



Australian Government

Australian Aged Care Quality Agency

Brother Alberts Home

RACS ID 0110
116 Quakers Rd
MARAYONG NSW 2148

Approved provider: Holy Family Services

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 24 June 2018.

We made our decision on 12 May 2015.

The audit was conducted on 13 April 2015 to 16 April 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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Brother Alberts Home 0110

Approved provider: Holy Family Services

Introduction

This is the report of a re-accreditation audit from 13 April 2015 to 16 April 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 13 April 2015 to 16 April 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

Team leader:	Greg Foley
Team member/s:	Helen Ledwidge

Approved provider details

Approved provider:	Holy Family Services
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Details of home

Name of home:	Brother Alberts Home
RACS ID:	0110

Total number of allocated places:	90
Number of care recipients during audit:	82
Number of care recipients receiving high care during audit:	76
Special needs catered for:	Dementia and culturally specific - Polish

Street/PO Box:	116 Quakers Rd
City/Town:	MARAYONG
State:	NSW
Postcode:	2148
Phone number:	02 9678 8200
Facsimile:	02 9678 8299
E-mail address:	holykev@bigpond.net.au

Audit trail

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

Interviews

Category	Number
Chief executive officer	1
Executive director of care	1
Deputy executive director of care	1
Care services support coordinator	1
Medical practitioners	2
Registered nurses	5
Care staff	6
Remedial therapist	1
Human resources manager	1
Administration staff	1
Lifestyle and leisure staff	2
Volunteers	1
Residents	21
Representatives	6
Maintenance/information technology manager	1
Nurse educator/infection control coordinator	1
Training and education coordinator/fire safety officer	1
Hotel services manager	1
Food quality controller/dietician	1
Cleaning/laundry consultant	1
Laundry staff	2
Cleaning staff	2
Work health and safety coordinator	1

Sampled documents

Category	Number
Resident files	10
Personnel files	4
Service /supplier agreements	9

Other documents reviewed

The team also reviewed:

- Accident/incident reports, incident data and evaluation
- Activities program, records and individual lifestyle assessments and care plans
- Archive register
- Asset register
- Audit schedule, records and reports
- Cleaning schedule, checklists, request forms and standard operating procedures
- Clinical care documentation including assessments, advance care plans; family conferences, medical specialist and allied health referrals and reports, management of behaviour, continence, specialised nursing care, nutrition and hydration, oral and dental care, pain, palliative care, sensory loss, sleep and wound care
- Communication books, diaries and handover sheets
- Complaints register and compliments register
- Compulsory reporting register
- Consent forms for the collection and handling of personal information
- Continuous improvement plan
- Contractor handbook
- Disaster management plan
- Education program and attendance records
- Fire safety inspection reports
- Food safety program and records
- Infection control manual, infection surveillance data, infectious outbreak and vaccination records

- Internet website
- Laundry manual, schedule and cleaning checklist
- Maintenance books
- Manual handling handbook
- Medical practitioner and allied health professional communication folders
- Medication administration, monitoring, disposal and storage documentation
- Meeting schedule and meeting minutes
- Memos
- Mission handbook and mission induction
- Newsletters
- Orientation program and records
- Physiotherapy, manual handling and restraint documentation
- Planned preventative maintenance program and service reports
- Police certificate register
- Policies and procedures
- Position descriptions and duties lists
- Re-accreditation self-assessment
- Record of professional registrations
- Register of external service providers and suppliers
- Regulatory compliance manual and register
- Resident information/admission pack
- Resident survey
- Resident/relative handbook
- Residential care service agreement
- Skills competency assessment records
- Staff appraisal register
- Staff handbook
- Staff roster

Observations

The team observed the following:

- Activities in progress and leisure equipment and resources
- Amenities available such as: chapel, café, cinema, library, community hall, hairdressing salon
- Annual fire safety statement on display
- Archives
- Australian Aged Care Quality Agency re-accreditation audit notice displayed
- Charter of care recipients' rights and responsibilities on display
- Complaints/feedback forms, brochures, notices and suggestion boxes
- Emergency evacuation kits
- Equipment and supply storage areas
- Firefighting equipment, warning system, signage and evacuation plans displayed
- Infection control resources and signage
- Interactions between staff and residents
- Internal and external living environment
- Lunch and beverage services with staff assistance
- Manual handling and mobility equipment in use and in storage
- Medication round, storage and administration
- Mission and values on display
- Notice boards for residents and staff including activities program and menu on display
- NSW Food Authority licence
- Palliative care kit
- Resident and visitors sign in and out register
- Resident call bell system
- Secure storage of resident information
- Security systems
- Staff work areas

- Staff work practices and handover
- Visiting medical practitioners

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

A quality management system is in place and the home is actively pursuing continuous improvement. Areas for improvement are identified through input from all stakeholders using mechanisms that include: suggestion forms, regular meetings, feedback mechanisms, a program of audits and surveys, and analysis of monitoring data. All opportunities for improvement that are identified are recorded on a continuous improvement plan that enables the planning, implementation and evaluation of the improvements. This process is coordinated by a continuous quality improvement committee and is reviewed on an ongoing basis by the executive committee. Residents/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. They say management is responsive to suggestions and they are consulted and kept informed about improvements at the home.

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

- Management accessed an online aged care training subscription package in 2014. Staff were trained in the use of the package and learning plans were developed for each designation of staff. The new package provides a greater range of topics than previous resources. It allows management to monitor the participation of staff and complements the other aspects of the education program. It has improved the access to training and there has been positive feedback from staff.
- At the suggestion of staff annual mandatory training has been reorganised so that it is delivered separately for each department. This has resulted in the training being better targeted to the needs of the particular roles. Evaluation of the training shows the staff are pleased with the change and are more engaged in the training.
- Due to the limited access for staff entering and moving throughout the home they were using one of the residential wings as a thoroughfare. Management reviewed the external access and provided increased access with the use of swipe cards. Staff are now able to access the different parts of the home without having to go through the residential wing. This has resulted in less disturbance for residents and with less people moving through the area it has improved infection control.

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 identifies all relevant legislation, regulatory requirements, professional standards and guidelines through information forwarded by government departments, peak industry bodies and other aged care and health industry organisations. This information is disseminated to staff through updated policies and procedures, regular meetings, memos and ongoing training. Relevant information is disseminated to residents/representatives through residents’ meetings, newsletters, notices on display in the home and personal correspondence. Adherence to these requirements is monitored through the home’s continuous quality improvement system, which includes audits conducted internally and by external bodies. Staff practices are monitored regularly to ensure compliance with regulatory requirements.

The home is able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard One:

- Police certificates are obtained for all staff.
- Contracts with external service providers confirm their responsibilities under relevant legislation, regulatory requirements and professional standards, and include police certificates for contractors visiting the home.
- There is a system for the secure storage, archiving and destruction of personal information in accordance with privacy legislation and regulations relating to residents’ records.
- Residents/representatives were informed of the re-accreditation site audit.

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

There is a system to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. The recruitment process identifies the knowledge, skills and education required for each position and there is a comprehensive orientation program for all new staff. There is an education program, including topics covering the four Accreditation Standards, which is developed with reference to training needs analysis, performance appraisals, regulatory requirements, staff input and management assessments. All staff are required to attend mandatory training on key topics annually. The program also includes in-service training by senior staff, training by visiting trainers and suppliers, on-line training, on the job training, self-directed learning, and access to external training and courses. Records of

attendance at training are maintained, the training is evaluated and the effectiveness of the training is monitored through performance appraisals and competency assessments.

Management and staff interviewed report they are supported to attend relevant internal and external education and training. Residents/representatives interviewed are satisfied the staff have the skills and knowledge to perform their roles effectively.

Education and training relating to Accreditation Standard One included such topics as the mission and values of the organisation; code of conduct; accreditation; structure of the organisation; communication; and documentation and reporting.

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

Residents/representatives are informed of internal and external complaint mechanisms through the resident handbook, discussion during orientation to the home, notices and at residents' meetings. Forms for comments and complaints are available throughout the home and brochures about an external complaint mechanism and an advocacy service are also available. Management maintains a log of all complaints and we noted issues raised are addressed in a timely manner to the satisfaction of complainants. Residents/representatives can also raise concerns and identify opportunities for improvement through resident meetings, satisfaction surveys and speaking directly with staff or management.

Residents/representatives say they are aware of how to make a comment or complaint and feel confident 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 mission, values, philosophy and commitment to quality are well documented and on display in the home. They are also available to all residents/representatives, staff and other stakeholders in a variety of documents used in the home. Mission and values are an integral part of the orientation program and all staff are required to abide by a code of conduct that is aimed at upholding the rights of residents and the home's mission, values and commitment to quality. Feedback from residents/representatives and staff and observations of staff interaction with residents demonstrated the mission and values of the home underpin the care provided to residents.

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

Management has systems to ensure there are appropriately skilled and qualified staff to meet the needs of the residents. New staff are screened through the recruitment process to ensure they have the required skills, experience, knowledge and qualifications for their roles. The orientation and education program, outlined in expected outcome 1.3 Education and staff development provide the staff with further opportunities to enhance their knowledge and skills. There are position descriptions for all roles and policies and procedures provide guidelines for all staff. The staffing mix and levels are determined with reference to residents' needs, a range of clinical monitoring data and feedback from staff and residents/representatives. Relief staff are drawn from existing permanent and casual staff to ensure any vacancies that arise in the roster are filled. The performance of staff is monitored through annual appraisals, competency assessments, meetings, audits, the feedback mechanisms of the home and ongoing observations by management. Staff interviewed said they have sufficient time to complete their designated tasks and meet residents' needs.

Residents/representatives report their satisfaction with the care provided by the staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home demonstrated it has a system to ensure the availability of stocks of appropriate goods and equipment for quality service delivery. There are processes to identify the need to re-order goods, address concerns about poor quality goods, maintain equipment in safe working order and replace equipment. The home enters into service agreements with approved suppliers and responsibility for ordering goods is delegated to key personnel in each department. Maintenance records show equipment is serviced in accordance with a regular schedule and reactive work is completed in a timely manner. The system is overseen by management and monitored through regular audits, surveys, meetings and the feedback mechanisms of the home. We observed adequate supplies of goods and equipment available for the provision of care, to support residents' lifestyle choices and for all hospitality services. Staff confirm they have sufficient stocks of appropriate goods and equipment to care for residents and are aware of procedures to obtain additional supplies when needed.

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

There are information management systems to provide management and staff with information to perform their roles effectively and keep residents/representatives well informed. Assessments and clinical care notes, which are regularly reviewed, provide the necessary information for effective care. Policy and procedure manuals, position descriptions, duties lists and work schedules clearly outline correct work practices and responsibilities for staff. Residents/representatives receive information when they come to the home and through meetings, case conferencing, newsletters and correspondence.

Mechanisms for communication between and amongst management and staff include meetings, memos, communication books, handover sheets, feedback and reporting forms, newsletters and noticeboards. Electronic records are password protected and regularly backed up. All personal information is collected and stored securely and there are procedures for archiving and disposing of documents in accordance with privacy legislation. Staff and residents/representatives report they are kept well informed and consulted about matters that impact on them.

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 is a system to ensure all externally sourced services are provided in a way that meets the home's needs and service quality goals. Service agreements are entered into with contractors for the provision of services and all external service providers are required to have current licences, insurance and comply with relevant legislation and regulatory requirements. There are schedules for all routine maintenance work to be undertaken by contractors and there is a list of approved service providers who are used on a needs basis. Residents are able to access external services such as hairdressing, podiatry and other allied health professionals. The services provided are monitored by management through regular evaluations, audits and the feedback mechanisms of the home and there is a system for managing non-conformance of service providers. Residents/representatives, staff and management interviewed say they are satisfied with the external services provided.

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 Health and personal care and recent examples of this are listed below:

- Due to an increasing demand for palliative care one registered nurse was appointed a palliative care champion. She completed a Diploma of palliative care and her hours were increased from part time to full time duties. In addition arrangements were made with a nurse consultant from the local health district to be available for consultation and provide education for staff and residents/representatives. This has resulted in improved resources for palliative care.
- Following feedback from staff regarding wound odour the care committee researched solutions for the problem. The practice of managing wounds was updated with new products being sourced and the frequency of dressings changed. This resulted in a marked reduction in wound odour and improved outcomes for residents.
- Residents/representatives complained residents were fasting for extended lengths of time when they needed blood tests, due to the late collection by the pathology staff. Management discussed the matter with the pathologist and arranged for the early pick up of blood samples. Residents are now not being inconvenienced by late collections.

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 details about the home’s system for ensuring compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

The home is able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard Two:

- A record is kept of the current registration of registered nurses and other health care professionals.
- Medications are administered safely and correctly in accordance with current regulations and guidelines.
- Government and industry body resources are available to management and staff on topics relating to health and personal care.
- The home meets the requirements in relation to the Quality of Care Principles 2014 for the provision of care and specified services for residents. Residents are advised of scheduled services in the resident agreement and handbook.
- The home has a policy and procedures for the notification of unexplained absences of residents and maintains a register for recording these incidents.

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

Education and training relating to Accreditation Standard Two included such topics as pain management, continence management, medication administration, palliative care, monitoring blood glucose levels, dementia care, behaviour management, and sleep disorders.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents receive clinical care that is appropriate to their individual needs and preferences. There is an ongoing review and evaluation system for identifying, communicating and managing residents’ health and personal care needs. Processes include an assessment of each resident by medical, nursing, health and safety coordinator (mobility and dexterity), recreational activities and pastoral care staff on entry to the home in consultation with the resident and/or their representative. The information is used to develop individual care plans which are reviewed regularly and as required in consultation with residents and their representatives (if appropriate). Staff provide care consistent with documented care plans and monitor residents’ clinical outcomes using data from a comprehensive range of avenues and a program of audits. Management monitors staff performance for competence and compliance in relation to the home’s processes and procedures. Residents/representatives are satisfied with the extent of consultation and the clinical care provided to residents.

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

Residents’ specialised nursing care needs are identified, met and reviewed by appropriately qualified nursing staff. The home has policies and procedures relating to specialised nursing care and a system of assessment and monitoring to ensure appropriate management of residents’ specialised nursing care needs. Specialised care currently includes management of residents who require wound care, bowel and colostomy management, management of residents with insulin dependent diabetes, pain, urinary catheters and residents with swallowing difficulties. Medical and nursing staff refer residents to appropriate specialists and health professionals as necessary. Residents/representatives are satisfied the specialised nursing care needs of the resident are identified and met by appropriately qualified nursing 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

Resident interviews and clinical notes indicate residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences when necessary. If required, staff assist by obtaining referrals in consultation with the resident’s medical practitioner and arranging appointments with health care specialists. All residents have access to visiting on-site podiatry, optometry, audiology and dental services and the home employs a part time dietician. Residents are accompanied by family, friends or staff to appointments.

Resident interviews and clinical records show they have accessed medical and other specialist services including dietetics, physiotherapy, podiatry, pharmacist, speech pathology, mental health and pathology services. Specialist recommendations are communicated to relevant staff through written communication systems, staff handover discussions and clinical records documentation. Staff update care plans and implement changes to care resulting from specialist referrals. Residents/representatives are satisfied referrals to appropriate health specialists are in accordance with the resident's 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

Residents' medication is managed safely and correctly by using systems to ensure medication orders are current, residents' medications are reviewed and the medication management system is monitored. Medication audits are conducted, medication incidents are reviewed, and corrective action is taken as required. A medication advisory committee monitors and provides advice on the performance of the home's medication management system and a clinical pharmacist conducts regular medication reviews on individual residents. The supplying pharmacist provides regular deliveries and an after-hours service. Medications are administered via a blister pack system, are stored, administered and disposed of safely and in accordance with regulatory requirements. Registered nurses and suitably qualified staff administer medications and competency assessments are conducted regularly. Residents/representatives are satisfied residents' medication is managed safely and correctly.

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

All residents are as free as possible from pain. The home has systems which include initial and ongoing assessment of each resident's pain. The effectiveness of residents' pain management is regularly reviewed by the resident's medical practitioner and the home's registered nurses and referrals provide access to pain specialists and other health professionals as needed. A pain management care plan is developed in consultation with care team members, the resident and their authorised representative (if required) to reflect individual requirements. Pain management audits are conducted and staff monitor and evaluate interventions to manage residents' pain effectively. The staff's approach to managing pain includes attention to clinical, emotional and spiritual needs to minimise and complement medication for pain relief. Staff use a range of pain management strategies including assisting residents with movement and repositioning, massage, using pressure relieving equipment and providing medication as prescribed. Residents/representatives are satisfied the resident's pain is managed effectively and in a timely manner.

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

There are systems to ensure the comfort and dignity of terminally ill residents is maintained and emotional support is provided to the resident. A designated registered nurse provides leadership in palliative care and twenty four hour on-site pastoral care support is also available to assist staff in providing emotional support to residents. Visiting hours are unlimited and representatives may stay overnight with the resident if they wish. Wishes in relation to end of life care are sought from the resident or their authorised representative at the time of entry through the assessment process and through ongoing consultation. There is a supportive environment for residents, representatives and staff. Residents remain in the home whenever possible in accordance with their preferences. The home’s staff and the residents’ medical practitioner provide end of life care with support as needed from external health professionals including palliative care specialists. Residents/representatives are satisfied with the high standard of care and compassion shown by staff toward the resident receiving end of life care.

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

Residents receive adequate nourishment and hydration. The home’s systems include initial and regular ongoing assessment and monitoring of residents’ nutritional status in consultation with the resident or representative (if appropriate). Staff record each resident’s requirements concerning nutrition and hydration, their allergies, dietary preferences, swallowing difficulties and feeding assistance needs on entry to the home and on an ongoing basis. Special diets, thickened fluids and dietary supplements are provided as necessary.

Residents are reviewed regularly by the home’s dietitian and arrangements are made for review by a speech pathologist if required. Staff promote adequate food and fluid intake, supervise and assist residents with their meals as necessary. Staff monitor each resident’s dietary intake and identify significant weight changes through regular monitoring of weights and residents who are not eating well or are losing weight are referred to their medical practitioner. Residents/representatives are satisfied the resident receives adequate nourishment and hydration.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Residents’ skin integrity is consistent with their general health and this outcome is achieved through the home’s system of assessment, interventions and reporting requirements. Staff assess residents’ skin on entry to the home and on an ongoing basis and develop care plans in consultation with the resident and their representative (if appropriate). Staff use mechanisms such as audits, skin checks and documentation of skin care to monitor, maintain and improve skin integrity. A designated registered nurse provides leadership in skin care management and oversees management of resident wounds. Staff attend to residents’ specific skin, hygiene, nutrition, hydration, continence and repositioning needs.

Staff document required treatments such as wound care and use protective strategies and pressure relieving equipment as necessary. A visiting podiatrist attends to the foot care needs of residents in accordance with resident wishes. Referrals to specialists are arranged when necessary. Residents/representatives are satisfied the resident’s skin integrity is consistent with the resident’s 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

Staff manage residents’ continence effectively which includes assessing residents’ bladder and bowel management needs and continence needs on entry to the home and on an ongoing basis. Staff document individualised continence management information and there is a system used by staff to assist residents with their continence needs and to provide continence aids. The home has a designated registered nurse coordinator who liaises with the continence aid provider to ensure continence aids match individual resident needs and to provide education to staff. Clinical documentation indicates residents’ continence needs are subject to regular and ongoing review in consultation with the resident and their representative (if appropriate). Staff have processes to promote continence, to prevent and treat constipation and to monitor for urinary tract infections. Referrals to medical specialists and other health professionals are arranged in consultation with the resident’s medical practitioner. Residents/representatives are satisfied with the resident’s continence management.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The needs of residents with challenging behaviours are managed effectively. Staff perform initial and ongoing assessments to identify residents’ behaviour management needs, triggers

and strategies, and develop and implement care plans in consultation with the resident or their representative (if appropriate). Audits are conducted of incidents and staff monitor the effectiveness of strategies, review the care plan regularly and make changes as required.

Staff arrange referrals in consultation with the resident's medical practitioner to medical specialists such as geriatricians and psycho-geriatricians and referrals to specialist health teams have included the local Specialist Mental Health Services for Older People (SMHSOP) and the Dementia Behaviour Management Advisory Service (DBMAS). Polish speaking staff are available on each shift to meet the needs of the many residents whose first language is Polish. The home has a secure twenty place unit to cater for the special needs of residents diagnosed with dementia. Documented strategies are implemented to provide a calm, safe environment. Residents/representatives are satisfied the home has systems and processes to effectively identify and manage residents with 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

All residents are assisted to achieve optimum levels of mobility and dexterity. The home has systems to assess, manage and evaluate residents' mobility on entry to the home and on an ongoing basis to achieve optimum levels of mobility and dexterity. The home's registered nurses and health and safety coordinator/manual handling instructor, assess each resident's mobility status and falls risk on entry. Changes in mobility, and falls are followed up by the resident's medical practitioner and the consultant physiotherapist who visits regularly and also develops group and individual exercise programs for residents. Exercise programs are implemented by the home's remedial therapists and care staff supported by the health and safety coordinator. The resident's manual handling needs, mobility and dexterity aids, falls risk and prevention strategies are identified, documented and reviewed regularly in consultation with the resident or their representative (if appropriate) as part of the care planning process. Staff have been provided with education on manual handling and the home has falls prevention strategies such as regular exercise classes, floor level beds and the use of monitoring devices for residents such as bed/chair sensors.

Residents/representatives are satisfied with the efforts made by staff to maintain the resident's mobility.

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

Residents' oral and dental health is maintained. The home has a system for the initial and ongoing assessment, management and evaluation of residents to maintain their oral and dental health. This includes making arrangements for referral to a specialist or dentist or for further assessment and treatment if needed. Staff arrange for dental services to be provided on-site, visits to external dentists are arranged in accordance with resident preferences and review by a visiting speech therapist is also available. Staff assess residents' oral hygiene needs and document in care plans which are reviewed regularly in consultation with the

resident or representative (if appropriate). Staff assist residents to maintain oral hygiene and residents are provided with oral and dental care supplies as needed. Residents/representatives are satisfied the resident's 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

Residents' sensory losses are identified and managed effectively using systems to assess, monitor and evaluate management of residents' sensory losses. Residents' sight and hearing are assessed on entry and staff document residents' sensory abilities and management in their clinical records and care plans. Residents' sense of taste and smell are stimulated through the catering service and recreational activities. Residents have accessed ophthalmology and optometry and audiology services are provided regularly on site for residents. Staff provide residents with support and assistance to adjust to life with sensory loss and assist residents in the care and maintenance of visual and auditory aids. The home's activities program caters to the needs of residents who have sensory losses.

Residents/representatives are satisfied the resident's 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

Residents are supported to achieve their natural sleep patterns. Residents' sleep patterns are assessed on entry to the home and on an ongoing basis. This includes the resident's preferred sleeping times and routines. The resident's sleep needs, preferences and strategies to assist residents with sleep are documented and reviewed as needed by staff in consultation with the resident or their representative (if appropriate). Staff identify and address barriers to natural sleep including pain, continence needs and hunger when planning care. Care staff provide sedation as prescribed and alternatives to medication such as offering a light supper to assist residents to sleep. Reduced noise, comfortable room temperature and bedding and other environmental factors are also considered to assist residents achieve natural sleep. The pastoral care team are also available to provide spiritual preparation to sleep. Residents/representatives are satisfied with the support provided by staff to facilitate the resident's sleep.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

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

- With the anticipated retirement of one of the recreational activities officers, management reviewed the staffing of leisure activities. In response the hours for recreational activities officers have been increased and a new full time position created. Two carers have been appointed and trained for the role. This has resulted in an expanded lifestyle program and meets the needs of succession planning for activities staff.
- Some residents suggested having an activity like a ‘theatre restaurant’. In response a weekly concert has been established. It provides an afternoon activity and is held in the community hall using a Pianola and with food and drink provided. It is popular with the residents and well attended.
- Lifestyle staff had been running errands for residents using their own cars in their own time. Since there was a genuine need and in fairness to the staff management purchased a small car for staff to use to run errands and do shopping for residents. This has resulted in better management of the process and improved service to residents.

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 details about the home’s system for ensuring compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

The home is able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard Three:

- Information is provided to residents/representatives in the resident handbook and the resident agreement regarding residents’ 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 included in the resident handbook and displayed in the home.
- Staff are trained in residents’ rights and responsibilities in their orientation program and follow a code of conduct. They also sign a confidentiality agreement to ensure residents’ rights to privacy and confidentiality are respected.
- The home has a policy and procedures for the mandatory reporting of alleged and suspected assaults and maintains a register of these incidents.
- Training has been provided for staff on the mandatory reporting of elder abuse.

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.

Education and training relating to Accreditation Standard Three included such topics as person centred care; privacy, dignity and confidentiality; customer service; resident rights; depression in the elderly; activities for those living with dementia; compulsory training on elder abuse and mandatory reporting; and a workshop on leisure activities in aged care.

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

Residents receive support in adjusting to life in the new environment and on an ongoing basis. There are systems to ensure each resident receives initial emotional support through the pre-entry and entry processes and thereafter. The pastoral care team and recreational activities officers (RAOs) are actively engaged in supporting new residents. Residents are provided with an information handbook and brochures, their individual needs are assessed and care is planned and evaluated in close consultation with the resident and/or their representative. Staff welcome visiting families and friends and residents are encouraged to bring in personal items and photographs to help create a homelike atmosphere. Staff provide residents with emotional support, such as the provision of one-to-one interaction by the RAOs and care staff and a Polish-speaking staff member is available on each shift to support the many Polish speaking residents. Residents/representatives are satisfied with the ways in which staff provide information prior to entry, assist the resident to adjust to life within the home and for their ongoing emotional support.

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

Documentation, staff practices and resident feedback confirms residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Residents' preferences in relation to a range of activities of daily living and lifestyle are identified and documented and information about the daily menu and activities is displayed (in English and Polish language) in communal areas to facilitate independence. Residents have input into decision-making in relation to personal care, lifestyle and health care choices through family conferences and various feedback mechanisms. Staff encourage and assist residents to achieve maximum independence through the exercise and activities programs. Telephone connections are available to allow independent communication and arrangements are made for residents to vote in elections on site. The home welcomes visits from resident representatives, volunteers and community groups and residents participate in life outside the home if able. Residents/representatives are satisfied with the assistance provided to achieve maximum resident independence, maintain friendships and participate in the life of the community within and outside the home.

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 recognise and respect each resident's privacy, dignity and confidentiality. Staff sign confidentiality agreements on commencement and confidential resident records are stored securely. Residents sign consent relating to disclosure of personal information. Staff demonstrated an awareness of privacy and dignity considerations in their daily practices, such as addressing residents by their preferred names, knocking on doors prior to entering rooms and by their demeanour in daily interactions with residents. All residents have a single room with en-suite and the home also has quiet rooms available for private conversations with family, residents or visitors. The Charter of care recipients' rights and responsibilities is displayed in the home (in English and Polish language) and included in the documentation provided to new residents. Residents' end of life wishes including cultural and religious requirements are discussed and documented on entry and on an ongoing basis at family conferences. Residents/representatives are satisfied the resident's 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

The home has systems to encourage and support residents to participate in a range of activities of interest to them. On entry to the home, residents/representatives are consulted in relation to the resident's past and current leisure interests and activities. Residents' communication, functional and cognitive abilities are assessed and documented on entry and on an ongoing basis and activities match residents' interests and abilities. A monthly activities program is developed for each wing of the home to match the interests and capabilities of residents and activities staff in the dementia care wing work until the early evening to settle residents. The programs are displayed (in English and Polish language) and special activities are included in the home's regular newsletter. The program is evaluated regularly and modified in response to attendance and ongoing resident feedback. Popular activities currently include singing and other musical activities, happy hour, birthday celebrations, sessions about travel, cooking, craft, bocce, barbecues, chair dancing and walking outdoors when the weather permits. Residents/representatives are satisfied resident participation is encouraged and supported and the activities offered by the home are of interest to the resident.

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 interests, customs, beliefs and cultural and ethnic backgrounds of residents are valued and fostered. Management and staff ensure residents' cultural and spiritual customs, beliefs and preferences are recognised and valued. Residents' needs and preferences are identified on entry and care plans are developed and reviewed regularly. Cultural days of interest to the residents are included in the program and special dates of cultural significance of current residents are observed such as Easter, Christmas, Valentine's Day, Mother's Day, Father's Day and Grandparents Day. Church services are conducted (English and Polish language) regularly in the chapel and residents of all denominations are welcome. Chaplains of any denomination can also be contacted to visit residents individually when requested. The pastoral care staff visit residents who are hospitalised.

Residents/representatives confirmed the cultural and spiritual needs of the resident are recognised and supported.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Each resident or their representative participates in decisions about the services the resident receives, and is enabled to exercise choice and control over the resident's lifestyle while not infringing on the rights of other residents. Residents' personal preferences, needs and choices are identified on entry to the home and reviewed using a range of assessments and consultation with health care professionals, residents and/or their representatives. A resident's right to participate in activities which may involve a degree of risk is respected and residents/authorised representatives may give signed consent to continue with activities that pose a risk to the resident. The resident handbook outlines the services provided and avenues for making suggestions and complaints. Information on residents' rights and responsibilities is provided to residents on entry and the Charter of care recipients' rights and responsibilities is displayed in the home. Residents or their representative (if appropriate) are encouraged to participate in decisions about the activities offered, the resident's care and the services provided by using processes such as surveys, resident meetings, family conferences and other feedback mechanisms. Residents and resident representatives are satisfied with their participation in decisions about the services the resident receives and the effectiveness of the home's processes in enabling the resident to exercise choice regarding their 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

All residents/representatives are provided with an information pack prior to coming to the home which outlines the rights and responsibilities of the resident. This includes a resident handbook which gives detailed information about all aspects of life at the home. These matters are discussed with the resident/representative prior to moving into the home. The home's mission statement and the Charter of care recipients' rights and responsibilities are included in the admission pack and resident handbook and are clearly displayed in the home. All residents/representatives are provided with an agreement on entry to the home. The residential care service agreement includes information for residents about their rights and responsibilities, complaints handling, fees and charges, care and services provided, their security of tenure and the process for the termination of the agreement.

Residents/representatives are aware of residents' rights and are satisfied they are being upheld.

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 Physical environment and safe systems and recent examples of this are listed below:

- Following the incidence of some residents having Methicillin-resistant Staphylococcus aureus (MRSA) infection management engaged an infection control consultant to conduct a full audit of the home’s infection control system. The audit found the MRSA was being managed effectively and also made some recommendations for improvements. These improvements were implemented to ensure the home’s processes are in line with best practice.
- In response to an incident with a lifter a review of the lifting equipment was conducted. As a result new lifters were purchased and a new policy for the replacement of lifters was introduced. All lifters are now to be replaced every two years while they are within their warranty period. Staff were also trained in the use of the new equipment. The new process is to guarantee the integrity of the equipment and ensure the safety of residents and staff.
- Due to a lack of formal processes for communication between care staff and cleaning staff requests for additional cleaning were being lost. A new cleaning request form was introduced at the cleaner’s rooms so care staff could alert cleaning staff to any special cleaning needs that arise. This has resulted in better communication amongst staff and more effective cleaning.

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 details about the home’s system for ensuring compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

The home is able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard Four:

- Fire safety equipment is being inspected, tested and maintained in accordance with fire safety regulations, staff have fulfilled the mandatory fire awareness and evacuation training and the annual fire safety statement is on display in the home.
- The home has a disaster management plan in accordance with the NSW Healthplan as required for all hospitals and health care facilities.
- The home has a NSW Food Authority licence as required by the Vulnerable Persons Food Safety Scheme and the home has a food safety program.
- Safety data sheets (SDS) are displayed adjacent to the chemicals to which they refer.
- The home has developed a work health and safety management system in line with the Work health and safety regulations.

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.

Education and training relating to Accreditation Standard Four included such topics as fire safety and evacuation; infection control; outbreak management; manual handling; training in safe chemical handling by the chemical supplier; work, health and safety; incident reporting; risk assessments; use of new equipment; cleaning procedures; and food safety.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe and comfortable environment consistent with residents' care needs. The home has three different wings, including a secure wing for residents living with dementia and is collocated with a home catering for residents with higher care needs. All residents are accommodated in individual rooms with ensuite bathrooms and residents have personalised their own rooms. There are a number of communal areas and lounge rooms as well as courtyards and gardens for each area. The living environment is clean, well furnished, well lit, free of clutter and maintained at a comfortable temperature.

The buildings and grounds are well maintained with a program of preventative and routine maintenance. The safety and comfort of the living environment is monitored through environmental inspections, resident/representative feedback, incident/accident reports, audits and observation by staff. Residents/representatives interviewed are satisfied with the safety and comfort of the living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management has a system to provide a safe working environment that meets regulatory requirements. Work health and safety at the home is overseen by a work health and safety coordinator along with a health and safety team and staff work health and safety representatives. Matters relating to work health and safety are discussed at all staff and management meetings. All staff are trained in manual handling, work health and safety and fire awareness and evacuation procedures during their orientation and on an on-going basis. Equipment is available for use by staff to support safe work practice, minimise risks and assist with manual handling. There is a maintenance program to ensure the working environment and all equipment are safe. The home monitors the working environment and the work health and safety of staff through regular audits, risk and hazard assessments, incident and accident reporting and daily observations by management and staff. The staff show they have a knowledge and understanding of safe work practices and were observed carrying them out.

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

There is a system to provide an environment and safe systems of work that minimise fire, security and emergency risks. Trained fire safety officers oversee fire safety at the home and all staff take part in mandatory training in fire awareness and evacuation procedures. The home is fitted with appropriate firefighting equipment and warning systems and external contractor records and equipment tagging confirms the fire safety systems are regularly inspected and maintained. The current annual fire safety statement is on display and emergency flipcharts and evacuation plans are located throughout the home. There is a disaster management plan for the site and emergency evacuation kits in each wing. Security is maintained with a surveillance system, security lighting and lock-up procedure at night.

The systems to minimise fire, security and emergency risks are monitored through internal audits, external inspections and at staff and management meetings. Staff indicate they know what to do in the event of an emergency and residents say they feel safe in the home.

4.7 Infection control

This expected outcome requires that there is "an effective infection control program".

Team's findings

The home meets this expected outcome

The home's management team ensures the operation and effectiveness of the infection control program through policies and procedures, education and an infection surveillance program. An infection control coordinator/registered nurse oversees infection control management and infection control education which is included in the home's orientation program and is part of the home's annual mandatory training. The infection control program includes waste management, scheduled cleaning programs, pest control and a food safety program. Annual influenza vaccination is offered to staff and residents. Personal protective equipment, colour coded equipment, sharps disposal containers, spill kits and hand sanitising dispensers and hand washing facilities are located throughout the home and staff report there are adequate supplies. Infectious outbreak management procedures and kit are also available. The home monitors infections through clinical indicators, audits and observations. Staff are able to describe the infection control practices used in the provision of clinical care and were observed using appropriate personal protection equipment in the performance of their duties.

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 hospitality services provided are meeting the needs of the residents and are enhancing their quality of life. All meals are freshly cooked on site and variety is provided through use of a

four week rotating menu. The menu has been assessed by a dietician and caters for special diets and for the individual needs and preferences of residents. The home is cleaned regularly according to a structured program and the quality of the cleaning is monitored by the management and staff of the home. We observed the home to be clean and residents/representatives state they are very satisfied with the results. Personal clothing and linen is laundered at the home five days a week. Clothing is labelled to minimise any losses and there is a system in place for the regular replacement of worn linen. The hospitality services are monitored through audits, surveys, meetings and the feedback mechanisms of the home. Residents/representatives say they are satisfied with the hospitality services provided.