



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Aldinga Beach Court**

RACS ID 6164  
6 Pridham Boulevard  
ALDINGA BEACH SA 5173

**Approved provider: Churches of Christ Life Care Incorporated**

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 16 September 2018.

We made our decision on 27 July 2015.

The audit was conducted on 22 June 2015 to 24 June 2015. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

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

## Standard 2: Health and personal care

### Principle:

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

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

## Standard 3: Resident lifestyle

### Principle:

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

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

## Standard 4: Physical environment and safe systems

### Principle:

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

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



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**Australian Aged Care Quality Agency**

# **Audit Report**

**Aldinga Beach Court 6164**

**Approved provider: Churches of Christ Life Care Incorporated**

## **Introduction**

This is the report of a re-accreditation audit from 22 June 2015 to 24 June 2015 submitted to the Quality Agency.

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

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

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

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

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

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

- 44 expected outcomes

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 22 June 2015 to 24 June 2015.

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

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

## Assessment team

<b>Team leader:</b>	Jeane Hall
<b>Team member:</b>	Catherine Wohling

## Approved provider details

<b>Approved provider:</b>	Churches of Christ Life Care Incorporated
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## Details of home

<b>Name of home:</b>	Aldinga Beach Court
<b>RACS ID:</b>	6164

<b>Total number of allocated places:</b>	118
<b>Number of care recipients during audit:</b>	114
<b>Number of care recipients receiving high care during audit:</b>	111
<b>Special needs catered for:</b>	People with dementia or related disorders

<b>Street:</b>	6 Pridham Boulevard
<b>City:</b>	ALDINGA BEACH
<b>State:</b>	SA
<b>Postcode:</b>	5173
<b>Phone number:</b>	08 8550 2100
<b>Facsimile:</b>	08 8550 2149
<b>E-mail address:</b>	<a href="mailto:ALD@lifecare.org.au">ALD@lifecare.org.au</a>

## Audit trail

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

### Interviews

Category	Number
Chief executive officer	1
General manager residential services	1
Accreditation and clinical governance manager	1
Manager governance and risk	1
Quality officer	1
General manager people and culture	1
Work health and safety manager	1
Manager customer enquiries	1
Commercial manager	1
Care recipients/representatives	12
Residential services manager	1
Clinical and care staff	12
Chaplain	1
Lifestyle and volunteer staff	2
Hotel services staff	4
Maintenance staff	2
Administration staff	1
External consultant	1

### Sampled documents

Category	Number
Care recipients' files	10
Summary/quick reference care plans	12
Lifestyle care plans	10
Medication charts	10
External contracts	4

## Other documents reviewed

The team also reviewed:

- Annual report
- Asset register
- Audit schedule and various audit results
- Call bell response time reports
- Clinical procedures
- Comments and complaints data
- Continuous improvement action plan
- Corrective and preventative maintenance records
- Education and staff development records
- Food safety plan and associated monitoring charts
- Hazard reports
- Incident and accident reports and analyses
- Information handbooks for staff and for care recipients
- Key indicator reports and trend analyses
- Mission, vision and values statements
- Newsletters
- Organisation structure
- Orientation records
- Pest control records
- Police clearance certificate database
- Residential care service agreement
- Roster
- Schedule 4 and 8 drug licence
- Standard operating procedures
- Staff professional development records
- Strategic Plan 2011-2016



- Survey results
- Various letters, emails and memoranda
- Various meeting minutes
- Various policies and procedures
- Various temperature monitoring records

## **Observations**

The team observed the following:

- Activities in progress
- Bain-marie kitchen and luncheon delivery
- Capability activities and resources
- Care recipients using specialised equipment
- Charter of care recipients rights and responsibilities on display
- Children's' toy area
- Equipment and supply storage areas
- Evacuation maps
- Fire prevention equipment
- Hand gel and hand-washing stations
- Information on internal and external complaints mechanisms on display
- Interactions between staff, care recipients and representatives
- Internal and external living environment
- Kitchen and luncheon delivery
- Noticeboards
- Notification to stakeholders of re-accreditation audit on display
- Personal protective equipment
- Short observation in activities room
- Staff work areas and equipment
- Storage and administration of medications
- Suggestion boxes

## Assessment information

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

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

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

#### 1.1 Continuous improvement

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

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

The home meets this expected outcome

Aldinga Beach Court is one of several homes in the Churches of Christ Life Care Incorporated group of aged care facilities. The home has systems and processes to monitor compliance with the Accreditation Standards and is provided with ongoing support from Life Care corporate office. Opportunities for improvement are identified by a variety of processes, including key performance indicators, audits, surveys and staff and care recipient feedback. Continuous improvement action plans are generated when opportunities for improvement are identified. Progress is monitored at a site level by the Quality and Safety committee and at a corporate level by the Accreditation and clinical governance manager. Results across the four Accreditation standards show the home identifies improvement opportunities and improvements are monitored and evaluated. Care recipients, representatives and staff interviewed state they are aware of the home's feedback system and how they can make suggestions for change.

The home demonstrated results of improvements relating to Standard 1 Management systems, staffing and organisational development including:

- Staff involvement with the organisation's quality management system has been improved following the introduction of a themed quality management schedule. Management developed a quality management plan that is relevant and meaningful for staff. The monitoring schedule is divided into themes providing a different focus for each month. Monitoring processes included in each theme include, audits, surveys, staff practice observation and relevant training. Feedback is that the introduction of themes adds value to the quality program. Staff state the program is easy to follow and assists them to participate in a meaningful way. Management state the themes are useful in effectively identifying gaps in staff knowledge and practice.
- Communication has been enhanced following care recipient and representative feedback. All staff wear name badges to facilitate communication. Feedback was received from care recipients and representatives that the badges are hard to read when attached to a lanyard and staff stated the lanyards hinder movement when providing care. The home liaised with an external provider to identify the most appropriate font and colours to use for the benefit of care recipients with sight loss. New badges have been developed that are black and white large print on a non-reflective surface. Care recipients and representatives feedback is that the new format is easy to read and a

great improvement on the old lanyard system. They state they appreciate the home's response to their feedback.

## **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

Site and corporate processes are used to manage and monitor regulatory compliance. The corporate residential care executive identifies changes to legislation that affect the operation of the home and passes information to the site Residential services manager for action.

Changes in legislation that are considered to be of an urgent nature are passed to staff through the memos system. Staff are required to acknowledge in writing that they have read and understood these memos. Care recipients are advised of legislative changes at meetings and in newsletters. Compliance is monitored through the audit system, review of controlled information, review of incidents and monitoring of staff knowledge and skills.

Results show the home uses systems to identify and monitor compliance with relevant legislation, regulations and guidelines. Staff interviewed said they understand and use the system. They confirm they are required to have a current satisfactory police clearance certificate prior to commencing work. Care recipients and representatives interviewed state they are kept informed of relevant changes.

The home provided examples of compliance with legislative requirements in relation to Standard 1 Management systems, staffing and organisational development, including:

- Changes made as a result of the Living Better Living Longer reforms
- Changes made as a result to the Privacy Act.

## **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

Staff requests, surveys and annual performance reviews are combined with care recipient feedback and changing needs to plan the annual training program. Annual competency programs support skills maintenance and skills development. The training calendar is a living document and sessions are added throughout the year. Corporate office provides ongoing support to the home and staff have ready access to the organisation's e-learning portal for ongoing education. A program of orientation ensures new staff are provided with relevant education prior to commencing on the floor. Staff knowledge and skills are monitored and specialised education is accessed as required. Management is aware of the benefit of up-skilling. One of the home's personal care staff has recently completed enrolled nurse training and one lifestyle staff member is currently being supported to undertake the Diploma in Dementia Management. Results show staff receive appropriate induction and training prior to

commencing at the home and have access to a range of training opportunities. Staff interviewed state they are supported to attend training and education relevant to their role.

Care recipients and representatives interviewed are satisfied staff have the required training for their roles.

Education and staff development relevant to Standard 1 Management systems, staffing and organisational development has been provided to staff over the last 12 months. Topics include:

- Accurate Aged Care Funding Instrument assessments
- Electronic security system use
- People point
- Quality management
- The Life Care Way

#### **1.4 Comments and complaints**

*This expected outcome requires that "each care recipient (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".*

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

The home meets this expected outcome

Care recipients are provided with information about their rights and the internal and external complaints mechanisms available to them by a variety of methods, including the residential care service agreement and rights and responsibilities posters displayed in the home. A variety of processes are used to identify areas of concern. These include surveys, meetings, informal discussions and feedback forms. All external complaints and any complaints addressed to the Chief executive officer are managed by him personally. Complaints are generally trended and reported each month to the Residential care executive and the Chief executive officer who includes the data in a monthly report to the Board. The Aged Rights Advocacy Service visits the home on a regular basis and provides information for care recipients, representatives and staff. Results show the home monitors care recipient and representative feedback and responds to issues in a timely manner. Staff interviewed said they assist care recipients to use the system when required. Care recipients and representatives said they are aware of the home's complaint mechanisms and are satisfied with the response to issues raised.

## 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 Life Care Way mission, vision and values statements have been documented and are included in a range of documents. These include:

- Care recipient information pack and handbook
- Staff orientation pack and handbook
- Strategic Plan
- Annual report

The Life Care Way outlines the guiding principles under which staff are expected to operate. These guiding principles are displayed throughout the home. Staff interviewed are aware of the organisation's philosophy and their responsibility in embodying the Life Care Way guiding principles.

## 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 Residential services manager uses a formula based on environmental factors, care recipient needs and care recipient and representative feedback to determine the number of appropriately qualified and skilled staff required to provide care. Surveys, audits and reporting activities across the four Accreditation Standards monitor that there are sufficient skilled staff available to deliver the care and services required. Additional hours are accessed to meet changes in care recipients' short term needs. Competency assessments and performance reviews are conducted annually. A recent recruitment drive has resulted in the appointment of several care staff leading to a significant reduction in the use of agency staff. Recruitment processes, including student placements and links with the industry identify prospective staff who are care recipient focussed and have the necessary skills and approach to provide care and services. Staff are expected to embody the values of the organisation and values are discussed as part of the interview process for prospective staff. The organisation has a staff and volunteer awards scheme with care recipients and representatives invited to participate in the selection of award recipients. The home won the team award for the Bedtime to Breakfast program in 2014. Results of surveys and audits and data gathered through monitoring activities across the four Accreditation Standards show there are sufficient skilled staff available to deliver the care and services required by care recipients. Staff interviewed are satisfied with the assistance they receive to maintain their competencies and state they have sufficient time for their duties. Care recipients and representatives are satisfied with staff

responses to care recipients' needs and that staff have the required skills and knowledge to perform their duties.

## **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

There are systems and processes to monitor and maintain adequate supplies of goods and equipment required for care and service delivery. Ordering responsibilities are defined and goods are delivered on a regular or as needs basis. A system of stock rotation is in place to manage stock control. Staff and care recipients have input into the purchasing of goods and equipment where appropriate and have the opportunity to comment on new supplies and equipment. Preventative and breakdown maintenance systems are used to maintain the safety of equipment. Staff have access to after-hours maintenance services in the event of an emergency. Planned audits are combined with staff and care recipient feedback to ensure an adequate supply of goods and equipment. Results of these processes show inventory and equipment is effectively monitored. Care recipients, representatives and staff state they are satisfied with the level of stock and equipment available in the home.

## **1.8 Information systems**

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

### **Team's findings**

The home meets this expected outcome

The organisation has an effective corporate information management system. At a site level the home has an information system which provides staff, care recipients and relevant stakeholders with access to accurate and appropriate information. Care recipients / representatives receive information about the provision of services via information handbooks, newsletters and the residential care service agreement. A variety of information is available on-site, including newsletters, meeting minutes and feedback forms. The organisation has an electronic system for providing information to nursing staff. Memoranda and hard copy information is also used to communicate with staff. Staff handover processes facilitate the identification, documentation and communication of changes in care needs.

Specific information, such as audit, survey and incident data is collected and analysed at site and corporate levels. Centralised archiving processes monitor the storage and destruction of documentation. Corporate office ensures computers are password protected with restrictions on levels of access. There are procedures for secure storage and management of confidential information. The home monitors information systems through audits, surveys and feedback from care recipients / representatives. Results show information is used effectively to communicate with relevant stakeholders and maintain document control. Staff practices comply with organisational and legislative requirements. Staff interviewed said they have access to accurate information to assist them to perform their role. Care recipients and representatives interviewed state they are satisfied they have access to information to make decisions about care and lifestyle.

## 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

There are systems and processes to ensure external services are provided in a way that meets the needs of the home and care recipients. A preferred supplier list is combined with the Combined Charities system to maximise purchasing opportunities. External contracts are managed centrally by corporate office and monitored for quality and effectiveness at a corporate and site level. Contractors are required to sign in on arrival and report to appropriate personnel at the home for induction prior to commencing any work. Staff and care recipients provide feedback on external suppliers through the use of feedback forms and surveys. Results show external contractors and services are monitored and contractual changes made as required. Staff, care recipients and representatives interviewed state they are satisfied with current external services.

## Standard 2 – Health and personal care

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

### 2.1 Continuous improvement

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

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

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for additional information relating to the home's continuous improvement systems and processes.

Planned audits, care recipient incident data and care recipient, representative and staff feedback are used to identify opportunities for improvement in health and personal care. Staff, care recipients and representatives interviewed said they are aware of the home's feedback system and how they can contribute to improvements in this Standard.

The home provided examples of improvements relating to Standard 2 Health and personal care including:

- Management of care recipients' post hospital visit has been improved following the home's participation in an external trial. The trial aims to improve care recipient care following visits to hospital. A procedure and flow chart have been developed to guide staff and an electronic checklist has been developed that acts as a prompt. Any changes in care recipient care needs result in an interim care plan being developed to cover the recovery period. Staff feedback is that they are able to monitor changes in care recipient needs more effectively. Audit results show that follow up of care recipients has been improved since the introduction of the trial.
- Sleep has been enhanced following the introduction of the 'Bedtime to Breakfast' program. Staff attended a conference presentation on promoting natural sleep and suggested the home adopt the principles espoused in the program. Management liaised with an external consultant who assisted in the development of a seven point plan to promote natural sleep patterns. Care recipients' sleep patterns have been assessed and recorded and individual sleep programs developed for each care recipient. Staff practice overnight has been observed and education provided where required. Care recipients now wake naturally and are no longer woken for medications and blood glucose level monitoring in the morning. Feedback is that care recipients are more settled during the day and less agitated when allowed to wake naturally. Audit results show there has been a 70% reduction in care recipients being woken for medications and a 100% reduction in care recipients being woken for blood glucose monitoring. The home won a Better Practice Award for the initiative in 2014.



## 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 additional information relating to the home’s systems and processes for monitoring regulatory compliance.

Processes are in place to monitor regulatory compliance relating to care recipients’ health and personal care. Results show these processes are effective in monitoring regulatory compliance in this Standard. Staff at the home said they understand and use the system.

The home provided examples of compliance with ongoing legislative requirements in relation to Standard 2 Health and personal care including:

- Registration of nurses
- Supervision of care staff
- Effective medication management

## 2.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for additional information relating to systems and processes for education and staff development. Staff interviewed said they have ready access to a range of training and are satisfied this assists them in their role.

Education and staff development in relation to Standard 2 Health and personal care has been provided to nursing and personal care staff over the last 12 months in a range of topics. These include:

- Medication management
- Palliative care
- Stoma care
- Wound management

## 2.4 Clinical care

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

### **Team’s findings**

The home meets this expected outcome

Care recipients receive clinical care that is appropriate to their individual needs and preferences. Clinical care needs are identified by initial and ongoing assessment and ongoing review processes. An initial assessment and interim care plan are completed on entry to the home. Assessments are completed in consultation with care recipients/representatives and other health care providers. This information is used to develop care plans that are reviewed every four months. The home has access to medical officers to assist with the assessment and review of care recipients. Care recipients’ clinical care is monitored through monthly weighs, bowel charts, observation, care reviews and clinical audits. Changes are communicated to staff through progress notes, memoranda and electronic messages. Medical officers are informed of significant changes in care recipients’ health status and visit the home on a regular basis. Care recipients are referred to specialists as required. Results show care recipients’ needs are documented, reviewed and changes to care are implemented as required. Information provided by staff interviewed is consistent with care recipients’ care plans. Care recipients and representatives interviewed said they are satisfied with the health and personal care provided to care recipients.

## 2.5 Specialised nursing care needs

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Clinical care staff are responsible for the initial assessment, care planning and review processes on entry to the home and when care recipients’ care needs change. Individualised care plans are developed in consultation with care recipients’ medical officers and other health professionals. The home has access to external specialists to assist in meeting care recipients’ individual needs. Specialised nursing care is monitored through care plan reviews, audits and observations. Results show care recipients’ needs are documented and reviewed. A review of documentation and staff interviews confirm staff have access to education and specialised clinical guidelines. Care recipients and representatives interviewed said they are satisfied with the specialised nursing care provided to care recipients.

## 2.6 Other health and related services

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

### **Team’s findings**

The home meets this expected outcome

Care recipients are referred to health specialists according to their assessed needs and preferences. Care recipients’ needs for specialist health referrals are identified through

assessment, care reviews, consultation and observations. Physiotherapy services are provided on-site and assessments of care recipients' needs are completed on entry to the home and on an ongoing basis. Care recipients are referred to a variety of health services, including podiatry, speech pathology, optometry and dental services. Changes to care recipients' needs are documented in progress notes and care plans are updated to reflect these changes. Monitoring processes include case conferences, audits, care reviews and consultation with care recipients and representatives. Results show care recipients' needs are documented and reviewed. Staff interviewed said they are informed of changes through handover, progress notes, staff work books and memoranda. Care recipients and representatives interviewed said they are satisfied care recipients have access to health specialists according to their individual needs and preferences.

## **2.7 Medication management**

*This expected outcome requires that "care recipients' medication is managed safely and correctly".*

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

The home meets this expected outcome

Care recipients' medication is managed safely and correctly in accordance with relevant legislation, regulatory requirements and professional standards and guidelines. Care recipients' medication needs are identified on entry to the home. Each care recipient has a medication chart with personal details and administration instructions. Medications are stored safely and securely. Medications are pre-packaged in sachets and blister packs and are administered by enrolled and registered nurses. Monitoring processes include care reviews, incident reporting and audits. Medication issues are discussed at relevant meetings. Results show care recipients' medications are documented and reviewed. Education records and staff interviews confirm staff undertake annual medication competencies. Care recipients and representatives interviewed said they are satisfied with the level of consultation and management of care recipients' medication.

## **2.8 Pain management**

*This expected outcome requires that "all care recipients are as free as possible from pain".*

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

The home meets this expected outcome

Care recipients' pain is managed to ensure they are as free as possible from pain. Care recipients' pain is managed through initial and ongoing assessment and review processes. This information is used to develop individualised care plans in consultation with medical officers and other health professionals. Pain monitoring tools are used to assess all care recipients including those with cognitive deficits. In addition to medication, the home uses interventions such as massage, exercises and repositioning to assist in managing care recipients' pain. Monitoring processes include care plan reviews, observations and audits. Results show care recipients' pain is identified, assessed and evaluated with changes made to care plans and medication charts as appropriate. Education records and staff interviews confirm staff are provided with pain management education. Staff interviewed said they are aware of the non-verbal signs of pain. Care recipients and representatives interviewed said they are satisfied care recipients' pain is managed according to their individual needs and preferences.

## 2.9 Palliative care

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

### **Team’s findings**

The home meets this expected outcome

The home has processes to maintain the comfort and dignity of terminally ill care recipients. Care recipients’ end-of-life wishes are identified on entry to the home. This information is used to develop individualised care plans. The home has links with external palliative care services. Pastoral services are available on-site to provide emotional and spiritual support to care recipients and representatives. Monitoring processes include clinical reviews, observation and feedback from representatives. Results show care recipients’ end-of-life wishes are documented and implemented as required. Staff interviewed said they have access to appropriate equipment and education is provided. Care recipients’ families are supported if they wish to stay at the home and are provided with information to support them through the palliative process. Representatives written feedback viewed state they feel supported and are kept informed of the care provided for their loved ones.

## 2.10 Nutrition and hydration

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

### **Team’s findings**

The home meets this expected outcome

Care recipients receive adequate nutrition and hydration according to their individual needs and preferences. Initial and ongoing assessment and review processes identify and manage care recipients’ nutrition and hydration needs and preferences. This information is used to develop individualised care plans. Drink supplements and fortified meals are provided to care recipients as required. Care recipients with impaired swallowing or at risk of weight loss are referred to allied health professionals as necessary. Monitoring processes include monthly weighs, audits, care plan reviews, surveys and observations. Results show care recipients with an assessed need are provided with assistive crockery and cutlery. Clinical staff interviewed said they update care recipients’ nutrition and hydration care plans and communicate changes to kitchen staff. Care staff interviewed are able to provide strategies used to encourage nutrition and hydration while including individual care recipient diet preferences and choices. Care recipients and representatives interviewed said they are satisfied care recipients’ nutrition and hydration needs and preferences are met.

## 2.11 Skin care

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

### **Team’s findings**

The home meets this expected outcome

Care recipients are provided with care that maintains their skin integrity consistent with their general health. Initial and ongoing assessment and review processes identify and manage care recipients’ skin care needs. A skin assessment tool is used to assess the level of risk for

each care recipient. This information is used to develop individualised care plans. Preventive strategies include moisturising creams, pressure care mattresses, limb protectors, repositioning and protective dressings. Wounds are assessed, managed and reviewed by registered staff. Monitoring processes include care plan reviews, observations, audits and incident reporting. Results show care recipients' needs are documented and reviewed. Staff interviewed are able to provide examples of maintaining care recipient skin integrity. Care recipients and representatives interviewed said they are satisfied care recipients' skin integrity is maintained.

## **2.12 Continence management**

*This expected outcome requires that "care recipients' continence is managed effectively".*

### **Team's findings**

The home meets this expected outcome

Care recipients receive care that manages their continence according to their individual needs and preferences. Initial and ongoing assessments and review processes identify and manage care recipients' continence needs. This information is used to develop individualised care plans that document continence aids, assistance required and strategies for managing continence. The home has access to external services that provide advice and staff education regarding continence aids. Monitoring processes include bowel charts, toilet schedules, care plan reviews, observations and clinical audits. Results show care recipients' needs are documented and reviewed. Staff interviewed confirm they have access to continence management education. Care recipients and representatives interviewed said they are satisfied care recipients' continence needs are managed effectively.

## **2.13 Behavioural management**

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

### **Team's findings**

The home meets this expected outcome

Care recipients with challenging behaviours are managed effectively according to their individual needs and preferences. Initial and ongoing assessment and review processes identify and manage care recipients' challenging behaviours. Behaviour management plans are developed from this information and strategies to assist staff are identified. The effectiveness of behaviour management strategies is monitored through incident reporting, care plan reviews, audits and observations. Referrals are made to mental health services and behaviour management specialists as required. Results show care recipients' behaviours are documented and reviewed. Staff interviewed are able to provide examples of strategies to assist with the management of challenging behaviours. Care recipients and representatives interviewed said they are satisfied with the home's approach to managing challenging behaviours.

## **2.14 Mobility, dexterity and rehabilitation**

*This expected outcome requires that “optimum levels of mobility and dexterity are achieved for all care recipients”.*

### ***Team’s findings***

The home meets this expected outcome

There are processes to ensure optimum levels of mobility and dexterity are achieved for all care recipients. The home has a structured approach for identifying, assessing, monitoring, referring and communicating each care recipient’s mobility requirements. A physiotherapist is employed by the organisation to assess and conduct ongoing review of care recipients’ mobility, dexterity and pain management. Care plans outline a range of mobility support strategies including assistance required and mobility aids. The effectiveness of mobility and dexterity support strategies is monitored through care plan review processes, observation and care recipient and staff feedback. Results show the incidence of falls is monitored, collated and analysed at a site and corporate level. Strategies are implemented where trends are identified. Staff interviewed are able to describe mobility and dexterity support strategies for care recipients consistent with documented care plans. Care recipients and representatives interviewed said they are satisfied care recipients are supported to optimise their mobility and dexterity.

## **2.15 Oral and dental care**

*This expected outcome requires that “care recipients’ oral and dental health is maintained”.*

### ***Team’s findings***

The home meets this expected outcome

Care recipients oral health is maintained through established processes. Assessments are undertaken in consultation with each care recipient and their representative. Care plans provide individualised oral and dental hygiene strategies. Care recipients are provided with options and support to access dental services of their choice. Oral equipment is replaced three monthly and as required. Monitoring of care recipients’ oral care is completed through staff observations, care plan review processes, feedback from dental specialists, care recipients and their representatives. Results show care recipients’ oral and dental care is documented and reviewed. Staff interviewed described strategies to support care recipients’ oral and dental health. Care recipients and representatives interviewed said they are satisfied care recipients’ oral and dental health is maintained.

## 2.16 Sensory loss

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ sensory losses are identified and managed effectively according to their individual needs and preferences. The home has initial and ongoing assessment and review processes to identify and manage care recipients’ sensory needs for all five senses. Care recipients are assisted to use equipment such as hearing aids and prescription glasses where appropriate. The home facilitates appointments with external services as required.

Monitoring processes include care plan reviews, observation and audits. Results show care recipients’ sensory needs are documented and reviewed. Staff interviewed confirm they are aware of strategies documented in care plans to assist care recipients with sensory loss.

Care recipients and representatives interviewed said they are satisfied care recipients’ sensory losses are identified and managed effectively.

## 2.17 Sleep

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

### **Team’s findings**

The home meets this expected outcome

Care recipients are provided with care to assist them achieve natural sleep patterns. Initial and ongoing assessments and review processes identify and manage care recipients’ sleep patterns. This information is used to develop individualised care plans that identify care recipients’ sleep preferences, including preferred settling and rising times. Environmental preferences and strategies, including lighting, repositioning, warm drinks and snacks are offered to support natural sleep patterns. The home piloted the Bedtime to Breakfast program exploring evening and night staff practices to identify activities and environmental factors that may contribute to care recipients not achieving appropriate levels of natural sleep. The home was awarded a 2014 Better Practice award for the successful initiative which has been implemented across all sites within the organisation. Monitoring processes include care plan reviews, incident reporting, observations and audits. Results show care recipients’ sleep patterns are documented and reviewed. Staff interviewed said they refer to care recipients’ care plans for individual sleep preferences. Care recipients and representatives interviewed said they are satisfied the care provided assists care recipients to achieve natural sleep patterns.

## Standard 3 – Care recipient lifestyle

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

### 3.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for additional information relating to the home’s continuous improvement systems and processes. Formal and informal feedback processes assist care recipients and staff contribute to continuous improvement in care recipient lifestyle.

Examples of recent improvements relating to Standard 3 Care recipient lifestyle include:

- Care recipients’ lifestyle has been enhanced following introduction of the capability model of care. This model of care builds on care recipients’ strengths and focusses on what they can do rather than what they cannot do. Each care recipient is actively involved in identifying meaningful goals and activities for themselves. An individual daily activity activities sheet is then developed that records care recipients’ goals and strategies to achieve these goals. Care recipients have a variety of roles in the home, including delivering the post, assisting in the morning and afternoon tea service, assisting in maintaining the garden and external courtyards and tending to the home’s pets. Capability model trained staff assist care recipients in the pursuit of their goals. Staff, family and care recipient feedback is that care recipients are participating in the life of the home in a meaningful and productive way and spending less time in their rooms. They state the capability model promotes independence and well-being in care recipients.
- Independence has been enhanced following care recipient feedback and staff suggestion. Some of the home’s care recipients use motorised mobility devices and many were requesting the freedom of visiting the local shopping centre on their devices. Staff consulted with care recipients and families and developed a licence system. The home’s physiotherapist and occupational therapist assess each care recipients for their ability to use their motorised device outside of the facility. Licences are issued enabling the care recipient to leave the facility independently on their device. Licences are renewed at each scheduled care plan review. Feedback from care recipients is that they are enjoying their independence and appreciate management swift response to their request.



### 3.2 Regulatory compliance

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for additional information relating to systems and processes for monitoring regulatory compliance. There are systems and processes to monitor and maintain regulatory compliance relating to care recipient lifestyle. Staff interviewed said they understand and use the system.

The home provided examples of ongoing compliance with legislative requirements in relation to Standard 3 Care recipient lifestyle, including:

- Maintaining confidentiality of care recipient information
- Providing residential care service agreements to assist care recipients understand their rights and responsibilities
- Protecting care recipients’ privacy

### 3.3 Education and staff development

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for additional information relating to systems and processes for education and staff development.

Staff interviewed confirm they have access to a range of training and development opportunities and said they are satisfied the training and education provided assists them in their roles. Education and staff development in relation to Standard three Care recipient lifestyle has been provided to all staff groups in the last twelve months in the following:

- Dementia awareness
- Mandatory reporting

Education and staff development has been provided to lifestyle staff in:

- Advocacy
- Easy moves for active ageing
- Grief and loss

In addition selected care and lifestyle staff have been trained in the capability model of care and one lifestyle staff member is currently studying for the Diploma in Dementia Management

### **3.4 Emotional support**

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

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

The home meets this expected outcome

Each care recipient is supported to adjust to life in the home and is provided with ongoing support. Care recipients are welcomed by staff and provided with a welcome pack to assist them to settle into the home. Care recipients and representatives have access to pastoral care support as required. Initial assessments, ongoing review processes, observation and one-to-one communication identify care recipients' emotional support needs and personal preferences. This information is used to develop individualised care plans. The home evaluates the effectiveness of emotional support provided through comments and complaints processes, lifestyle and care reviews, audits and surveys. Results show assessment processes are effective in capturing care recipients' emotional support needs. Staff interviewed said they report any identified changes to senior staff. Care recipients and representatives interviewed are satisfied with the support provided by staff on an initial and ongoing basis.

### **3.5 Independence**

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

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

The home meets this expected outcome

Care recipients are assisted to maintain independence, friendships and connections with the home and broader community. Care recipients' capabilities, preferences and wishes are identified through initial and ongoing assessments and review processes. Individualised care plans are developed from this information. Care recipients are assisted and encouraged to maintain contact with family, friends and social groups. Visitors and community groups are welcomed in the home. Monitoring processes include care and lifestyle reviews, comments and complaints processes, audits and surveys. Results show assessments are effective in identifying care recipients who wish to vote in elections. Staff interviewed said they encourage care recipients to maintain their independence. Care recipients and representatives interviewed are satisfied care recipients are assisted to maintain friendships and physical independence.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

Care recipients' right to privacy, dignity and confidentiality is recognised and respected. Initial assessment and ongoing review processes identify care recipients' wishes and preferences. This information is used to develop individualised care plans. Care recipients and

representatives are informed about the home's approach to collecting and storing personal information on entry to the home. Staff are informed about care recipients' rights to privacy and dignity and sign a confidentiality agreement when commencing employment at the home. Monitoring processes include comments and complaints, surveys and audits. Results show staff practices are effective in recognising and respecting care recipients' right to privacy, dignity and confidentiality. Staff interviewed are aware of strategies to maintain care recipients' privacy and dignity, including addressing care recipients by their preferred name. Care recipients and representatives interviewed are satisfied with practices used by staff to respect and recognise care recipients' right to privacy, dignity and confidentiality.

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

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

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

The home meets this expected outcome

Care recipients are encouraged and supported to participate in individual and group activities of interest to them. Lifestyle assessments and social history profiles identify care recipients' interests and preferred activities. This information is used to develop group activity programs and to implement strategies to assist care recipients to maintain or develop personal interests and activities. Activity program calendars are displayed around the home. Care recipients are informed about activities by lifestyle staff and volunteers and are provided with support to attend if they wish. Community volunteers provide one-to-one activities with care recipients. The effectiveness of the activities program is monitored through lifestyle reviews, comments and complaints, attendance records, activity evaluations, meetings, audits and surveys. Results show care recipients' leisure interests are identified and supported. Staff interviewed said they assist care recipients to attend activities of interest. Care recipients and representatives interviewed are satisfied with the support provided to enable care recipients participate in leisure interests and activities.

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

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

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

The home meets this expected outcome

Care recipients' individual interests, customs, beliefs and cultural backgrounds are valued and fostered. Initial assessment and ongoing review processes identify care recipients' cultural and spiritual needs. This information is used to develop individualised care plans. Religious services are held in the home on a regular basis which includes services specifically designed for care recipients with cognitive challenges. The home employs a chaplain and visiting pastoral care workers provide one-to-one visits to care recipients. The home celebrates significant spiritual and cultural days, such as Anzac Day, Remembrance Day, St. Patrick's Day and birthdays. Monitoring processes include care and lifestyle reviews, comments and complaints, audits, surveys and meetings. Results show care recipients' cultural and spiritual preferences are documented in care plans. Staff interviewed are aware of care recipients' cultural and spiritual needs that affect the provision of care and lifestyle.

Care recipients and representatives interviewed are satisfied staff foster and value care recipients' individual cultural and spiritual needs and preferences.

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

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

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

The home meets this expected outcome

Each care recipient is encouraged and supported to participate in decisions and exercise choice and control over the care and services they receive. Initial assessment and ongoing review processes identify care recipients' likes, dislikes and preferences. This information is used to develop care and lifestyle plans. Care recipients have opportunities to provide feedback about the provision of care and services and are encouraged to raise suggestions. Care recipients and representatives are provided with advanced care directives information to enable them to document their care wishes and appoint substitute decision makers of their choice. Monitoring processes include care and lifestyle reviews, comments and complaints, meetings, audits and surveys. Results show care recipients' have access to advocacy services and their choices are respected and encouraged. Staff interviewed said they assist care recipients to make informed choices where appropriate. Care recipients and representatives interviewed are satisfied care recipients are able to exercise choice and control over their care and lifestyle.

### **3.10 Care recipient security of tenure and responsibilities**

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

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

The home meets this expected outcome

The organisation's policies and procedures support care recipients' right to safe and secure tenure and staff responsibilities to protect these rights. The residential care service agreement and information handbook provide information about care recipients' rights and responsibilities, fees and charges, security of tenure and decision making forums. Results show care recipients have security of tenure and understand their rights and responsibilities. Interviews with staff confirm they are aware of care recipients' security of tenure rights. Care recipients and representatives interviewed state they are satisfied with the information provided.

## Standard 4 – Physical environment and safe systems

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

### 4.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

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

The home’s quality system, including audits, environmental inspections and incident and hazard reporting is used to identify and action opportunities for improvement in physical environment and safe systems. Outcomes are recorded, evaluated and reported. Staff, care recipients and representatives interviewed said they are aware of the feedback system and how they can contribute to improvements in this Standard.

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

- Managing and monitoring of care recipient clothing has been improved following staff feedback. Staff provided feedback that the process for storing care recipients’ clothing labels was cumbersome and difficult to manage. Management responded by consulting with staff and developing individual boxes for care recipients. Shelves have been constructed and the boxes stored at a convenient height for laundry staff. Each care recipient has their own clear plastic box for label storage. Staff feedback is that the new system is easier to manage. They state they are able to readily access labels and can see at a glance if care recipients are running low on labels. Laundry staff state this has reduced the incidence of unlabelled clothing and lost laundry.
- Care recipients’ dining experience has been enhanced in three areas of the home. A bain-marie service is being trialled whereby care recipients take their own plate to the servery and select their meal and meal portions direct from the bain marie. Staff assist care recipients if required. Staff report that care recipients are enjoying the experience with many returning for second servings. Care recipient feedback is that they enjoy the freedom to choose their own meal and state the experience is reminiscent of meals served in a hotel bistro. It is planned to introduce the service into all areas of the home in the near future.

## 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 additional information relating to systems and processes in monitoring regulatory compliance. Staff interviewed said they understand and use the system.

The home has processes to monitor and maintain regulatory compliance relating to Standard 4 Physical environment and safe systems. These include:

- Implementing work health and safety regulations
- Monitoring and maintaining fire safety systems.

## 4.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information relating to systems and processes for education and staff development.

Mandatory training provides staff with education and staff development relevant to their roles. Training attendance is monitored and staff are required to attend mandatory training each year. Staff interviewed said they are paid to attend mandatory training and state the training and education provided assists them in their roles.

Education and staff development in relation to Standard 4 Physical environment and safe systems has been provided to all work groups over the last twelve months in a range of areas. These include:

- Fire and emergency procedures
- Infection control
- Manual handling

Additional training has been provided to relevant work groups in safe food handling and chemical awareness.

#### **4.4 Living environment**

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

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

The home meets this expected outcome

Care is provided in nine separate houses linked by internal corridors. Care recipients have their own room with ensuite bathroom and are encouraged to personalise their rooms with decorations as appropriate. The home received an Aged and Community Services award for building design in June 2015. Preventative and corrective maintenance is combined with environmental audits, surveys and ongoing reporting processes to monitor and maintain the safety and comfort of the living environment. Hazards are identified and corrective measures actioned. The home has a policy of minimal restraint. Assessment, consultation, monitoring and review processes support the safe application of restraint when required for care recipient safety. Results show the home is using its monitoring processes to identify issues in the living environment and to implement corrective action. Care recipients and representatives interviewed state they are satisfied with the safety, comfort and amenities available in the home, including care recipients' rooms and communal areas.

#### **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

Overarching responsibility for the site work health and safety program is vested in the Residential services manager. The Quality and safety committee monitors the home's compliance with the organisation's work health and safety program. Processes, including a preventative maintenance program and hazard and incident reporting are used to monitor and maintain the safety of equipment and staff work environment. The home has a designated work health and safety officer and staff receive regular training in manual handling, work health and safety and hazardous substances. Information systems and feedback processes assist staff to identify hazards and report accidents and incidents.

Results show that staff work environment is monitored at a site level by the Quality and safety committee and a corporate level by the Work health and safety committee. Staff interviewed state they are aware of their rights and responsibilities in relation to safe work and are satisfied that management is supportive and proactive in providing equipment and resources to maintain a safe working environment.

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

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

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

The home meets this expected outcome

The home has systems and procedures that minimise the risk of fire, security and other emergencies. Staff receive regular training in fire and emergency procedures and have appropriate equipment for use in the event of an emergency. Evacuation plans and emergency procedures are strategically placed in all areas of the home. An accredited external contractor monitors and maintains the safety and function of fire alarm and fire suppression equipment. Electrical testing and tagging monitors the safety of electrical equipment. The home is using an electronic security system for access within the facility. Colour coded wrist bands are provided for staff and relatives. These wrist bands have a range of security clearances depending on the level of access required. Sixteen external security cameras monitor the grounds and external aspects of the facility. An external contractor monitors the home's alarm system that is linked to staff DECT phones. Results show management and staff are working to provide a safe environment that minimises fire, security and other emergencies. Staff and care recipients interviewed state they are aware of their responsibilities in an emergency. Staff interviewed confirm they are required to attend mandatory fire drills each year.

#### **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 organisation has an effective infection control program at a corporate and site level. The organisation participates in an external special interest group which provides up to date information on infection control issues and current guidelines. Infection data is collated, analysed, trended and interventions implemented as needed. Infection control is managed through the home's policies and guidelines and outbreak management procedures. Resources are observed to be readily available. Staff and care recipients have access to an annual influenza vaccination program. There are processes for the appropriate disposal of contaminated waste and sharps. A food safety plan guides catering staff practice and an external contractor provides a pest management program. Management monitors infection control by scheduled audits, infection data analysis and staff competency assessments.

Results show an effective infection control system is in place. Staff interviewed said there is adequate personal protective equipment available and they are aware of infection control guidelines. Care recipients and representatives interviewed said they are satisfied staff maintain infection control practices.



#### **4.8 Catering, cleaning and laundry services**

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

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

The home meets this expected outcome

Care recipients' needs and preferences are identified on entry to the home and reviewed on a regular basis. The menu is varied to reflect the seasons and reviewed by a dietitian on a regular basis. Snacks and drinks are available at all times, including evenings. Personal laundry is laundered on site and linen is outsourced to an external provider. There are processes for addressing any lost laundry. Cleaning is provided by the home's staff and cleaning schedules guide staff in their daily cleaning routine. Care recipient satisfaction with catering, cleaning and laundry services is monitored by feedback mechanisms, including comments and complaints, meetings and direct consultation. Results show issues are addressed as they arise. Staff interviewed confirm they have access to work schedules to guide them in their role. They state they are satisfied with their work environment and the equipment provided to assist them in their tasks. Care recipients and representatives said they are satisfied with catering, cleaning and laundry services provided.