



Australian Government

Australian Aged Care Quality Agency

Brian King Gardens

RACS ID 0041
1 Hillard Drive
CASTLE HILL NSW 2154

Approved provider: Anglican Retirement Villages

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 23 September 2018.

We made our decision on 10 August 2015.

The audit was conducted on 07 July 2015 to 10 July 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.

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

Standard 2: Health and personal care

Principle:

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

Standard 3: 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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Audit Report

Brian King Gardens 0041

Approved provider: Anglican Retirement Villages

Introduction

This is the report of a re-accreditation audit from 07 July 2015 to 10 July 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 07 July 2015 to 10 July 2015.

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

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

Assessment team

Team leader:	Frances Stewart
Team members:	Kay Louise Greentree Toby Hammerman

Approved provider details

Approved provider:	Anglican Retirement Villages
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Details of home

Name of home:	Brian King Gardens
RACS ID:	0041

Total number of allocated places:	238
Number of care recipients during audit:	234
Number of care recipients receiving high care during audit:	170
Special needs catered for:	Dementia

Street/PO Box:	1 Hillard Drive
City/Town:	CASTLE HILL
State:	NSW
Postcode:	2154
Phone number:	02 8820 1990
Facsimile:	Nil
E-mail address:	janice.mcnaur@arv.org.au

Audit trail

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

Interviews

Category	Number
Facility manager	1
Deputy director of care	1
Registered nurses	5
Operations manager, cleaning services	1
Clinical nurse educator	1
Rhythm of life services Coordinator	1
Admissions coordinator	1
Physiotherapist	1
Occupational therapist	2
Care staff	5
Workplace trainer	1
Care and servery staff in group interview	6
Registered nurse overseeing sensory monitoring	1
Care recipients/representatives	34
Care supervisors	4
Administration coordinator	1
Site supervisor - cleaning	1
Cleaning staff	4
Lifestyle carer	1
Chaplain/pastoral care staff	2
Work health and safety (WHS) committee chairperson	1
Servery supervisor	1
Lifestyle leader	1
Maintenance officer	1
Servery staff	5

Sampled documents

Category	Number
Care recipients' files	34
Complaints, suggestions, praise logs	33
Advanced care plan	10
Blood glucose monitoring chart	8
Medication charts	22
Personnel files	4
Weight assessment charts	10

Other documents reviewed

The team also reviewed:

- 24 hour reports
- Cleaners documentation: cleaning specifications, cleaners duty statements, safe work method statements, staff training records, training and competency records – cleaners, tool box meeting minutes
- Computerised clinical and care assessment documentation (including initial and ongoing care recipient care needs and preferences and nursing care plans)
- Comments ,complaints folder and register, complaints audit
- Communication systems: newsletters, notices, memoranda, handover sheets, diaries and communication books
- Continuous improvement logs, register and work plans
- Dietary information sheets
- Domestic fridge/freezer temperature check sheet
- Education: induction program and role specific guide books with checklists, learning and development topic mapping by Aged Care Standard, training attendance records and evaluations, mandatory education attendance monitoring system, staff records for internal and external courses completed, annual education needs analysis and monthly focus topic resources and action learning plans
- Fire system logbooks, training records and annual fire safety certificate
- Food safety documentation including; refrigerator/cool room check sheets, receivables check sheets, sanitisation records, dishwasher temperature check sheet, kitchen cleaning schedules
- Human resource documentation: performance and development review summaries, police check status report, position descriptions and duties guidelines, professional registrations folder

- Information processes: meeting minutes and meeting schedules, memo folder, feedback folder, communication books, staff handbooks, care recipient information pack and care recipient agreement for residential care, newsletters, staff information packages and satisfaction survey
- Inventory and equipment and external services: approved supplier lists, service provider agreements, stock monitoring and delivery systems, planned maintenance program and corrective maintenance request and implementation records
- Leisure and recreation activity plan, bus outing plans, special event communication plan
- Meeting minutes: clinical leaders and educators forum minutes, registered nurses meeting minutes, internal reference group clinical and lifestyle meeting minutes, staff meeting minutes, care recipient meeting minutes, relative meeting minutes, servery staff meeting minutes
- Policy – mandatory reporting of assault
- Register of alleged or suspected assaults and missing persons
- Volunteers handbook
- Welcome pack including welcome letter, key staff, electoral office form, feedback form, collection, use and disclosure of personal information, Charter or care recipients' rights and responsibilities, care recipient consent forms
- WHS consultative discussion records, staff accident/incident log, workplace incident reporting forms, WHS consultative statement and terms of reference, workplace inspection checklist, WHS management systems audit May 2015, WHS risk management register

Observations

The team observed the following:

- Activities in progress, associated resources, photographs of past events, activity program on display and activity resources
- Aged care complaints scheme feedback forms
- Care supervisors and registered nurses' handover
- Charter of care recipients' rights and responsibilities on display
- Computers and telephone for care recipients' use
- Equipment and supply storage areas including food, chemical and clinical supplies, toiletry, chemical, paper goods, continence and linen stock in sufficient quantities
- Fire safety systems and equipment and Annual fire safety certificate on display, inspection tags on fire extinguishers, colour coded emergency flip charts and evacuation floor plans in various locations around the site
- Hairdressing salon

- Infection control resources and equipment including spills kits, outbreak box, personal protective equipment, colour coded equipment, hand washing stations, hand sanitiser dispensers, sharps waste disposal containers
- Information brochures on display for clients, visitors and staff, internal and external complaints system and advocacy services, information notice boards, menu, activities calendar
- Interactions between staff, care recipients and representatives
- Kitchens and serveries
- Living environment, internal and external
- Medication administration and secure storage
- Menu and servery list of care recipients' menu choices and preferences
- NSW Food Authority Certificate displayed
- Nurse call system and response by staff
- Quality Agency re-accreditation audit notices on display
- Safety data sheets, out of order tags
- Secure storage and archiving of confidential care recipient and staff information
- Short group observation in dementia specific unit
- Sign in/out books for visitors and tradesman/contractors
- Staff work areas and practices including clinical, lifestyle, administration, catering, cleaning, laundry and maintenance
- Storage of medications
- The dining environments during lunch and beverage services with staff assistance, morning and afternoon tea, including care recipients' seating, staff serving/supervising, use of assistive devices for meals and care recipients being assisted with meals in their rooms

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home is actively pursuing continuous improvement. Areas for improvement are identified through mechanisms that include: quality logs and work plans, regular meetings, feedback from stakeholders, an internal benchmarking program of audits, surveys and analysis of monitoring data. Opportunities for improvement are also formulated centrally into quality projects by the ARV (Anglican Retirement Villages) head office (the organisation) and often result in a systems review, change of practice, purchase of new equipment or staff education. Department heads share responsibility to promote continuous improvement and record identified improvements on a register that describes its relevance to an expected outcome of the Accreditation Standards, the action taken and the evaluation of the outcome. Care recipients, representatives and staff are encouraged to actively contribute to this process and those interviewed report they are aware of the ways they can make suggestions for improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard One and recent examples of this are listed below:

- The home's ageing in place policy and practices have resulted in increased need for higher level clinical interventions and supervision. Care recipients' satisfaction survey indicated the need to review staffing levels of registered nurses to ensure care recipients have reliable access to clinical staff on all shifts. The new strategy allocated a registered nurse on each of the home's four floors in the morning shift and increased the clinical supervision on the afternoon and evening shifts. An extra carer was also added to the night shift allowing the registered nurse to be supernumerary and therefore available for clinical interventions and emergencies. A clinical leader was recruited for weekends which added to the extra clinical accessibility. Feedback about the new roster from all stakeholders has been very positive with staff noting the reduced workload for registered nurses and families appreciating the improved access to professional care.
- The organisation's key performance indicator policy states that a roll from a bed is classified statistically as a fall. While care recipients who were recognised as being “high falls risk” had beds lowered to the floor, some still were counted as a fall, even if they rolled on to the adjacent crash mat. To address this issue and reduce the number of statistical falls, management researched and purchased a number of extra wide low beds. The beds were trialled and risk assessed for suitability and found to be

appropriate. It is expected the statistics at the next reporting period will show a reduced number of falls.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home’s management has systems in operation to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The home is advised of any changes in regulatory requirements and professional standards by ARV at organisational level, which monitors the regulatory environment through updates from government and industry bodies, internet access and various other mechanisms. Staff are advised of regulatory requirements and any relevant changes to them through various means including intranet alerts, updates to policies, meetings and education. Compliance with regulatory requirements is monitored through day-to-day supervisory arrangements and audits. We sighted relevant legislation and documentation related to professional guidelines displayed in various locations throughout the home.

Examples of regulatory compliance related to Accreditation Standard One Management systems, staffing and organisational development include;

- There is a sound system to ensure all staff, contractors and volunteers have current police checks and a system to monitor when renewals are due,
- Care recipients/representatives were advised of the Re-accreditation audit within the required timeframe as per requirements.
- The home maintains records to ensure staff on work visas from overseas are current.

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 to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. The program is overseen by an on-site workplace trainer provided and supported by the organisation’s learning and development. Topics to be included in the training calendar are identified through staff performance appraisals, an organisationally developed education program, including topics covering the four Accreditation Standards, and changing needs of care recipients. The recruitment process identifies the knowledge, skills and education required for each position. There is a comprehensive eight day orientation program for all new staff which incorporates an allocated buddy system to support the new staff during their first days of employment.

Records of attendance at training are maintained, the training is evaluated and the effectiveness of the training is monitored by the workplace trainer through questionnaires and

competency assessments. Management and staff interviewed report they are supported to attend relevant internal and external education and training. Care recipients and representatives interviewed are of the view staff have the skills and knowledge to perform their roles effectively.

Recent education and training that management and staff attended relating to Accreditation Standard One include:

- The induction program covering such topics as: policies and procedures, the “rhythm of life” philosophy of the organisation, the communication system and customer service,
- The in-service program which included such topics as: dealing with complaints, and effective written documentation.

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 and their representatives are informed of internal and external complaint mechanisms through the care recipient handbook, resident agreement, orientation to the home, notices and at care recipients' meetings. Quality improvement forms for suggestions and complaints are available in the home and brochures about an external complaint mechanism are also available. Management maintains a log of all comments and complaints and these are all responded to in a timely manner. Issues that require further consideration can be escalated to the regional manager. Care recipients/representatives can also raise concerns and identify opportunities for improvement through group meetings, care conferences, satisfaction surveys and other designated forums. Care recipients interviewed say they are aware of how to make a comment or complaint and feel confident that concerns are addressed appropriately.

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 vision, values, philosophy and commitment to quality are well documented and on display in the home. They are also available to all care recipients/representatives, staff and other stakeholders in a variety of documents used in the home. Vision, mission and values are included in the comprehensive induction program to ensure staff are fully aware of their responsibility to uphold the rights of care recipients and the home's objectives and commitment to quality.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has a system to ensure there is appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with the Accreditation Standards and the home's philosophy and objectives. The home is supported by the organisational human resources team and documented human resource processes. Management advised that staffing requirements are based on care recipients' needs and gave examples of increasing staff for periods to meet specific care requirements. New staff attend an induction program and their performance is monitored closely during that period. There is an education program to meet staff training and development needs and a process for competency assessment and performance reviews. The home has a process for monitoring the currency of staff police checks and professional registrations. Staff state they usually have sufficient time to perform their duties and care recipients and representatives report they feel there are sufficient numbers of skilled staff to cater for care recipients' needs.

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 uses organisationally generated systems to ensure that appropriate stocks of goods and equipment are available at all times. Observations, interviews and review of documentation demonstrated that appropriate stocks of goods and equipment, food, continence aids, furniture and linen are achieved. Stock rotation processes, budgeting and purchasing through preferred suppliers ensures this ongoing program is effective. Staff and relatives interviewed all confirmed that there is sufficient and suitable equipment for their use. The organisation has also developed a preventative maintenance schedule and a daily maintenance procedure to ensure that equipment is maintained in a safe operational standard. All maintenance requirements are carried out in an appropriate time frame by the maintenance person at the home. We observed, and all stakeholders reported there is sufficient and appropriately maintained equipment and stocks of goods.

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 home has organisational and locally generated systems that effectively manage the creation, usage, storage and destruction of all records, both hardcopy and electronic.

Interviews and documents reviewed showed the home effectively disseminates information from management to staff and care recipients/representatives relating to legislation, clinical care, organisational information and other matters that are of interest to them. This is achieved through ready access to online management and intranet systems, which provides a suite of flow charts and associated forms that clearly explain current policies and procedures. The home also effectively conveys information through newsletters, memos, noticeboards, meetings, clinical records, client information packages, education sessions, meeting minutes and electronic versions of policy and procedure manuals. Information is managed in accordance with the home's privacy policy. We observed stakeholders accessing the comprehensive and extensive documentation system that is used daily for the management and dissemination of information. The processes cover all aspects of the home's functioning and this enables staff and management to maintain consistent access to up to date information for appropriate decision-making.

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

Externally sourced services are provided in a way that meets the residential care service's needs and service quality goals. The home has a list of corporate approved preferred core suppliers and individualised written agreements with the external providers are maintained at head office. The home also ensures local businesses have the opportunity to provide some services. The organisation has a system for managing non-conformance of suppliers when there is poor performance of the supplier and the team noted examples of a change in suppliers who did not meet the home's quality requirements. All stakeholders reported satisfaction with the quality of service they receive from external service providers. External contracts are reviewed at organisational and local level with the home's quality requirements clearly identified. The organisation's head office regularly reviews the work performed or goods supplied by external contractors to ensure they are provided in a timely manner and as requested.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Two and recent examples of this are listed below:

- The clinical leadership identified not all staff are aware of the organisation's policy and procedure in relation to storage, disposal and handling of cytotoxic medications. Another issue was noted that care recipients prescribed those drugs were not easily identified in the electronic care records. The clinical leader, together with the work place trainer devised a strategy to alert staff when the drugs are being used and raise their awareness of the precautionary procedures that need to be implemented. The strategy included development of a poster with instructions on administration and disposal of materials following administration of cytotoxic medications. The poster was prominently displayed in the care areas and also placed in the relevant care recipient files. Other actions included: staff education to enhance their knowledge of the ARV policy, medication assessment, monthly reporting and management instructions in the care system updated to reference the use of cytotoxic medications and purple waste bins sourced to ensure correct disposal.
- The initial period after entering the home can be associated with anxiety, guilt and other emotions. The clinical leader acknowledged this could impede the successful integration of the new care recipient into the home and impact on the quality of the information usually gained in the first few days. In response Brian King Gardens have initiated pre-entry interviews/visits for care recipients and their families where they have the opportunity to meet with the manager or clinical leader, be introduced to the staff member who will greet them on the first day, view their room, complete paperwork and obtain a first understanding of “how things work”. A survey is conducted after the first 28 days and initial results indicate the pre-admission process has improved the care recipient experience of moving in to a residential aged care facility, minimised stress, assisted in identifying specialised nursing needs, and created the opportunity to promote meaningful relationships with the clinical leader and other team members.

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

The home’s systems for ensuring regulatory compliance, outlined in expected outcome 1.2 Regulatory compliance, encompass all four Accreditation Standards including Standard 2 Health and personal care.

Examples of regulatory compliance related to Standard Two Health and personal care include;

- Arrangements are in operation to ensure the correct management and administration of medications.
- There are policies and procedures to ensure the Department of Social Services is notified when care recipients are reported missing without explanation.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home’s system to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. We verified through discussions with staff and management and documentation review that the home delivers education relevant to Standard Two that will promote care recipients’ physical and mental health. Examples of education provided specific to Standard Two include best practice in oral health, cardiac failure and pain management, falls prevention, continence care and understanding psychotropic medications for care staff.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has systems and policies to ensure care recipients receive clinical care appropriate to their needs. Care recipients’ care needs are identified on entry to the home using the care profile form and the comprehensive series of computerised assessments that relate to clinical care and some lifestyle aspects are completed. Care plans are developed based on the results of the assessments undertaken and on information received by medical officers, transfer documentation and the care recipient and their representatives. Care recipient’s care plans are regularly reviewed and case conferences held to ensure the ongoing and changing needs and preferences of care recipients and their representatives are met. Staff refer to and consult with appropriate specialised health professionals and instructions are followed and documented

appropriately. A review of documentation and discussions with staff show the home's comment/complaint, accident/incident and infection reporting systems are regularly audited to promote quality care. The interviews with care recipients/representatives show they are satisfied with clinical care provided at the home.

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

The home has systems to identify the specialised nursing care needs of the care recipients. The initial and ongoing assessment and development of an individualised plan for specialised nursing care and complex health care needs is formulated. The home employs registered nurses 24 hours per day, seven days a week, who manage and oversee care recipients' specialised nursing and complex health care. The documentation review confirms that appropriate management strategies and treatment regimens are in place including for the management of diabetes, palliation and wound care. Clinical nurse specialists provide education on specialised care needs to staff at the home. Care recipients/representatives interviewed say the specialised nursing care needs are assessed and managed appropriately by staff.

2.6 Other health and related services

This expected outcome requires that "care recipients are referred to appropriate health specialists in accordance with the care recipient's needs and preferences".

Team's findings

The home meets this expected outcome

The home has systems to support care recipients to be referred to appropriate health specialists in accordance with the care recipients' needs and preferences. Transport to the appointments is provided by care recipients' representatives or as arranged by the home. The home also organises various health professionals to visit the home. These include physiotherapist, occupational therapists, a registered nurse to oversee and manage all care recipients with sensory deficits, podiatrist and palliative care services, dentists and psychiatrist and psychogeriatrician. The changes to the management of care recipients are documented in the care plans for the staff to follow. Care recipients/representatives interviewed say they are satisfied with the referral system to appropriate health and related specialists.

2.7 Medication management

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

Team's findings

The home meets this expected outcome

The home has effective medication management systems to ensure that medication is managed safely and correctly. The home has a pre packed medication system whereby medications are packed by a pharmacist to ensure the safe and correct management of

medication. Medications are administered by endorsed medication nurses who are assessed as competent in medication administration. The computerised medication system is linked to the care documentation system and records all medication the care recipient is receiving and the time and date administered. Observations of staff practices and interviews with the staff confirmed they are knowledgeable about medication management and the legislative requirements. Medication incidents are reported and responded to in a timely manner. The storage of medicines is appropriate and consistent with relevant legislation and regulatory requirements. The home's medication management system is audited and reviewed in consultation with an accredited pharmacist. Care recipients/representatives interviewed report they are satisfied with the management of the medication requirements.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

A review of documentation and interviews with staff show care recipients' pain is assessed on moving to the home and pain management strategies are developed in consultation with the care recipient and their representatives. The initial and ongoing pain assessments are completed on entry to the home. The care plan is formulated from the information and is monitored by the registered nurse and medical officer to ensure the care recipients' pain needs are being met. The home has implemented a pain management program that identifies the care recipients in pain and allied health professionals including occupational therapists and physiotherapists are employed to oversee and implement strategies to ensure the pain needs of the care recipients are addressed. A review of documentation including care recipients' care plans shows pain management assessments are used to monitor pain, medications are regularly reviewed by the medical officer for effectiveness and appropriate referrals to health specialist including palliative care services are made as needed. Care recipients/representatives interviewed said staff ensure care recipients are as free as possible from pain.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

The home has a system to ensure the comfort and dignity of terminally ill care recipients is maintained. Care recipients are given the opportunity to document their terminal care wishes on entry to the home including the level of clinical intervention to be undertaken when required. Staff at the home receive education about managing the palliative care needs of care recipients and have access to appropriate health professionals for advice and assistance. Analgesia, as well as pressure mattresses and equipment such as heat packs are available to minimise care recipient distress and to ensure care recipients' comfort.

Pastoral care and spiritual support for care recipients, their representatives and staff is provided by the home. Care recipients/representative interviews indicate general satisfaction with the care and support provided.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home implements initial assessments of care recipients’ dietary requirements when they first move into the home including likes and dislikes, allergies and special diets which are provided to catering services for implementation. Care recipients are weighed regularly with results followed up and supplements provided if necessary. Vitamised meals, extra fluids, extra fibre and thickened fluids are provided as needed. Bowls of fresh fruit were observed in the dining rooms. Staff were observed assisting frail care recipients to eat meals in a quiet and dignified manner. Specialised drinking and eating aids are available and in use at the home. Care recipients’ food and fluid intake is monitored on charts when necessary. Care recipients interviewed state satisfaction with the meals provided at the home.

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

Policies and procedures demonstrate the home’s approach to ensuring that care recipients’ skin integrity is consistent with their general health. Skin care needs are regularly assessed, monitored, documented and evaluated on an initial and ongoing basis in consultation with the care recipients and representatives, medical officer and other health professionals where appropriate. Care staff can describe the process of identifying changes in skin integrity and the home assesses and evaluates wounds using computerised documented wound care charts and photographic records. The home has a range of strategies such as continence care including for the daily hygiene care of urinary catheter sites, dressing products and aids such as pressure relieving mattresses to assist in maintaining and promoting skin integrity.

Results of interviews with care recipients/representatives confirm they are satisfied with the maintenance and treatment of care recipients’ skin integrity and general health.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home can demonstrate that care recipients’ continence is managed effectively through measures taken to maintain optimal continence levels for each care recipient. The system includes individual continence assessments, the development of a care plan and toileting program if required, which is regularly reviewed and evaluated. Bowel management programs are in place and monitoring is via daily recording and reporting by care staff.

Evaluation of management strategies including basic care regimes for indwelling and supra pubic urinary catheters, scheduled toileting programs, the provision of continence aids and adequate fluids and fibre is undertaken. The registered nurses assess and monitor care recipients’ continence needs. The home has a range of continence care products and aids to assist in maintaining and promoting the optimal continence of care recipients. Care recipients/representatives interviewed reported satisfaction with the program, stating that the home manages care recipients’ continence 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

The home has systems to assess and manage care recipients who demonstrate behaviours of concern. The system includes initial and ongoing assessment of care recipients’ behavioural needs and the development of a care plan that documents strategies to address the behaviour. Episodes of behaviour of concern are recorded, monitored and evaluated to determine the effectiveness of strategies used and to identify the need for medical officer review or further interventions to be developed. We observed staff redirecting and diverting care recipients’ attention with the desired effect. Lifestyle and pastoral care staff are able to describe their role in supporting and redirecting care recipients demonstrating behaviour of concern. We noted the home to be calm and peaceful throughout the audit. Care recipients/representatives interviewed indicate their satisfaction with the manner in which care recipients with challenging behaviour are managed at the home.

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

The home ensures optimum levels of mobility and dexterity are achieved for all care recipients. The system includes initial and ongoing assessment of care recipients’ mobility, dexterity and rehabilitation needs, assessment/review by a contract physiotherapist and the development of a care plan and individual exercise regime if required. The physiotherapists, physiotherapy

assistants and care staff are involved in the delivery and evaluation of care recipients' mobility programs. The home's program includes passive/active exercises during activities of daily living, group exercise classes and individual one-on-one exercise programs with a focus on falls prevention. The care recipients have access to a fully equipped physiotherapy room and care recipients were observed using mobility aids and handrails suitably placed throughout the home. An accident and incident reporting system is also in place that includes analysis to identify trends and the implementation of strategies to reduce falls. Care recipients/representatives interviewed confirmed involvement in the mobility, dexterity and rehabilitation programs offered by the home.

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' clinical and care information confirm that each care recipient's oral and dental needs are assessed on entry to the home. Results of interviews with care recipients and representatives confirmed that care recipients' oral and dental health is maintained.

Management explained the organisation has a dental clinic on site and the care recipients are able to access the clinic via the home's bus through the appointment system. The oral and dental care plan identifies changes in care recipients' oral health needs and the changes are reported to the medical officer for consultation and treatment. Routine checking and replacing of toothbrush and toothpaste and storage of dentures is attended. Staff interviews demonstrate they are knowledgeable about the oral and dental care needs of care recipients and the level of assistance required maintaining oral hygiene.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

The home has systems to identify and effectively manage care recipients' sensory losses. A registered nurse oversees and monitors the sensory needs of the individual care recipient. A comprehensive assessment of care recipients' sensory needs are undertaken when moving into the home and when there is a change in the care recipient's condition. Medical and other related health personnel are involved as required and any changes to the care are documented in the care plans. Observation and review of care documentation and interview with the staff confirms care recipients' sensory needs are managed appropriately. Care recipients and representatives interviewed confirmed staff assist them with the maintenance of sensory aids as required.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

The home has implemented strategies to assist care recipients to achieve natural sleep patterns. A sleep assessment is conducted after entry to the home during the initial assessment period and needs are reassessed if there is a change to the care recipients’ care needs. Care plans are developed and reviewed and contain the individual comfort needs to assist with settling the care recipient at night. Strategies used include low lighting at night, reduced noise levels, type and number of pillows, offering a warm drink, appropriate continence management, one-to-one time and night sedation and/or pain medication if ordered by a medical officer. The home uses electronic sensor mats in the rooms of care recipients alerting staff of the care recipient being awake and unsettled. Staff confirm various ways in which they can assist care recipients to maintain a natural sleep pattern.

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 improvements for information about the home’s n

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Three and recent examples of this are listed below:

- In order to provide a greater level of emotional care the chaplaincy team decided to allocate a pastoral carer to each of the four levels of the home. The change will allow the pastoral carer to focus their attention on the care recipients residing in the specific floor and thereby build stronger relationships with them. The new method of visitation has been embraced by the pastoral team, lifestyle team and management and care recipients are pleased with the person centred, one-on-one visits from the chaplains or pastoral carers. An outcome of the change is that lifestyle staff are also allocated to each floor and they are now able to work alongside the chaplaincy staff member as a team, further enhancing the spiritual and emotional wellbeing of care recipients.
- Information obtained from consent forms, that notify a care recipient does not wish to have their photos displayed or name published in newsletter, was not easily accessible by the lifestyle team. To address this issue it was decided to request the administration coordinator to notify lifestyle staff when a consent form indicates particular requests about privacy or confidentiality. The information is then displayed in the lifestyle room, accessible only to designated staff. The outcome is that staff are now more aware of care recipients who do not wish their photos taken and are able to make sure they don’t create a life story with the information the care recipient wants to keep private.

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

The home’s systems for ensuring regulatory compliance, outlined in expected outcome 1.2 Regulatory compliance, encompass all four Accreditation Standards including Standard Three Care recipient lifestyle.

Examples of regulatory compliance related to Standard Three Care recipient lifestyle include;

- All care recipients are offered a resident agreement which complies with legislative requirements and was updated to reflect changes in fee structures that came into place in July 2014.
- Information is provided to care recipients/representatives in the resident handbook and other material regarding their rights and responsibilities including security of tenure and the care and services to be provided to them.
- The Charter of care recipients’ rights and responsibilities is displayed in the home and is included in the care recipient’s entry information pack.
- The home maintains records to ensure compliance with the compulsory reporting of elder abuse documentations requirements.

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 details about the home’s system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Recent education and training that management and staff attended relating to Accreditation Standard Three is listed below.

- The orientation program covering such topics as meaningful engagements in leisure activities and the organisation’s “Rhythm of life” approach,
- The in-service program covering such topics as: dementia and person centred language, and care recipients’ rights, choice and decision making,
- Recreation activity officers have completed the Certificate IV in Leisure and Lifestyle.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Care recipients' emotional status and needs are identified and supported. Discussions with care recipients and their representatives provide the home with information related to care recipient/representatives needs for emotional support. Staff introduce new care recipients to other care recipients with similar interests and/or backgrounds to provide a 'buddy' system and further support. Significant dates and times of grief and loss are noted and staff indicate an awareness of these times for the care recipients. Care recipients are provided with the support of a chaplain and pastoral carers to assist them to settle into the home and on to provide ongoing emotional support. Care recipients/representatives confirm the support provided by the staff of the home is appropriate and kind and meets the care recipients' needs and preferences.

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 achieve maximum independence, maintain their community friendships and continue to participate in the community within and outside the home.

Information is shared with families and visitors through newsletters, email invitations to representatives and the activities programs displayed on notice boards. Care recipients are supported to continue their memberships in the community by maintaining their access to local organisations and churches. Care recipients are also supported to remain on the electoral roll and to manage their financial affairs where possible. Breakfast is served as a buffet over a two hour period and care recipients are encouraged to serve themselves at a time that suits them. Care recipients/representatives confirm they are satisfied with the assistance provided by the home in relation to the supporting care recipients' 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

Staff recognises and respect each care recipient's privacy, dignity and confidentiality. Staff demonstrates an awareness of privacy and dignity issues in their daily practices, such as knocking before entering care recipient rooms and by using care recipients' preferred name. Staff respects care recipients' privacy by obtaining consent for the display and sharing of care recipient information and photographs. Confidential care recipient records are stored securely.

There are areas of the home where care recipients can be with their visitors in private and all care recipients are accommodated in single rooms with ensuites. Care recipients/representatives are satisfied the care recipients' right to privacy, dignity and confidentiality is recognised and respected.

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

Staff support care recipients to participate in a broad range of activities of interest to them. On entry to the home an assessment of care recipients' lifestyle is undertaken and a plan developed. The lifestyle leader and team of lifestyle carers assess and evaluate the activities program on a regular basis to ensure care recipients' preferences are met. Feedback is actively sought from care recipients as part of the evaluation of the activities, events and outings provided. The activities program includes health awareness education, games, concerts, dance tuition and a range of different outings and shopping trips. Care recipients/representatives expressed satisfaction with the activities and lifestyle program available at the home.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The individual interest, customs, beliefs, cultural and ethnic backgrounds of care recipients are valued and fostered within the home and by the staff. Care recipients are assessed and their needs identified as they enter the home. These needs are specified in the care recipients' care plan and considered by staff when delivering care. The chaplain and pastoral carers provide ongoing religious and spiritual support to all care recipients as needed and services by visiting clergy occur on a regular basis. Specific cultural activities are held according to care recipient's suggestions and care recipients/representatives provide feedback to staff regarding these activities informally and through care recipient meetings.

Care recipients and their representatives confirm they are satisfied the home values and fosters care recipients' individual interests, customs, beliefs and ethnic backgrounds.

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/representative participates in decisions about the services the care recipient receives, and is enabled to exercise choice and control over the care recipient's lifestyle while not infringing on the rights of others. Care recipients' personal preferences, needs and choices are identified on entry to the home, and reviewed regularly using a range of assessments, in consultation with care recipients/representatives. Information on care recipients' rights and responsibilities is displayed within the home. Care recipients are encouraged to participate in decisions about their care and the services provided by using processes such as surveys, care recipient meetings, family conferences and other feedback mechanisms. Care recipients/representatives are satisfied with their participation in decisions about the services provided and the effectiveness of the home's processes in enabling the care recipient to exercise choice regarding lifestyle.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has processes to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. On entry care recipients/representatives receive an information pack including a care recipient agreement, fees and charges information and a handbook. The care recipient agreement sets out the standard requirements under the relevant legislation, including security of tenure. The admissions coordinator discusses the information in the agreement with each care recipient/representative. The Charter of Care Recipients' Rights and Responsibilities is displayed in the home and is in the care recipient agreement. The home's policy is that prior to any relocation of care recipients within the home taking place there must be full consultation with care recipients/representatives. Care recipients/representatives indicated awareness of care recipients' rights and responsibilities and security of tenure at the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Four and recent examples of this are listed below.

- The organisation’s “Rhythm of life” strategy prompted a review of the way ARV responds to care recipients’ diverse food and dining needs. Since its inception the home has used the cook and chill method of catering where food is cooked at a central location, chilled, stored and delivered to the home and then re-heated before serving. A new “hybrid” concept is about to be launched involving both cook chill methods and a fresh cook process on site. Brian King Gardens servery staff have received initial training in the hybrid method and new equipment to enable on-site cooking and food preparation is about to be installed. The servery supervisor expects the hybrid method will substantially enhance care recipients’ food and dining experience.
- The home’s research shows that care recipients living with dementia demonstrate less behaviour of concern if given access to meaningful tasks. It was decided to create a space in the Everglades dementia specific unit to enable care recipients to participate in activities of daily living. One of the lounge areas was set up to incorporate an ironing board, stove, folding and drying area and cleaning items for care recipient use. Care staff were given training on how to utilise the area and encourage care recipients to be involved in the various activities. The experiment has been highly successful with care recipients actively participating in hanging out washing, folding clothing and attending cooking activities. Relatives commented the aroma of the cooking and the apparent feeling of being useful has added considerably to the comfort of the living environment.

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

The home’s systems for ensuring regulatory compliance, outlined in expected outcome 1.2 Regulatory compliance, encompass all four Accreditation Standards, including Standard Four Physical environment and safe systems.

As examples of regulatory requirements related to Standard Four Physical environment and safe systems include;

- A Work Health and Safety (WHS) consultative statement is in place and a trained WHS consultative committee is functioning in accordance with WHS legislation
- The home has also implemented various arrangements to ensure it meets food safety requirements such as those encompassed in the NSW Food Authority’s licensing and audit requirements.

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 details about the home’s system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Recent education and training that management and staff attended relating to Accreditation Standard Four is listed below.

- The induction program includes training in fire safety, infection control, manual handling, accident/incident reporting, and the maintenance system
- The in-service program covering topics such as: enabling environments, fire awareness and evacuation, manual handling, health and safety –risk- everyone’s responsibility
- All catering staff have attended food safety training.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home is actively working to provide a safe and comfortable environment to meet care recipients' needs. The home is a modern purpose-built facility that is tastefully decorated and furnished. Care recipients are accommodated on four levels in single rooms with ensuite facilities. There is a dementia specific unit providing secure accommodation. Care recipients' personal space allows for personal belongings, furniture and mementos. There is a communal dining area and lounge room on each level in addition to smaller sitting areas where care recipients and relatives can enjoy a more private atmosphere. Care recipients also have access to a well-appointed central facility on the ground floor that contains a café, lounge area, hairdressing salon, and chapel and activities room. Maintenance requests are responded to promptly and a planned preventative maintenance program is in place. Hand rails, mobility aids, lifting equipment and access to a nurse call system contribute to care recipients' safety. Internal temperatures are comfortably maintained with individual air conditioners in each room. Environmental audits are conducted and issues identified are addressed in a timely manner. Care recipients' and visitors were seen to be enjoying the internal communal areas and expressed satisfaction with the living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

There are effective mechanisms in operation to ensure management is actively working to provide a safe working environment that meets regulatory requirements. The home's safety system is monitored by its work health and safety committee. The safety system includes regular staff training (including manual handling), regular safety related audits and inspections, hazard reporting, accident and incident reporting and risk assessments. A recent audit of the home's WHS management systems provided information on the effectiveness of the system and minor areas for improvement. Incidents where staff are injured are investigated closely and strategies undertaken to minimise the risk. Staff interviewed are aware of their reporting responsibilities with regard to WHS and believe they work in a safe 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

Staff are aware of fire safety and other emergency procedures. There are emergency procedure manuals and evacuation instructions displayed throughout the building. The home

conducts fire safety and other emergency training. Where areas of improvement are identified, they are discussed during staff meetings and further training is provided, if necessary. Fire equipment is regularly maintained by external contractors and its location is marked clearly, visible, unobstructed with exit points lit and fire doors identified. Evacuation lists are accessible to staff which include details of care recipients' mobility status. There is a grab bag with emergency supplies and photo identification tags that is updated daily.

Chemicals are stored appropriately in locked areas. Current material safety data sheets are easily accessible by staff in chemical storage areas.

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 infection control program at the home includes policies and procedures, education, and monitoring of infection rates under the joint coordination of the management team. The incidence of infections is monitored and regular clinical and environmental audits occur including temperature control checks. Summary reports are collated and this information is used to compare infections against previous periods. Infection control education is provided as part of the annual mandatory training and is included in the induction program for new staff. Guidelines on the management of outbreaks such as gastroenteritis and influenza are accessible and staff demonstrate they have the appropriate levels of knowledge to minimise the risk of infection spread. Outbreak kits, spill kits and sharps containers, personal protective clothing and equipment, and hand hygiene facilities are available throughout the home and there are processes for the disposal of contaminated waste. Catering staff comply with food safety guidelines and cleaning staff use a system of coloured cloths and mops to ensure infection prevention.

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

The home has implemented policies, procedures and appropriate arrangements to ensure hospitality services are provided in a way that enhances care recipients' quality of life and the staff's working environment. The hospitality services are subject to regular monitoring and audits to ensure they are operating at desired levels. The catering system ensures care recipients' preferences are taken into account in the food planning process and appropriate choices and alternatives are offered. Care recipients/representatives have input into menus through surveys, care recipient meetings, feedback directly to staff and other communication. We noted the cleaning system is organised and effective, with common areas and each care recipient's room being cleaned regularly. Laundry services are provided effectively, with care recipients' personal items being washed and returned to their owner within a reasonable turnaround time. The home provides a labelling system for care recipients' clothing. Care recipients/representatives expressed overall satisfaction with the way in which the home provides catering, cleaning and laundry services.