



Aged Care
Standards and Accreditation Agency Ltd

Bupa Tumut
Approved provider: Bupa Care Services Pty Limited
(NSW & ACT)

This home was assessed as meeting 44 of the 44 expected outcomes of the Accreditation Standards and accredited for three years until 27 November 2014. We made the decision on 28 September 2011.

The audit was conducted on 30 August 2011 to 31 August 2011. The assessment team's report is attached.

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

Home and approved provider details					
Details of the home					
Home's name:		Bupa Tumut			
RACS ID:		2690			
Number of beds:		94	Number of high care residents:		62
Special needs group catered for:			Nil		
Street/PO Box:					
		112 Lambie Street			
City:	TUMUT	State:	NSW	Postcode:	2720
Phone:		02 6947 2844		Facsimile:	02 6947 4488
Email address:		Nil			
Approved provider					
Approved provider:		Bupa Care Services Pty Limited (NSW & ACT)			
Assessment team					
Team leader:		Carol Lowe			
Team member/s:		Sandra Daly			
Date/s of audit:		30 August 2011 to 31 August 2011			

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

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

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

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

Site Audit Report

Bupa Tumut 2690

112 Lambie Street

TUMUT NSW

Approved provider: Bupa Care Services Pty Limited (NSW & ACT)

Executive summary

This is the report of a site audit of Bupa Tumut 2690 from 30 August 2011 to 31 August 2011 submitted to the Accreditation Agency.

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

The Australian Government provides subsidies to accredited residential aged care homes. To maintain a home's accreditation and remain eligible for these government subsidies an approved provider must be able to demonstrate that it meets the Accreditation Standards. There are four standards – each with a defining principle – comprising 44 expected outcomes.

When a home applies for re-accreditation, an assessment team from the Accreditation Agency visits the home to conduct a site 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 each of the 44 expected outcomes. The Accreditation Agency then makes a decision to re-accredit or not to re-accredit the home.

Each of the Accreditation Standards, their principles and expected outcomes are set out in full in the following pages, along with the assessment team's reasons for its findings.

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 30 August 2011 to 31 August 2011

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:	Sandra Daly

Approved provider details

Approved provider:	Bupa Care Services Pty Limited (NSW & ACT)
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Details of home

Name of home:	Bupa Tumut
RACS ID:	2690

Total number of allocated places:	94
Number of residents during site audit:	92
Number of high care residents during site audit:	62
Special needs catered for:	

Street/PO Box:	112 Lambie Street	State:	NSW
City/Town:	TUMUT	Postcode:	2720
Phone number:	02 6947 2844	Facsimile:	02 6947 4488
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	16
Care Manager	1	Quality Coordinator	1
Administration staff	2	Laundry staff	1
Care Staff	5	Cleaning staff	2
Catering staff	4	Maintenance staff	1
Fire Officer	1	Registered Nurses	2
Volunteer	1	Chaplain	1
Medication administration nurse	1	Physiotherapist	1
Physiotherapist aide	1	Recreational Activities Officers	4
Aromatherapist	1	BUPA national group personal care trainers	2

Sampled documents

	Number		Number
Residents' files	10	Induction program booklets	3
Staff competency folders	2	Standards folders	4
Medication charts	10	Care plans	10
Wound charts	4		

Other documents reviewed

The team also reviewed:

- Activities program including monthly programs, activities records and evaluations, attendance forms, consent forms and residents' handbook
- Advanced care plans
- Annual fire safety statement
- Asset management folder
- Audit folder
- Audit schedule and results
- Case conference records
- Cleaning log
- Clinical assessment tools and care plans including: ACFI forms, resident dietary menu choices, continence, behaviour monitoring charts and falls risk
- Clinical records including: bowel charts, fluid intake/food intake form, time and volume, blood sugar levels, weights, urinalysis and neurological observations
- Communication diary for care staff and staff handover sheets
- Communication records in kitchen and for cleaners
- Confidential improvement log folder

- Continuous improvement folder – improvement logs, confidential logs and hazard logs
- Cultural, recreational and lifestyle preference assessments and corresponding care plans
- Daily records folder – temperature for food storage, preparation and service, dishwasher, incoming goods, preferred suppliers listing, cleaning logs and food sanitising records
- Data incident collection including wounds, infections, falls, medications, weight loss and hospital transfers
- Department minutes folder - resident, staff, quality (including occupational health and safety (OH&S) and infection control)
- Dietary analysis folder
- Dietician reviews and reports
- Duty statements and job description folder
- Education folder 2011
- Emergency evacuation folder
- Emergency manual
- Employee handbook
- Facility maintenance folder containing service report on various items of equipment, legionella testing records, thermostatic mixing valve temperature records, calibration records for thermometers and contractor and in-house planned maintenance program
- Financial admission package including copies of low care and high care residential care agreement and resident handbook
- Fire assessment folder
- Focus group meeting folder
- Food safety program folder including annual audits by NSW Food Authority
- Incidents and infection control records folder
- Maintenance log folder
- Medical referrals including, audiology, psycho geriatrician, podiatrist, physiotherapist, optometry, dietician, pathology, wound care and dental care
- Medication management information including: audits, pharmacy communications, medication charts and medication management reviews
- Memo folder
- Menu
- Menu folder
- NSW Food Authority licence
- Policies and procedure manuals
- Regulatory updates folder
- Resident information packs
- Resident physiotherapy plans
- Resident surveys
- Rosters
- Special dietary needs information
- Staff registration folder including police check register, registered nurse and enrolled nurse professional registration details and staff appraisal details
- Various survey results
- Wandering resident register

Observations

The team observed the following:

- Access to books and activity resources
- Activities calendar and activities in progress
- Charter of Residents' Rights and Responsibilities

- Cleaning in progress
- Clinical notice boards
- Comments and complaints brochures internal and external
- Dining rooms during lunchtimes, morning and afternoon tea
- Employees using personal protective equipment
- Equipment and supply storage areas including clinical supplies, resident transfer equipment, walking frames and wheelchairs, secure storage of resident files
- Fire system including inspection tags on fire fighting equipment, fire board log book, emergency procedure flipcharts, exit lighting and evacuation plans in various locations
- Interactions between staff and residents
- Laminated manual handling cards for staff with 'traffic light code system'
- Living environment – internal and external areas including staff work areas and front entrance display for 'Daffodil Day'
- Manual handling and mobility equipment
- Meal service and assistive equipment
- Medication administration round in progress
- Medication trolley
- Otto – home's dog
- Personal protective clothing supplies
- Resident communication boards
- Spill kit and small contaminated waste bin in utility room
- Staff handovers
- Staff information notice boards, after hour emergency numbers
- Storage of medications, S8 storage and signing book
- Suggestion boxes
- *The Aged Care Standards and Accreditation Agency* Ltd site audit notice displayed
- Wound supplies and single use equipment

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), complaints, and results of inspections, audits and surveys. Selected audit results are referred to the organisation’s head office in Sydney for review. 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 and focus groups (with residents and their representatives). 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 committee which meets on a three monthly basis to oversee the improvements being undertaken through the system. Feedback is provided on suggestions or improvement logs raised at the home. This was confirmed in discussions with residents, resident representatives and staff members. Improvements undertaken at the home in relation to Accreditation Standard One Management systems, staffing and organisational development include the following:

- In January 2011 four keys areas were identified as a result of a consumer survey across the organisation. From this survey the organisation has created a program called “Bupa Way”, which is aimed at cultural change across the organisation. The four areas are ‘care for by passionate people’, ‘able to call the place home’, personal touch’ and ‘relevant information’. As part of this program in May 2011 the home sought ideas from staff, residents and their representatives on what would make a difference at Bupa Tumut. Suggestions included creating a small private dining room for the use of residents with their guests, additional raised garden beds, smaller lounge areas, and increased involvement in community events. The involvement in community events included staff and residents participating in the recent Cancer Council swim-a-thon, and a dance event held at the local Returned Services Club in Tumut which invited members of the community to attend. The general manager advised that the home is still getting ideas and working on a range of different activities.
- Bupa Tumut was nominated in the local Tumut Business Award in 2010 and received a runner-up award in customer service. The home also received an internal customer service award within the Bupa organisation in 2010.
- As a result of the “personal best” program, five staff members are currently undertaking training to become enrolled nurses. Three staff members will complete this training at the end of 2011, and two staff will complete training in 2012. This will result in providing the registered nurses with a greater level of clinical support. The general manager advised that there has been an increased level of interest in attending further training. Two staff members are undertaking a frontline management training course. This will assist them with the skills to undertake their roles within the organisation. Two staff members are undertaking a certificate IV in leisure and lifestyle. The general manager advised that the home has been able to access government funding to assist in the education programs and is supporting staff through rostering staff to assist them balance work and study.

- The organisation has expanded the staff health and wellbeing program. A health check van is now undertaking a tour of all the Bupa facilities to conduct health checks for interested staff members. These include assessments on blood pressure, cholesterol and weight. At a local level the home is looking at mental health issues for staff, and is to commence a stress and busy lifestyle training program in September 2011. The initial session will cover "How to manage your money" and will be presented by a local accountant. A laughter and work session will be held later in the month to look at improving the work environment by bringing the element of fun back into work. The home is also looking at removing the snack and beverage machines and providing a glass fronted refrigerator with healthy snack options instead of chocolate, chips and carbonated drinks.

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 in place 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. This was confirmed in staff interviews.

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 a six monthly training needs analysis undertaken with staff are used to identify education needs. This is then used to develop an education calendar on a six monthly basis. The organisation has a series of mandatory education sessions which can be completed 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: customer service, Accreditation, reportable incidents and internal complaints handling.

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. This information is contained within the resident handbook, as well as the residential care agreement which is provided to residents and their representatives as part of the entry process to the home. A review of documentation indicated that all issues raised with management had been addressed by the general manager. Residents meetings held on a quarterly basis provide a forum in which residents and their representatives can raise issues. Residents and their representatives advised that they felt confident to raise any concerns directly with senior staff at the home.

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 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 in place to ensure there are sufficient appropriately skilled and qualified staff members. The general manager advised that 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 increase staffing to meet changes in residents' care needs. The home refers all requests for new staff to the organisation's head office to arrange advertisements in the local newspapers when seeking new staff members. Interviews are held with all applicants to assess their suitability to work at the home. The home ensures that 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 that the home has adequate supplies of goods and equipment. Staff members advised the team that they are provided with sufficient supplies of equipment and goods to provide appropriate care and good quality service to the residents. Staff advised that new equipment is 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 that 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. A lockable bin is available to store documents which require destruction. This is organised through an external company when required. 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 team confirmed through a review of relevant documentation and interviews with management and staff that the home has a system in place to ensure that externally provided services and goods meet specific requirements. Contracts with suppliers are managed at the organisation's head office in Sydney. Feedback is sought periodically on the quality of services being provided by tradesmen and suppliers. Local companies are sourced wherever possible, with quality services continuing to be the prime requisite. Staff members in various roles explained the processes in place to manage any episodes of poor service delivery or poor quality goods. Staff members interviewed on this topic advised that 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 Accreditation Standard Two include:

- The home has introduced 'palliative pathways' to provide a collaborative approach with the resident, their family, doctor and staff to 'end of life' care. The pathway approach is aimed at identifying the need for earlier palliative care interventions. A form has been developed to identify clinical changes. When three or more clinical indicators are identified the resident's doctor is contacted to conduct an assessment. This is to identify if acute interventions are required. A comfort care chart is available to record the specific needs of the resident during this time.
- The home has changed the model of care regarding medication management. In early 2011 the home undertook training for eight staff members in medication administration. The aim of this program was to ensure staff members have the skills to safely administer resident medication. This enables the registered nurses to concentrate on providing clinical care, including care planning, family conferences, and managing more complex issues for residents. The selected staff members undertook an intense three day training session with a specialist trainer. Competency assessments were conducted after the training with a further follow-up competency assessment conducted four to six weeks later. These staff members were also mentored by an experienced registered nurse. Prior to the registered nurses undertaking the mentoring program they had to undergo a one day medication training and competency session with the specialist trainer. The general manager advised that these staff members also work on the night shift and can provide support to the registered nurse during this shift. The general manager advised that since June 2011 when the program was introduced there had been no increases in medication errors.
- The home has introduced a falls analysis board as a reference tool for staff. Residents who experience two to three falls or have a fall a month over a two month period are noted on the board and undergo a falls analysis. This includes a review of the resident's medications including the use of psychotropic medications, physiotherapy, sensory loss, behaviour management, environmental issues, as well as lifestyle issues.

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 that the registered

nurse and enrolled nurse registrations are current. The home has internet access to the Australian Health Practitioner Regulatory Agency (AHPRA) to verify registrations if needed.

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 Accreditation Standard Two include wound care and the use of lasers, person centred care, care planning, pain management, falls prevention and continence management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Comprehensive systems are in place to individually assess, identify, monitor and evaluate residents’ care needs on admission to the home, and on an ongoing basis. Information obtained on entry, together with identified focussed assessments, is used to prepare individual resident’s care plans. Care plans are reviewed every three months or as necessary to ensure that the care provided is appropriate and effective. Residents interviewed by the team expressed satisfaction with the care provided. The provision of care is monitored via feedback mechanisms such as resident surveys, focus groups, audits and data collections, meeting minutes, link nurse feedback and the comments and complaints mechanisms.

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 confirm they receive specialised care according to their needs. The service has documented policies and procedures relating to specialised nursing care and a system of assessment and monitoring to ensure appropriate management of residents’ specialised nursing care needs. Documentation reviews and interviews with staff indicate that residents’ specialised nursing care needs, including pain management, palliative care, catheter care, diabetic care, oral hygiene and wound care are met, and that residents are referred to appropriate specialists and health professionals as necessary. There are systems in place to ensure that appropriate stock is available. Processes ensure that equipment is checked regularly, is accessible and is maintained to ensure that the home is equipped and staff are skilled to manage specialised nursing care needs.

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 confirm they are referred to appropriate specialists according to their needs and preferences. All clinical notes reviewed indicate that residents have been referred to a range of other health professionals of their choice when necessary. If required, staff members assist by obtaining referrals and arranging appointments with health care specialists in consultation with the resident or their representatives. There is a system in place to ensure that the home is kept informed of results of specialist consultations. Assistance may be provided in arranging transport to appointments. Clinical records reviewed showed that residents have accessed a range of health care providers including psycho-geriatric, surgical, physiotherapy, speech pathology, audiology, optometry, podiatry, dietetics, x-ray, and pathology services.

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

The home has systems in place to manage the ordering, storage, administration, recording and review of medications. The home uses a blister pack system, and liaison with the supplying pharmacist ensures that new or changed medications are supplied promptly. Medication reviews have been completed by an external pharmacist with recommendations noted by the residents’ medical officers. Medications are administered safely by medication credentialed care staff, and there is a system in place to ensure safe administration and accountability of drugs of addiction by registered nurses. A medication advisory committee provides guidance on safe medication management, and medication errors and incidents are reported and acted upon. Residents reported they are satisfied with their medication management.

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

There are systems in place to identify, assess and manage residents’ pain, and evaluate pain management strategies to ensure residents are kept as free as possible from pain. This includes initial pain assessment using observation and discussion. A range of pain relieving strategies, both pharmacological and non-pharmacological, are used, and appropriate referrals are made to health professional as required, including a physiotherapist. Care staff described their role in pain management, including the identification and reporting of pain, and confirmed they attend pain management education sessions. Residents interviewed by the team said that pain management strategies including exercise, heat, rubs, massage and analgesia, if requested, assists them to feel comfortable and pain free.

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

There are systems in place to ensure that the comfort and dignity of terminally ill residents is maintained by the use of a private palliative care room with a comfortable bed, regular repositioning, gentle massage and appropriate medication. The home accesses other allied health services as necessary, and document review and interviews with staff revealed that the care team, including general practitioners, specialists and care staff, are committed to supporting residents at the end of their lives. Families and friends are encouraged to stay with their loved ones for as long as they wish, and a chaplain is available to provide emotional and spiritual support for residents, their representatives and staff when necessary. Interviews with care staff indicate their commitment to meeting the needs of dying residents within the home’s environment. Clergy of various denominations are contacted if desired.

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

The home has systems in place to provide residents with adequate nutrition and hydration through initial and ongoing assessment of residents’ dietary preferences and requirements. The home has a referral system to a dietician who visits residents at the home as needed. Residents are weighed monthly to monitor any changes, and additional nourishing fluids and dietary supplements are provided when a need is identified. Assistive devices such as special cutlery and plates are available. Residents are encouraged to maintain hydration with drinks provided at meal times, together with morning and afternoon tea and supper. Residents interviewed by the team indicated satisfaction with the meals, and confirmed they are able to have input into menus through attending regular residents’ meetings and speaking directly to management.

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

The home has systems in place for maintaining residents’ skin integrity, and residents are satisfied with the skin care provided. Documentation review and interviews with residents, resident representatives and staff confirmed that residents’ skin is assessed on entry to the home and as necessary in order to maintain its integrity. Tools used include regular care plan reviews, documentation of care and providing for residents’ specific skin, hygiene, continence, hair and nail care needs. Manual handling needs for each resident are identified and bed repositioning is managed in order to reduce the risk of damaging residents’ skin. Pressure relieving mattresses and cushions, limb and feet protectors and support stockings are used when necessary. The home monitors accidents and incidents including wound infections and skin tears. Medical officers’ reviews of wounds demonstrate that care and evaluation of wound management is ongoing. The team observed and staff reported that adequate stocks of skin care and dressing materials are available to assist in improving or maintaining residents’ skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has systems in place to monitor and manage bladder and bowel continence and constipation effectively. These include a comprehensive assessment on entry through a link nurse, and implementation of interventions including scheduled toileting, prompting, continence aids, increased fluids, fibre, and exercise. Residents’ documentation confirmed they are monitored with the use of fluid balance charts, and time and volume charts are completed for individual residents. Bowel management programs are in place for residents if required. Urinary tract infections are recorded monthly and, where indicated, preventive strategies have been implemented. Residents confirmed that care staff assist them to effectively manage their continence needs.

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

The home has systems in place to assess and manage residents with challenging behaviours. This includes initial assessment of residents’ behavioural needs and the development of a care plan that includes strategies to address residents’ specific needs. Residents are encouraged to participate in the home’s activity program during the day. Specialist advice is available from psycho-geriatricians and the regional mental health team as needed. Education is provided to staff on behaviour management. An aromatherapist provides a soothing massage service to residents that are assessed to benefit from touch therapy. Interviews with residents and their representatives and observations confirmed that the home is quiet and peaceful.

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

Optimum levels of mobility and dexterity are achieved for all residents through a system that includes an initial assessment of residents’ mobility, dexterity and rehabilitation needs. The home has access to a physiotherapist one day a week and a physiotherapy aide implements physiotherapy programs four days a week. The team observed residents using mobility aids, attending exercise groups, and undertaking walks inside and outside the home using newly laid footpaths. Handrails are suitably placed throughout the home. Prevention strategies are implemented to reduce the incidence of residents’ falls. All staff at the home are required to complete compulsory annual training on manual handling.

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

The home has a system in place to ensure residents’ oral and dental health is maintained, including an initial assessment of residents’ oral and dental needs. Residents with dental care needs are referred to a local dentist, oral hygienist or a dental technician as per residents’ needs and preferences. Oral and dental health providers attend assessments and treatments at the home if the resident is unable to visit their rooms. Day-to-day oral care is attended at least once a day as per residents individual care plans. Residents are encouraged to continue to brush their own teeth or dentures to maintain their independence.

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

The home has a system in place to ensure that residents’ sensory losses are identified and managed effectively. The identification of any impairment includes assessments for hearing, vision, touch, taste, and smell. A care plan is developed to include identified needs, and other specialists including audiology and optometry are used if required. The team observed examples of strategies used by the home to manage residents’ specific sensory losses, including the use of reading lamps in some rooms. Residents and their representatives reported staff are supportive of residents with sensory loss, and promote independence and choice as part of daily care. The activity program incorporates sensory stimulation, such as music, visits to the garden, massage and pet therapy.

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

The home has systems in place to ensure that sleep patterns are assessed on entry to the home and again if sleep difficulties are identified. The home has an environment of single, double and four bed rooms. Individual sleep management strategies are developed depending on residents’ room environment, needs and preferences. These include maintaining the resident’s usual settling and rising times, ensuring they are free from pain, have been regularly toileted and given night sedation if needed. Residents’ sleep patterns are monitored by the staff on night duty and sleep disturbances and interventions are recorded in residents’ files. Residents interviewed reported satisfaction with the assistance and care given to them at night, including assisting with their settling and sleep requirements.

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 Accreditation Standard Three include:

- In May 2011 the organisation introduced a “mystery shopper” program. This is to ascertain the level of customer service to anyone approaching Bupa homes for information on services provided at the residential aged care facilities. The general manager advised that the home has received a report regarding their latest contact. Whilst overall the result was very positive the home is introducing a new procedure to manage any tours of the home. In future staff members who have achieved “legend” status through the Bupa Personal Best program will conduct the tours of the facility. The general manager advised that these staff members will be able to provide a balanced view of administrative and clinical information to any resident representatives.
- The home has expanded the services provided to the community. In early 2011 a dementia day care program (operating on Mondays and Fridays), within the community was closed. The general manager advised that they undertook the program and are now providing this service. Five members of the community are now picked up and dropped off at the home by the community bus service on Monday and Friday. The home is also continuing to run the home’s own day care program five days per week.
- As a result of a family conference the home has recently purchased a dog (Otto), to provide companionship to residents who may not wish to socialise with other residents. The dog is currently being obedience trained by a staff member. The general manager advised that the dog has been registered, desexed and vaccinated and will spend four days a week at the home. The dog was observed positively interacting with a resident in the garden area.
- The home has received funding from the organisation to create baskets which are to be given to lonely members of the local community to cheer them up. The baskets are being made by residents and contain a mixture of ‘chocolate flowers’, a small bunch of artificial flowers, a book a sayings from residents at Bupa homes (Fine Lines), and a box of chocolates. The boxes will be provided to the local ministers to give to the various people in the community.
- The organisation organised a global dance challenge with the aim of getting facilities to get as many people as possible involved in an active dance program. At Bupa Tumut an event was held at the local RSL and involved approximately 14 residents, 30 staff members and local community members. Feedback from the local community was so positive that the home is looking at holding the event again in 2012.

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. The administration officers advised that residential agreements are maintained on the organisation's website and are updated when changes to relevant legislation are identified. A prudential statement is sent out as required to residents or their representatives on an annual basis.

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 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 relating to Accreditation Standard Three include the following: privacy and dignity, dance play, and spiritual reminiscing for residents with dementia.

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 confirm that they are satisfied with the way the home meets their emotional needs on admission and during their settling in period and that they continue to be provided with appropriate ongoing emotional support. The team confirmed through documentation review and interview that there is a system in place to support residents' emotionally as they adjust to their new environment. Before admission new residents and their representatives are shown around the home, given the residents' handbook and introduced to other residents and staff. On entry residents' social, cultural and spiritual history is documented, together with an assessment of their emotional support needs. Individualised strategies are developed to meet these needs and these are reviewed and evaluated on an ongoing basis using regular case conferences with their representatives.

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 confirm that they are encouraged to maintain their independence and participate in life outside the home and that their ability to remain independent is facilitated and respected, including participation in activities within the wider community. Residents' physical

and cognitive abilities are assessed on an ongoing basis to ensure that they maximise their independence in areas of activities of daily living, participation in the home's recreation programs, and in external community activities. Feedback is regularly sought from residents and their representatives to ensure that their individual preferences are identified. Residents are supported to maintain family and community connections, and volunteers regularly assist residents to go on outings into town. Recreation activity officers ensure that those residents who are physically able have access to community activities via bus trips and visits to local organisations.

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 confirm that their privacy and dignity is respected at all times; that staff are particularly considerate when attending to personal care and always speak to them respectfully. The resident entry pack contains a form which residents or their representative sign regarding the management of their private information, including the use of their names or photographs. Information included in policy and procedure documents support residents' right to privacy, dignity and confidentiality. Staff are required to sign confidentiality agreements. The team observed staff throughout the home to be diligent about maintaining residents' privacy through closing bedroom and bathroom doors, and knocking before entering a resident's room.

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 confirm that the home supports their involvement in activities and interests that are appropriate to their needs and preferences. The home demonstrates that residents are encouraged and supported to participate in a wide range of activities and interests. On entry to the home residents' interests and activity preferences are assessed and then reviewed on an ongoing basis; the assessment captures residents' social and cultural backgrounds and leisure preferences. Residents' care plans record group and individual interests, and the recreation activity staff take these preferred interests into account when developing activities schedules. The effectiveness of the recreation program in meeting residents' needs is informally evaluated on a daily and weekly basis through observation, participation data, and formally through a recreation survey to ensure that the program is meeting the resident's recreation and leisure needs.

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 confirm they are satisfied with the level of support provided for their interests, customs and beliefs. There are systems in place to support and value their individual interests, lifestyle practices and cultural backgrounds. On entry, residents' individual cultural, spiritual and leisure needs are assessed and documented, and provision is made for the celebration of any culturally or spiritually significant events. Cultural days such as Melbourne

Cup Day, Anzac Day and Australia Day are commemorated, and friends and family are encouraged to participate with residents in these activities. Church services are regularly provided and spiritual care is offered by the home's chaplain to interested residents.

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 confirm they are satisfied with the level of support that enables them to exercise choice and control over their lives. The home demonstrates through ongoing resident consultation that they are encouraged to exercise choice and control over their lifestyle options and the preferred level of assistance staff provide. Residents' views and concerns about any lifestyle issues are gathered on a one-to-one basis, through attending regular resident meetings and focus groups. The home encourages residents to exercise their choice about daily care decisions, menu options, choice of doctors and whether to participate in the days recreational activities. The 'Charter of Residents' Rights and Responsibilities' is displayed in the home and residents and their representatives have access to internal and external complaints processes. Care plans and resident files include information on residents' capacity to make informed choices, and list those representatives who are to assist with financial, care and lifestyle decisions when residents are unable to do so.

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

The administrative officers advised that they provide residents and their representatives with an initial enquiry package. Upon entry to the home a copy of the current resident agreement and information package, which covers such topics as security of tenure, services provided at the home, fees and resident rights and responsibilities, is given to the resident's representative. The residential agreement is initially discussed and representatives are able to take the agreement away to read or seek independent legal advice. This was confirmed in interviews with residents' representatives. Residents interviewed indicate that they feel secure in the home. Resident representatives advised that any room changes are discussed with them.

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 Accreditation Standard Four include:

- The home has extended the footpaths around the home to enable residents to access a wide area outside the home. Residents from the high care wings and low care wings are now able to make better use of the gardens.
- The home undertook some changes to the use of some rooms within the building. A small dining room has been created with table, chairs and crockery to enable residents to entertain their guests in private. The small chapel opposite the new dining room has been converted into a small lounge area. The general manager advised that residents have increased usage of this room and that the room can still be used for church services when needed.
- As part of a “fine dining” program the home undertook some changes to the environment. The general manager advised that the television was removed from the dining areas and music played instead. Large serviettes were provided instead of clothing protectors. Separate lounge and dining areas were introduced. The general manager advised that negative feedback was received regarding the removal of the televisions and the serviettes, and as a result these were changed back to how they had been before. Menu boards were established to provide residents and their representatives and staff with information about what meals were being served on the day. The team observed that the menu for the day is displayed on a stand near the entrance to each dining area and provides clear information on the meals on offer at the midday meal and for the evening meal. This includes what options are available. This makes it easier for everyone to see what the meal will be on the day.
- The home has introduced a new floor cleaner and removed the need for mops and buckets in the areas with a large floor surface. The general manager advised that regular mops are still used in the dementia specific wing (Snowy), to reduce any noise stress for the residents. The aim of the new floor cleaner is to provide a safer work and living environment by reducing the repetitive movements for cleaning staff, reduce the clutter in the corridors (cleaner’s trolley and wet floor signs). The general manager advised that using the floor cleaner reduces the drying time on floors and provides a safer environment for residents and staff using the area.

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 home's kitchen is audited as part of the food safety program by 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 Accreditation Standard Four include infection control – managing outbreaks, memorable dining, manual handling, fire safety, general housekeeping, and fire safety for residents and their representatives.

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 team identified through interviews with the maintenance officer, staff, residents and resident representatives, and through a review of documentation, that the home has systems in place to ensure a safe and comfortable environment for residents. Maintenance folders are located at the front reception desk and at the nurses' station in the high care section. These are used to alert the maintenance officer to any work that is required. The maintenance officer advised that they check these folders regularly and prioritise repair work. Qualified tradesmen are contacted for any necessary repairs of the building or equipment e.g. electrical or plumbing. A program of planned preventative maintenance is in place to ensure the building is well maintained and equipment is routinely serviced.

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 that 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. The OH&S committee conduct a series of environmental audits throughout the year prior to the quarterly meetings. Staff interviewed display an understanding of the home's OH&S 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 in place 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 advised that fire safety is included as part of the orientation sessions for new staff members. This was confirmed in interviews with staff members across a range of work duties. Staff members interviewed by the team on the procedures to be followed in the event of a fire provided the team with a consistent response. The building is able to be electronically secured from a single location, and cameras are positioned to monitor the front and back doors. Colour coded flip charts are located near telephones to provide staff members with a quick reference in the event of other emergency situations such as bomb threats, missing resident, personal threat, or armed robbery.

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, which includes the routine collection of data on infections. The data is reviewed in order to identify any possible trends and discussed at the quarterly combined OH&S and quality committee meeting. Staff members confirm that education is provided to ensure safe work practices. The team observed that protective equipment is available throughout the home, and staff members advised that management ensures there is an ongoing supply of protective equipment such as gloves, aprons and hand sanitising gel. Staff members advised the team of the procedures in place to reduce the risk of cross infection throughout the home including the use of personal protective equipment such as aprons and gloves. The home also uses colour coded cleaning equipment for specific areas. The team observed staff wearing personal protective equipment such as gloves, to prevent the risk of cross infection, throughout the site visit.

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 in place to manage the hospitality services provided to residents. Information on residents' dietary needs and preferences is obtained on entry to the home and referred to the kitchen. A food safety system is in place, which ensures that kitchen staff monitor the temperature of the food through the delivery, storage, cooking and serving processes. The home has a planned program for the routine cleaning of all areas of the home which includes the routine spring cleaning of rooms. Laundering of residents' clothing and linen is managed on-site at the laundry. A system is in place in the laundry to ensure that there is no cross contamination between clean and dirty items. Residents and their representatives spoke favourably about the meals, laundry and cleaning of the home.