

The home has a system and processes to ensure that staff members have appropriate knowledge and skills to perform their roles effectively. The results of audits, observation of staff practices and an annual training needs analysis undertaken with staff, are used to identify education needs. This is then used to develop an education calendar. The organisation has a series of mandatory education sessions which can be completed as part of an e-learning program on the computer system. Staff advised that management checks the completion of these education sessions. Each staff member’s performance is monitored and reviewed at least annually through a series of competencies. Education sessions relevant to Accreditation Standard One include accreditation, managing performance (managers), documentation and reportable incidents.

1.4 Comments and complaints

This expected outcome requires that "each resident (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 systems in place to ensure residents and their representatives have access to internal and external complaint resolution mechanisms. This includes displaying information about the organisation's and Department of Health and Ageing Complaint Investigation Scheme at the front entrance to the home. Information on raising complaints is contained within the resident handbook as well as the resident agreement, which is provided to residents and their representatives as part of the entry process to the home. A review of documentation indicated all issues raised with management have been or are in the process of completion by the general manager. Residents meetings are held on a regular basis and provide a forum in which residents and their representatives can raise issues as well as be consulted by management. Residents and their representatives advised they felt confident to raise any concerns directly with the general manager or care manager.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation's commitment to quality is on public display at the front entrance of the home. Information is also presented to residents, their representatives and to staff through key documentation such as the resident and employee handbooks, which are given to all residents and their representatives and staff on entry to the home or commencement of employment respectively. Information on the home's commitment to quality is provided to contractors and service providers through the organisation's service contract.

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 system to ensure there are sufficient appropriately skilled and qualified staff members. The general manager advised residents' care needs as well as feedback from staff members are used in identifying the staffing level needs in the home. There is flexibility to adjust staffing to meet changes in residents care needs or due to increases or decreases in the number of residents accommodated at the home. Interviews are held with all applicants to assess their suitability to work at the home. The home also ensures police checks are current before the new staff member commences duty. A system is in place to ensure new staff are buddied with existing staff and complete induction workbooks as part of the orientation system. Residents and their representatives expressed their satisfaction with the care provided by the staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has systems in place to ensure the home has adequate supplies of goods and equipment. Staff members advised they are provided with sufficient supplies of equipment and goods to provide appropriate care and good quality services to the residents. The general manager advised the organisation has access to a range of suppliers for equipment. New equipment is able to be purchased from these suppliers or trialled, if necessary, to ensure suitability prior to purchase. Education on new equipment is provided to staff members. The home has a preventative and reactive maintenance program to ensure all equipment is working effectively.

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

Information is disseminated to residents, resident representatives and staff through a variety of avenues including emails, newsletters, information displayed on notice boards and discussions at meetings and education sessions. Handovers are used to pass on clinical information to staff members on different shifts. The organisation has an intranet system which is used to disseminate information to staff across the organisation as well as providing a repository for documents and forms used at the home. Documentation no longer required is archived on-site. Data on computers is routinely backed-up on external servers managed by the organisation. Access to the home's computers and data within the system is secured via password.

1.9 External services

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

Team's findings

The home meets this expected outcome

The organisation has systems in place to ensure externally provided services and goods meet specific requirements. Contracts with companies and suppliers are managed at the organisation's head office in Sydney. The general manager advised they are still able to utilise local companies wherever possible. Staff in various roles advised feedback is sought periodically on the quality of services being provided by tradesmen and suppliers. Staff members explained the processes in place to manage any episodes of poor service delivery or poor quality goods. Staff members interviewed on this topic advised any equipment or goods supplied are of good quality.

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.

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 continuous improvement system which exists in the home. Examples of recent improvements in relation to Standard Two include:

- Bupa Kempsey is one of the five Bupa residential aged care homes selected to become a Dementia Health Hub (DHH) in 2011. This is aimed at establishing centres of excellence in providing care for residents with dementia. The program has been developed by Bradford University in the United Kingdom (UK) in conjunction with Dr Graham Stokes. As part of this process selected staff members attended training as 'person first' coaches and underwent a six day facilitators training course with trainers from Bradford University. Care and activities staff members undertook all seven of the person first dementia excellence modules, whilst general service officers and the maintenance officer undertook two modules. The modules cover positive communication, assessing resident needs, meaningful activities, positive environments, health and wellbeing, as well as end of life care and involving and supporting relatives and supporter of people living with dementia. Dementia care mapping conducted pre and post the education program has identified improvements in the manner in which staff provide care to residents.
- As a further development from the Dementia Health Hub program the home is introducing a carers' support group for the local area. Four staff members have received training from the Alzheimer's Association to conduct the carers support group. An advertisement was placed in the local newspaper (The Macleay Argus 17 April 2012) to invite any interested people in the community to attend the first meeting on 19 April 2012 at the home. A representative from the Alzheimer's Association, based in Port Macquarie is to attend the meeting.
- The home conducts a pop in centre at the home as part of the Dementia Health Hub program. People caring for someone with dementia in the community who require some time to attend appointments or shopping can arrange for their family member to stay at the pop in centre for periods from 30 minutes or up to six hours.
- Due to concerns about the difficulties in accessing registered nurses in Kempsey the home is undertaking the training of care staff to assist with medication administration. Dates for the training course have been arranged with a suitable trainer and will be conducted in June 2012. Medication competencies will also be reviewed with the registered nurses during the visit by the qualified educator.

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 organisation’s system to ensure that the home complies with legislation and regulations relevant to residents’ health and personal care. This includes ensuring the registered nurse and enrolled nurse registrations are current. The general manager advised the home receives regular weekly checks and reminders of any registrations requiring renewal.

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

For details of the home’s system for ensuring that management and staff have the appropriate knowledge and skills to perform their roles effectively, please refer to expected outcome 1.3 Education and staff development. Examples of education sessions and activities relating to Standard Two include oral care, “person first” program, pain management, dysphagia, swallowing assessments, falls prevention, continence management and palliative care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents receive clinical care which is appropriate to their individual needs and preferences. The home has an ongoing review and evaluation system for identifying and managing residents’ health and personal care needs. Processes include a comprehensive admission process and a range of assessments to ascertain all care needs at entry to the home. The information is used to develop individual plans of care. The home monitors residents’ clinical care outcomes through reviews of plans of care and internal audits of all reporting processes. Results show residents’ care needs are documented and reviewed and care is delivered consistent with documented plans of care. Staff practices are monitored for compliance with the home’s processes and procedures. In general, residents are satisfied with the level of consultation and with the health and personal care provided.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Residents receive specialised nursing care appropriate to their individual needs and preferences. The home has an ongoing review and evaluation system for identifying and managing residents’ specialised nursing care needs. Processes include a comprehensive admission process and a range of assessments to ascertain all specialised care needs at entry to the home. The information is used to develop plans of care relating to identified specialised nursing care needs. The home monitors residents’ specialised nursing care outcomes through reviews of plans of care and internal audits of all reporting processes. Results show residents’ specialised nursing care needs are documented and reviewed and care is delivered consistent with documented plans of care and met by qualified nursing staff. Staff practices are monitored for compliance with the home’s processes and procedures. In general, residents are satisfied with the level of consultation and with the specialised nursing care provided.

2.6 Other health and related services

This expected outcome requires that “residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences”.

Team’s findings

The home meets this expected outcome

Residents receive other health and related services appropriate to their individual needs and preferences. The home has an ongoing review and evaluation system for identifying and managing residents’ health and related service needs. Processes include a comprehensive admission process and a range of assessments to ascertain all health and related service needs at entry to the home. The information is used to develop individual plans of care. The home monitors residents’ other health and related service outcomes through reviews of plans of care and internal audits of all reporting processes. Results show residents’ health and related service needs are documented and reviewed, and care is delivered consistent with documented plans of care. Staff practices are monitored for compliance with the home’s processes and procedures. In general, residents are satisfied with the level of consultation and with the health and related services offered.

2.7 Medication management

This expected outcome requires that “residents’ medication is managed safely and correctly”.

Team’s findings

The home meets this expected outcome

Residents receive medication management appropriate to their individual needs and preferences. The home has an ongoing review and evaluation system for identifying and managing residents’ medication needs. Processes include a comprehensive admission process and a range of assessments to ascertain all medication needs at entry to the home. The information is used to develop individual plans of care. The home monitors residents’ medication outcomes through reviews of plans of care, doctors’ orders, medication charts and internal audits of all reporting processes. Results show residents’ medication needs are documented and reviewed; medications are managed safely and correctly and are consistent with documented plans of care. Staff practices are monitored for compliance with the home’s

processes and procedures. In general, residents are satisfied with the level of consultation and with the medication management provided.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Residents receive pain management appropriate to their individual needs and preferences to ensure they are as free from pain as possible. The home has an ongoing review and evaluation system for identifying and managing residents’ pain management needs. Processes include a comprehensive admission process and a range of assessments to ascertain all pain management needs at entry to the home. The information is used to develop individual plans of care. The home monitors residents’ pain management outcomes through reviews of plans of care and internal audits of all reporting processes. Results show residents’ pain needs are documented and reviewed and pain management is delivered consistent with documented plans of care. Staff practices are monitored for compliance with the home’s processes and procedures. In general, residents are satisfied with the level of consultation and with the level and range of pain management provided.

2.9 Palliative care

This expected outcome requires that “the comfort and dignity of terminally ill residents is maintained”.

Team’s findings

The home meets this expected outcome

Residents receive palliation appropriate to their individual needs and preferences. The home has an ongoing review and evaluation system for identifying and managing residents’ palliative care needs. Processes include a comprehensive admission process and a range of assessments to ascertain all palliation needs at entry to the home. The information is used to develop individual plans of care. The home monitors residents’ palliative care outcomes through reviews of plans of care and internal audits of all reporting processes. Results show residents’ palliation needs are documented and reviewed and palliative care is delivered consistent with documented plans of care. Staff practices are monitored for compliance with the home’s processes and procedures. In general, residents are satisfied with the level of consultation and with the comfort and dignity with which palliative care is provided.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Residents receive nutrition and hydration care that is adequate to their individual needs and preferences. The home has an ongoing review and evaluation system for identifying and managing residents’ nutrition and hydration needs. Processes include a comprehensive admission process and a range of assessments to ascertain all nutrition and hydration needs at entry to the home. The information is used to develop individual plans of care. The home monitors residents’ nutrition and hydration outcomes through reviews of plans of care and internal audits of all reporting processes. Results show residents’ nutrition and hydration

needs are documented and reviewed and nutrition and hydration is delivered consistent with documented plans of care. Staff practices are monitored for compliance with the home's processes and procedures. In general, residents are satisfied with the level of consultation and with the nutrition and hydration care available and provided.

2.11 Skin care

This expected outcome requires that "residents' skin integrity is consistent with their general health".

Team's findings

The home meets this expected outcome

Residents receive skin care appropriate to their individual needs, preferences and general health. The home has an ongoing review and evaluation system for identifying and managing residents' skin care needs. Processes include a comprehensive admission process and a range of assessments to ascertain all skin care needs at entry to the home. The information is used to develop individual plans of care. The home monitors residents' skin integrity outcomes through reviews of plans of care and internal audits of all reporting processes. Results show residents' skin care needs are documented and reviewed and skin care is delivered consistent with documented plans of care. Staff practices are monitored for compliance with the home's processes and procedures. In general, residents are satisfied with the level of consultation and with the skin care products and care provided.

2.12 Contenance management

This expected outcome requires that "residents' continence is managed effectively".

Team's findings

The home meets this expected outcome

Residents receive continence management appropriate to their individual needs and preferences. The home has an ongoing review and evaluation system for identifying and managing residents' continence care needs. Processes include a comprehensive admission process and a range of assessments to ascertain all care needs at entry to the home. The information is used to develop individual plans of care. The home monitors residents' continence care outcomes through reviews of plans of care and internal audits of all reporting processes. Results show residents' continence needs are documented and reviewed and continence care is delivered consistent with documented plans of care. Staff practices are monitored for compliance with the home's processes and procedures. In general, residents are satisfied with the level of consultation and with the range of continence aids and care provided.

2.13 Behavioural management

This expected outcome requires that "the needs of residents with challenging behaviours are managed effectively".

Team's findings

The home meets this expected outcome

Residents receive behavioural management appropriate to their individual needs and preferences. The home has an ongoing review and evaluation system for identifying and managing residents' challenging behavioural care needs. Processes include a comprehensive admission process and a range of assessments to ascertain all behavioural needs at entry to the home. The information is used to develop individual plans of care. The

home monitors residents' behavioural outcomes through reviews of plans of care and internal audits of all reporting processes. Results show residents' behavioural needs are documented and reviewed and care is delivered consistent with documented plans of care as well as following a minimal restraint policy. Staff practices are monitored for compliance with the home's processes and procedures. In general, residents are satisfied with the level of consultation and with the behavioural management processes offered and care provided.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that "optimum levels of mobility and dexterity are achieved for all residents".

Team's findings

The home meets this expected outcome

Residents receive mobility, dexterity and rehabilitation care appropriate to their individual needs and preferences. The home has an ongoing review and evaluation system for identifying and managing residents' mobility, dexterity and rehabilitation needs. Processes include a comprehensive admission process and a range of assessments to ascertain all mobility, dexterity and rehabilitation needs at entry to the home. The information is used to develop individual plans of care. The home monitors residents' mobility, dexterity and rehabilitation outcomes through reviews of plans of care and internal audits of all reporting processes and programs. Results show residents' mobility, dexterity and rehabilitation needs are documented and reviewed and care is delivered consistent with documented plans of care. Staff practices are monitored for compliance with the home's processes and procedures. In general, residents are satisfied with the level of consultation and with the mobility, dexterity and rehabilitation programs offered and received.

2.15 Oral and dental care

This expected outcome requires that "residents' oral and dental health is maintained".

Team's findings

The home meets this expected outcome

Residents receive oral and dental care appropriate to their individual needs and preferences. The home has an ongoing review and evaluation system for identifying and managing residents' oral and dental care needs. Processes include a comprehensive admission process and a range of assessments to ascertain all oral and dental needs at entry to the home. The information is used to develop individual plans of care. The home monitors residents' oral and dental care outcomes through reviews of plans of care and internal audits of all reporting processes. Results show residents' oral and dental needs are documented and reviewed and oral and dental care is delivered consistent with documented plans of care. Staff practices are monitored for compliance with the home processes and procedures. In general, residents are satisfied with the level of consultation and with the oral and dental care provided.

2.16 Sensory loss

This expected outcome requires that “residents’ sensory losses are identified and managed effectively”.

Team’s findings

The home meets this expected outcome

Residents receive sensory care appropriate to their individual needs and preferences. The home has an ongoing review and evaluation system for identifying and managing residents’ individual sensory loss. Processes include a comprehensive admission process and a range of assessments to ascertain all sensory loss needs at entry to the home. The information is used to develop individual plans of care. The home monitors residents’ sensory loss outcomes through reviews of plans of care and internal audits of all reporting processes. Results show residents’ sensory loss needs are documented and reviewed and care is delivered consistent with documented plans of care. Staff practices are monitored for compliance with the home’s processes and procedures. In general, residents are satisfied with the level of consultation and with the sensory care provided for loss of taste, touch, smell, sight and/or hearing.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Residents achieve natural sleep patterns appropriate to their individual needs and preferences. The home has an ongoing review and evaluation system for identifying and managing residents’ sleep needs. Processes include a comprehensive admission process and a range of assessments to ascertain all sleep needs at entry to the home. The information is used to develop individual plans of care. The home monitors residents’ sleep patterns and outcomes through reviews of plans of care and internal audits of all reporting processes. Results show residents’ sleep needs are documented and reviewed and care is delivered consistent with documented plans of care. Staff practices are monitored for compliance with the home’s processes and procedures. In general, residents are satisfied with the level of consultation and with the sleep patterns achieved.

Standard 3 – Resident lifestyle

Principle: Residents 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 continuous improvement system which exists in the home. Examples of recent improvements in relation to Standard Three include:

- As a result of a staff suggestion the home has a memorial service to commemorate the passing of residents. The home has purchased compact discs with appropriate music and candles to create a suitable atmosphere during the service. A memorial box has been purchased to contain the items used at the memorial service. The general manager advised that they are considering creating a memorial quilt.
- A new computer has been purchased for the activities staff to enable them to complete any necessary documents or print photographs.
- A football tipping program has been developed at the home. A staff member and their husband conduct the program on Friday nights. Residents participating in the Friday Night Football Club have a membership card and enjoy drinks and snacks whilst watching the game. Hats in the residents’ football team colours have been purchased and residents and staff are currently knitting scarfs in the various team colours for the residents. The program has expanded to cover the games on Sunday and staff take the residents their meals in the area where they are watching the match. Trophies have been created, including a wooden spoon for the person who comes last in the tipping competition. A benefit of the program is some residents who had previously stayed in their rooms are now actively participating in the program as well as getting out and about the home on other occasions.

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 resident lifestyle”.

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s system to ensure compliance with legislation and regulations relevant to residents’ lifestyle. Resident agreements are maintained on the organisation’s website and are updated when changes to relevant legislation are identified.

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

For details of the home's system for ensuring management and staff have the appropriate knowledge and skills to perform their roles effectively, please refer to expected outcome 1.3 Education and staff development. Education sessions relating to Standard Three include the following: complaints management and "person centred care" which covered aspects such as dignity, privacy and consultation.

3.4 Emotional support

This expected outcome requires that "each resident receives support in adjusting to life in the new environment and on an ongoing basis".

Team's findings

The home meets this expected outcome

Residents receive emotional support appropriate to their individual needs and preferences in adjusting to life in the new environment and on an ongoing basis. The home has an ongoing review and evaluation system for identifying and managing residents' emotional needs. Processes include a comprehensive admission process and a range of assessments to ascertain all emotional needs at entry to the home. The information is used to develop individual plans of care. The home monitors residents' emotional support outcomes through reviews of plans of care and internal audits of all reporting processes including satisfaction surveys. Results show residents' emotional needs are documented and reviewed and emotional support is delivered consistent with documented plans of care. Staff practices are monitored for compliance with the home's processes and procedures. In general, residents are satisfied with the level of consultation and with the emotional support provided on an ongoing basis.

3.5 Independence

This expected outcome requires that "residents 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

Residents are encouraged and assisted to achieve maximum independence, maintain friendships and participate in life in the community within and outside the home by the home identifying at entry the residents' individual requirements. Processes include a comprehensive admission process and a range of assessments to ascertain all independence requirements at entry to the home. The information is used to develop individual plans of care. The home monitors residents' independence outcomes through reviews of plans of care and internal audits of all reporting processes. Results show residents' independence is nurtured, is encouraged to continue and is consistent with documented plans of care. Staff practices are monitored for compliance with the home's processes and procedures. In general, residents are satisfied with the level of consultation and with the assistance given to maintain independence.

3.6 Privacy and dignity

This expected outcome requires that "each resident's right to privacy, dignity and confidentiality is recognised and respected".

Team's findings

The home meets this expected outcome

Residents' privacy is maintained and respected and individual needs and preferences identified with the information obtained being retained in a confidential manner. Processes include a comprehensive admission process and a range of assessments to ascertain all care needs at entry to the home in a confidential manner. The information is used to develop individual plans of care which are kept in a locked cupboard when not in use. The home monitors privacy outcomes through internal audits of all processes and satisfaction surveys. Results show each resident's right to privacy, dignity and confidentiality is recognised and respected. Staff practices are monitored for compliance with the home's processes and procedures. In general, residents are satisfied with the level of privacy provided.

3.7 Leisure interests and activities

This expected outcome requires that "residents 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

Residents participate in leisure interests and activities appropriate to their individual needs and preferences. The home has an ongoing review and evaluation system for identifying and managing residents' leisure needs. Processes include a comprehensive admission process and a range of assessments to ascertain all leisure wants and needs at entry to the home. The information is used to develop individual plans of care. The home monitors residents' leisure outcomes through reviews of plans of care and internal audits of all reporting processes plus satisfaction surveys. Results show residents' leisure wants and needs are documented and reviewed and activities are delivered consistent with documented plans of care. Staff practices are monitored for compliance with the home's processes and procedures. In general, residents are satisfied with the level of consultation and with the range and variety of activities provided.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Residents receive cultural and spiritual care appropriate to their individual needs and preferences. The home has an ongoing review and evaluation system for identifying and managing residents' cultural and spiritual needs. Processes include a comprehensive admission process and a range of assessments to ascertain all cultural and spiritual needs at entry to the home. The information is used to develop individual plans of care. The home monitors residents' cultural and spiritual care outcomes through reviews of plans of care and internal audits of all reporting processes. Results show residents' cultural and spiritual needs are documented and reviewed and care is delivered consistent with documented plans of care. Staff practices are monitored for compliance with the home's processes and procedures. In general, residents are satisfied with the level of consultation and with the cultural and spiritual interests and customs that are fostered.

3.9 Choice and decision-making

This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident 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

Residents care is discussed with each resident and/or their representative at entry and at intervals during their stay to ensure choice and decision making is maintained and individual needs and preferences are identified. Resident surveys and case conferences document the evidence of personal choice as well as individual assessments and plans of care which document individual care needs, wants and choice in care interventions. Handbooks detail services available to all residents. Staff practices are monitored for compliance with the home's processes and procedures. In general, residents are satisfied with the level of consultation and with the amount of choice given to them each day.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Security of tenure is discussed at entry and is available for view in the residents' handbook and agreement information. The Charter of residents' rights and responsibilities is on view in prominent areas within the home. Staff practices are monitored for compliance with the home's processes and procedures which includes resident security of tenure and responsibilities. In general, residents are satisfied with their security of tenure and are aware of the processes to follow if there were any dissatisfaction.

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.

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 continuous improvement system which exists in the home. Examples of recent improvements in relation to Standard Four include:

- As part of a health initiative at the home, the organisation purchased a massage chair for the use of staff and residents. The aim is to improve massage therapy to assist residents’ mobility as well as improve staff morale. Safety procedures have been developed for the use of the chair. Feedback has been positive from both residents and staff.
- As a result of resident complaints regarding the amount of time they spend waiting for the maxi-lifter an additional maxi-lifter has been purchased. Additional special slings for frailer residents have also been purchased to reduce the amount of manual handling for these residents. Initial feedback from staff on the equipment has been positive.
- As a result of staff feedback the home has introduced laundry bags which can be only be three quarters filled and additional laundry skips have been ordered. The laundry officer advised when staff over filled the previous bags they had been difficult to empty into laundry skips. The current system is working well. The home is to introduce colour coded linen bags to assist with the identification of linen and residents’ personal clothing.
- The home is to undergo a building program to provide a low care wing. This will provide 35 single ensuite rooms as well as four companion rooms with ensuites and a new day care centre which will include the current pop-in centre. A medical consulting suite will be included in the building to provide a room for visiting doctors and other allied health professionals. Council approval has been granted and builders appointed. The general manager advised the home is waiting on a building commencement date (dependent upon the current weather conditions).
- As a result of a staff suggestion the home installed a light and operating signage over the intercom on the driveway into the home. This improves visibility for staff and resident representatives when they are entering the home in the evening or at night.

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 system to ensure compliance with legislation and regulations relevant to the physical environment and safe systems. The risk and compliance team monitor regulatory matters with specific regard to safety related issues. This system includes the routine checking and testing of fire fighting equipment and fire alarm systems. The catering officer advised the

kitchen has access to external consultants to ensure compliance with food safety requirements of the NSW Food Authority.

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

For details of the home's system for ensuring that management and staff have the appropriate knowledge and skills to perform their roles effectively, please refer to expected outcome 1.3 Education and staff development. Education sessions and activities relating to Standard Four include infection control, manual handling, chemical safety and fire safety.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home has systems in place to ensure a safe and comfortable environment for residents. These include a program of planned routine maintenance on equipment conducted by the maintenance officer or by service technicians, as well as a reactive maintenance program. Qualified tradesmen are contacted for any necessary repairs of the building or equipment e.g. electrical or plumbing. The general manager advised the home is to undertake a building program to extend the building and provide additional accommodation. Plans have been approved by the local council and a builder has been appointed. As part of the current improvements to provide a home like environment the general manager advised one room has a couch and small dining room to provide the residents in this room with a small personal area. Pets are welcome at the home. Two residents have recently entered the home and have been able to bring in their dogs, which has made the move to the home much easier and less stressful. The home also has chickens and ducks in the central courtyard. Feedback from residents on having animals at the home was very positive.

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

The home has systems in place which demonstrate management is working to provide a safe working environment. There is a system for reporting hazards, managing identified risks and reporting and analysing accidents and incidents. Staff conduct a series of environmental audits throughout the year prior to the safety/quality committee meetings. Staff interviewed displayed an understanding of the home's safety practices and of their role in maintaining a safe working environment. Personal protective equipment is available throughout the home and staff were observed using this as necessary.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems to minimise fire, security and emergency risks in the home. As part of the home's safety system there are external contractual arrangements for the routine maintenance of the fire fighting equipment and internal fire alarm system. A random check on various pieces of fire fighting equipment around the site confirmed they are inspected on a regular basis. The fire officer/maintenance officer advised fire safety is included as part of the orientation sessions for new staff members. This was confirmed in interviews with staff members who were able to provide a consistent response on the procedures to be followed in the event of a fire. The building is secured and requires a key code to exit the building. The home has an automatic gate to secure the grounds. Visitors entering the grounds have access to an intercom system which alerts staff to activate the gate after hours. Information on a range of emergency situations is located near the telephones in a flip chart format to provide staff members with a quick reference in the event of emergency situations.

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. Infection control compliance is monitored through infection statistics, satisfaction surveys and target audits. The data is reviewed in order to identify any possible trends and discussed at the clinical care committee and safety/quality committee meetings. Staff members confirm education is provided to ensure safe work practices in relation to infection control. Personal protective equipment, as well as hand washing basins, is available throughout the home. Staff members advised management ensures there is an ongoing supply of equipment such as gloves, aprons and hand sanitising foam. They explained the procedures in place to reduce the risk of cross infection throughout the home, which include the use of colour coded cleaning equipment for specific areas. Throughout the site visit staff were observed wearing various items of personal protective equipment such as gloves, hats and aprons to prevent the risk of cross infection.

4.8 Catering, cleaning and laundry services

This expected outcome requires that "hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment".

Team's findings

The home meets this expected outcome

The home has systems to manage the hospitality services provided to residents. Information on residents' dietary needs and preferences is obtained by registered nurses when the resident moves into the home and referred to the kitchen. A food safety system is in place, which ensures kitchen staff monitor the temperature of the food through the delivery, storage, preparation and serving processes. The home has a program for the routine cleaning of all areas of the home. Laundering of residents' clothing and linen is managed on-site at the laundry. A system is in place in the laundry to ensure there is no cross contamination

between clean and dirty items. Residents and their representatives spoke very favourably about the meals, laundry and cleaning of the home.