



Australian Government

Australian Aged Care Quality Agency

Farmborough Aged Care Centre

RACS ID 0647
91 Waples Road
UNANDERRA NSW 2526

Approved provider: The Uniting Church in Australia Property Trust (NSW)

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 21 October 2018.

We made our decision on 21 September 2015.

The audit was conducted on 25 August 2015 to 27 August 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

Farmborough Aged Care Centre 0647

Approved provider: The Uniting Church in Australia Property Trust (NSW)

Introduction

This is the report of a re-accreditation audit from 25 August 2015 to 27 August 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 25 August 2015 to 27 August 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:	Margaret McCartney
Team member:	Serena Beaumont Owles

Approved provider details

Approved provider:	The Uniting Church in Australia Property Trust (NSW)
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Details of home

Name of home:	Farmborough Aged Care Centre
RACS ID:	0647

Total number of allocated places:	108
Number of care recipients during audit:	108
Number of care recipients receiving high care during audit:	105
Special needs catered for:	Memory support unit – 20 beds

Street/PO Box:	91 Waples Road
City/Town:	UNANDERRA
State:	NSW
Postcode:	2526
Phone number:	02 4223 7900
Facsimile:	02 4223 7996
E-mail address:	jharvey@unitingcarenswact.org.au

Audit trail

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

Interviews

Category	Number
Service manager	1
Deputy director of nursing	1
Residential operations manager	1
Continuous quality improvement coordinator	1
Business services officer	1
Care coordinators	3
Registered nurses	2
Registered nurse -pain management	1
Care staff	9
Aged care funding instrument coordinator	1
Continence coordinator	1
Clinical educator	1
Administrative officer	1
Administration assistant	1
Client administration manager and officers	3
Care recipients/representatives	19
Lifestyle coordinator	1
Coordinating chaplain	1
Pastoral care worker	1
Volunteers	3
Physiotherapist	1
Dietician (via phone call)	1
Catering staff	3
Property manager	1
Laundry staff	2
Cleaning staff	2
Maintenance staff	2
Hotel services and procurement manager	1

Category	Number
Chef	1

Sampled documents

Category	Number
Care recipients' care documentation (assessments, care plans, progress notes and various charts)	10
Care recipient blood glucose levels	6
Bowel charts	10
Wound charts/records	14
Care recipient administration files	12
Primary medication charts	9
Signing sheets (electronic)	8
Enteral feeding charts	2
Personnel files	12

Other documents reviewed

The team also reviewed:

- Accident and incident documentation: accident and incident reports, accident and incident register, accident and incident data sheets
- Annual report - organisational
- Asset register
- Australian Aged Care Quality Agency self-assessment tool for re-accreditation
- Care recipient list
- Cleaning manual and schedule
- Clinical care documentation: handover sheets, staff communication diary, medical officers list, facsimiles to medical officers, total care day process forms, aged care funding instrument profile kit, vital sign observation charts, case conference records, care plan allocation list, care and clinical admission and review procedure, baseline parameters chart
- Confidentiality agreements signed by employees
- Continence management documentation: bowel charts, care recipients' pictorial continence aid allocation charts, continence aid allocation list, continence facility manual, continence aid ordering records, resident continence management plans

- Continuous improvement documentation: audit and survey results, care recipient and staff surveys, clinical indicator reports, environmental audits and reports
- Cultural and spiritual support documentation: resident nationality breakdown, communication aids, pastoral care and intention response brochure, culturally and linguistically diverse reference list, Lent reflections, various resources, memorial service flyer
- Education documentation: orientation program, education calendar and attendance records and competency assessments
- External services documentation: approved suppliers list, certification for maintenance tradespersons and external service contractors and letters of agreement
- Falls management review
- Fire, security and other emergencies documentation: annual fire safety statement, fire detection systems, fire extinguishers, blankets, hose, fire panel, maintenance records, emergency procedures, emergency response flip charts, emergency plan and care recipient list and information in evacuation kit
- Food safety program documentation: temperature records for food delivery, cooking and serving, equipment temperature monitoring records, equipment calibration records, stock delivery and storage records and cleaning schedules, New South Wales (NSW) Food Authority licence, food safety plan
- Hazard reports
- Human resource management documentation: code of conduct for all employees, organisational chart, criminal record check register including staff, volunteers and contractors, position descriptions, duty statements, performance appraisals, staff allocation list, staff handbook, staff rosters
- Infection control documentation: manual, monthly summary and trend data, refrigerator/freezers/cool rooms temperature records, outbreak management program, register of influenza vaccinations, infection reports
- Information systems: memoranda and communication documentation, resident handbook, newsletters, care recipient entry to home package
- Laundry procedures
- Maintenance documentation: programmed preventative maintenance schedule and register, maintenance logs, thermostatic mixing valve service reports, electrical tagging records and pest control reports
- Mandatory reporting register and reporting guidelines
- Medication management documentation: medication administration information sheets (electronic), schedule eight registers, missing medications list, medication matrix for missed medications, signing omissions data, pharmacy medication audits, nurse initiated medication lists, medication refrigerator temperature records, staff sample signatures records, medication advisory committee meeting minutes, warfarin dose prescribing and administration records, resident medication monitoring reviews

- Meeting dates calendar
- Meeting minutes and agendas including management, staff, resident and relatives and health, safety and workplace committee meetings
- Nutrition and hydration documentation: weight charts, dietician reports, speech pathology reports, morning and afternoon tea lists, food preferences assessments, three day food log, dietician's menu review, speech pathology reports, supplement list
- Other health and related services documentation: dental visit report, podiatry reviews
- Pain management documentation: care staff massage treatment records, therapeutic massage signing sheets, pain assessments, pain charts
- Palliative care documentation: end of life pathway, advanced care directive form, plan of care forms
- Photography consent forms, media consent forms
- Policies and procedures, chemical handling guide
- Recreational activity documentation: activity programs, leisure and lifestyle spreadsheet including participation records, bingo for residents with sensory loss, diversional therapy activity record and evaluation forms, photographs, activity survey forms, lifestyle surveys
- Regulatory compliance, standards, guidelines to staff
- Restraint minimisation policy, restraint authorisation record, restrain review record
- Specialised nursing care documentation: infusion observation record, catheter and line management records, residents with diabetes list, weekly schedule for blood glucose levels, diabetic directives, enteral feeding regimes, fluid output chart
- Workplace safety documentation: staff injury register and staff incident records, return to work guidelines, workplace inspection audits, work cover information and workplace safety procedures
- Wound register report, wound photographs

Observations

The team observed the following:

- Activity program on display, care recipients participating in activities and activity resources, large numbers on bingo board
- Australian Aged Care Quality Agency re-accreditation audit notices on display
- Brochures, pamphlets and 'Charter of Residents' Rights and Responsibilities' and organisation's mission statement and organisational structure on display
- Call bell system in operation
- Care recipients mobilising with mobility aids

- Cleaning in progress with appropriate signage
- Contenance aid hanger, continence aid storage
- Equipment and supply storage areas
- Feedback forms, advocacy services forms complaints information including internal and external mechanisms on display
- Food clearly labelled with use by dates and date opened
- Handrails in corridors, grab rails in bathrooms
- Infection control resources: hand washing facilities, appropriate signage, spills kits, sharps containers, contaminated waste bins, personal protective and colour coded equipment and outbreak box
- Internal television network with information for care recipients/representatives
- Interactions between care recipients/representatives, volunteers and staff
- Living environment – internal and external areas
- Meal service, serving of meals, staff assisting care recipients with meals
- Menu on display
- Noticeboards – care recipient and staff areas
- Palliative care box
- Photographs of care recipients participating in activities on display
- Registered nurse handover
- Safety data sheets available to staff
- Secure comments and complaints box
- Secure storage of care recipient and staff information
- Short group observation
- Sign in/out books – including care recipients, visitors, contractors
- Staff computer access
- Staff work areas including offices, nurses stations, kitchen and laundry
- Storage of medications, care staff completing medication rounds
- Whiteboards in serveries with care recipient dietary information

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

Farnborough Aged Care Centre (the home) actively pursues continuous improvement through its quality management system which involves care recipients/representatives and staff. The program includes policies, a continuous improvement register, an audit program, regional quality management and staff committees and surveys. There are also other feedback mechanisms such as comments and complaints and analysis of accidents and incidents. The home's quality system assesses, monitors and evaluates all areas of service and care recipient satisfaction across the Accreditation Standards. Feedback is provided through meetings, notices, education, committee meeting minutes and newsletters. Staff and care recipients/representatives stated that management is responsive to their comments and suggestions for improvement.

Continuous improvement activities undertaken in relation to Accreditation Standard One – Management Systems, Staffing and Organisational Development include:

- The organisation has implemented an online recruitment system. The applicant for employment's information can be viewed and shared between management. This has streamlined the recruitment process and therefore reduces the lead time to fill a vacancy within the home.
- Staff within the home have been trained to conduct orientation training for newly recruited employees so the new recruits can commence employment immediately. In the past new staff members were not able to commence work until they had completed the regional orientation program held fortnightly. Staff still attend the regional orientation program but are now effectively orientated within the home and can be incorporated into the roster before participating in the regional training. This has resulted in improving the staffing in the home.
- To encourage staff to give feedback management have provided staff with an anonymous 'wish list' form for staff to complete for management to consider and put in place if appropriate. Management confirmed this has resulted in them receiving a lot more feedback and supports them to be able to meet staff needs more effectively.

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 has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. The organisation is a member of a peak body, which provides updates when legislative or regulatory changes occur. Additional information is obtained from government and professional bodies and the organisation identifies any required changes to policy and practice and advises the home accordingly.

Staff reported that updates on regulatory issues are communicated to them and they demonstrated knowledge and understanding of regulatory requirements.

Examples of responsiveness to regulatory compliance relating to Accreditation Standard One include: procedures for monitoring police certificates for staff are in place. There is a system whereby external contractors’ registrations and insurances are checked to ensure they are current. Information on the Aged Care Complaints Scheme is readily accessible for care recipients/representatives.

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 system includes a mandatory orientation program which includes fire safety, manual handling, infection control, work health and safety and matters relating to the work area of the employee. An annual schedule of education is developed based on review of staff annual performance appraisals, competency assessments, review of incidents and clinical indicators and staff requests. Staff advised that management are responsive to requests for additional education and compulsory education is regularly offered to ensure that staff are continuously re-educated. Compulsory education includes fire training, manual handling, infection control and food safety education. There is an effective system to ensure that staff attend compulsory education annually.

Examples of education provided by the home in the last year relating to Accreditation Standard One include: continuous improvement, Accreditation Standards, customer service, and mentor training.

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

There are systems to provide care recipients and their representatives, as well as other interested parties access to internal and external complaints mechanisms. All stakeholders are encouraged to communicate compliments, suggestions, concerns and complaints both verbally and in written form on all aspects of the care and services provided by the home. Forms for making comments are readily available and care recipients and their families are encouraged to use them. Information on the external complaint mechanism is on display throughout the home, documented in the resident handbook and brochures are readily available. A register of comments and complaints is maintained and documentation reviews demonstrate that any complaints received are managed confidentially and in a timely manner. Care recipients/representatives and staff confirmed that any issues raised are appropriately addressed.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation's mission, vision, values and philosophy are documented. The mission, vision and values statements are displayed around the home. They are also documented in the resident and staff handbooks, made available to care recipients upon moving into the home and are provided to new staff in the orientation program. The values and sentiments expressed in the statements were observed in the staffs' approach to quality improvement and in the day to day interactions between staff, care recipients and representatives.

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 systems to ensure there are 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. Documentation reviewed and interviews with management demonstrated the system includes appropriate policies and procedures, processes for appropriate rostering of staff, recruitment and selection, orientation of new staff, ongoing education and training and an appraisal system. Staff have job descriptions that clearly define positions, roles and responsibilities. Staff numbers and skill mix are adjusted according to care recipients' needs. Staff interviewed confirmed the above and advised they are provided with

sufficient education and training as well as support from management. Staff also commented that there are enough staff rostered to enable them to provide care and services in accordance with the Accreditation Standards. Care recipients/representatives advised they are satisfied there are sufficient numbers of skilled staff for care recipients' needs. Care recipients/representatives also praised the staff and gave positive feedback about their caring attitudes.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has systems to ensure there are stocks of appropriate goods and equipment available for the delivery of quality services. These include effective purchasing and asset management procedures and a system to check goods on delivery. A maintenance program is in place to ensure equipment is safe for use. Appropriate storage and the system of timely use of perishable items to avoid spoilage and contamination were observed. We reviewed relevant documents and observed sufficient stocks of goods and equipment in storage areas. Staff receive training in the use of new equipment. Staff and care recipients/representatives confirmed there are satisfactory stocks of goods and equipment available at all times to enable quality service delivery.

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 effective information management systems in the home. The systems include collection, usage, creation, communication, storage and destruction of records, including electronic records. Information is distributed effectively to management, staff, care recipients and representatives. Distribution mechanisms include information packages, newsletters, the intranet, an internal television network, memorandums, noticeboards, clinical records, meetings and meeting minutes, education and training, email and policy and procedure manuals. Policies and procedures are continuously reviewed and amended when changes in regulations are identified, there are changes in the organisation, or a better practice procedure is identified and implemented. Manuals are easily accessible to staff electronically. Computer data is password protected and files are secured and backed up off site. Care recipient and staff files were observed securely stored and appropriately archived. Care recipients/representatives expressed satisfaction with the information with which they are provided in relation to the care and services in the home.

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 home's needs and service quality goals. The selection of external services is based on clearly defined needs and quality standards. All external service providers have service agreements and their qualifications are kept on file. The quality of services is constantly reviewed and providers are changed when appropriate. There are mechanisms in place to monitor and ensure service providers' compliance through the comments and complaints mechanism, care recipient, representative and staff feedback and satisfaction surveys. Staff, care recipients/representatives expressed satisfaction with the external services currently in use.

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

Please refer to expected outcome 1.1 Continuous improvement for details of the system for continuous improvement.

Continuous improvement activities in relation to Accreditation Standard Two – Health and personal care include:

- The management of medication has moved from a paper based system to an electronic system. This has reduced the duplication of documentation and the risk of transcript errors affecting the administration of medications to care recipients. It has also improved communication with the pharmacy and enables management to easily audit the administration of medications.
- A new medium sized heavy duty lifter has been purchased which has an extended boom and provides a compact design. The longer boom increases the maximum lifting height. Staff feedback has been positive and has confirmed that the new lifter is an improvement in manual handling practices. The lifter has improved the comfort of care recipients during their care delivery and enables staff to tend to care recipients' needs more efficiently.
- Data loggers have been purchased as an exact and effective way of monitoring vaccine and medication refrigerators' temperatures. In the past the temperatures have been recorded and graphed manually on a paper based document. Now the graphs are downloaded and saved onto an electronic document to be easily reviewed by staff and management. This has improved the accuracy for the recording and monitoring of the temperatures of these refrigerators.
- Three dimensional bingo boards are now available for care recipients with visual impairment. An information technology pad surround sound system is also utilised during bingo to support care recipients with hearing loss or with culturally and linguistically diverse backgrounds for whom English is not their first language. Participation in bingo has now increased significantly. This has resulted in improving the support for care recipients with sensory loss needs.

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

Please refer to expected outcome 1.2 Regulatory compliance for information on the home’s system to identify and ensure compliance with all relevant legislation, regulations and guidelines. Information is available for staff on legislation and guidelines relating to health and personal care.

An example of responsiveness to regulatory compliance in relation to Accreditation Standard Two is a monitoring system to ensure the registrations of the registered nurses at the home and the visiting health professionals are current.

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

Please refer to expected outcome 1.3 Education and staff development for information on the home’s system to provide management and staff with appropriate knowledge and skills to perform their roles effectively.

Examples of education provided in the last year in relation to Accreditation Standard Two include: medication administration, skin tears, wound care, diabetes complications and dementia.

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 processes to support care recipients to receive appropriate clinical care. This includes assessment and care planning processes overseen by registered nurses. Medical officers attend the home regularly and on request. Verbal, written and electronic processes are used to inform the relevant staff of care recipients’ care needs. Processes are also in place to inform medical officers of care recipients’ health issues in need of review. Care recipients have their vital signs and weights recorded each month or when there is a change in their condition. The home has an accident and incident reporting system through which clinical indicator data is monitored. Care delivery for care recipients is also monitored through total care days. Care recipients and/or their representatives have opportunities for input into the care recipients’ care delivery through ongoing verbal discussions and care conferences offered. Care recipients/representatives expressed satisfaction with the support provided for care recipients’ clinical care needs and access to medical officers.

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 processes to support care recipients’ specialised nursing care needs to be met including providing 24 hour registered nurse coverage seven days a week. Examples of care recipients’ specialised nursing care needs currently supported include urinary catheter care, wound care, enteral feeding and diabetes management. Various charts and records for care recipients’ specialised nursing care needs are maintained such as blood glucose level charts and enteral feeding charts. Registered nurses advised they have access to sufficient supplies of equipment for care recipients’ specialised nursing care needs. This includes the home having a supply of syringe drivers to provide ready access to them when needed. The organisation’s clinical nurse consultant is available to provide advice on care recipients’ specialised nursing needs and management reported a local hospital in the home support team can be utilised when needed. Care recipients expressed satisfaction with the skills and knowledge of the home’s registered nurses and the support for care recipients’ specialised nursing care needs.

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 processes to support care recipients to be referred to appropriate health specialists in accordance with their needs and preferences. Documentation reviews and interviews demonstrated care recipients have been seen by a range of health services which visit the home. Examples include physiotherapy, podiatry, speech pathology, a dietician, mental health, dental, pharmacy and pathology services. Management advised that an audiology service is also available to visit the home when required. Management advised that care recipients are transported to external appointments by patient transport, family members or that staff can be organised to escort care recipients when necessary. Care recipients/representatives expressed satisfaction with care recipients’ access to health services in accordance with their 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

The home has processes to support care recipients’ medication to be managed safely and correctly. Care staff administer care recipients’ medications using a pre-packaged medication administration system and registered nurses administer injections and some other

medications. Registered nurses also must approve PRN (as required) medication administration. An electronic medication administration documentation program is in use.

Through this medication orders, signage for medication administration, instructions for administration, care recipients' medication allergies and photographic identification are maintained. Registers for monitoring schedule eight medication administration are in place. Eye drop containers are labelled when opened and the temperatures of the medication refrigerators are recorded. The home has a medication advisory committee through which medication incidents are reviewed. Pharmacy services provide individual care recipient's medication monitoring reviews and complete audits. Nurse initiated medication lists are maintained and the home has supplies of medications for emergency use. Care recipients/representatives expressed satisfaction with the medication management provided by the home.

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

The home has processes to support care recipients to be as free as possible from pain. This includes assessment and care planning processes and referring care recipients to medical officers for review when necessary. Assessments include consideration for care recipients' verbal or non-verbal indicators of pain. Registered nurses attend the home specifically to provide therapeutic massage for care recipients identified to have pain management needs. Care staff also provide massage for care recipients' pain management. Other pain management for care recipients includes the administration of pain relieving medications and/or topical narcotic patches. A spa bath is available for use. Care staff interviews demonstrated they are aware of care recipients' non-verbal indicators of pain and they would inform the registered nurse of care recipients experiencing pain. Care recipients/representatives expressed satisfaction with the pain management provided.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

The home has processes to maintain the comfort and dignity of care recipients who are terminally ill. Assessments for identifying care recipients' end of life wishes are offered for completion to care recipients or their representatives on entry to the home. The home also has an end of life pathway to guide staff on care recipients' care needs. Care staff interviews demonstrated they support care recipients who are terminally ill through caring for their physical and emotional needs including ensuring the care recipients are comfortable. A palliative care box allows ready access to equipment to support care recipients. A chaplain and a pastoral care worker attend the home and are available to provide spiritual support for care recipients and their families when needed. Management advised the representatives of care recipients who are terminally ill can stay in the home overnight if desired. The home has access to a palliative care team for advice when necessary. Management also advised of support for the dignity of care recipients through a guard of honour made when deceased care

recipients leave the home. Care recipients/representatives expressed satisfaction with the care and support the home provides.

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 has processes to support care recipients to receive adequate nourishment and hydration. This includes assessment and care planning for care recipients’ dietary needs and the communication of these needs to catering staff. Provision is made to support care recipients who require texture modified diets, dietary assistive devices, thickened fluids and assistance with meals. The menu has been reviewed by a dietician and fresh fruit is readily available for care recipients. Care recipients are provided with fluids at regular intervals to support their hydration and water bottles are readily available throughout the home. A dietician monitors care recipients’ weights for weight variances and makes recommendations for dietary supplements when the need is identified. The home is currently rolling out and trialling a “food mood” program to promote a greater intake of snacks and food by care recipients. Care recipients with difficulty in swallowing are referred to a speech pathologist for review when necessary. Care recipients/representatives expressed satisfaction with the quantity and quality of the food and drink provided for care recipients.

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

The home has processes to support care recipients’ skin integrity to be consistent with their general health including assessment and care planning processes. A podiatrist and a hairdresser visit the home regularly to support care recipients’ needs. Care staff assist with care recipients’ finger nail care. Care staff advised of strategies for maintaining care recipients’ skin integrity such as applying a moisturising cream and use of pressure relieving equipment. Examples of pressure relieving equipment in use include comfort chairs, cushions and air mattresses. Care recipients’ wound care is completed by care staff or registered nurses depending on the complexity of treatments required. Photographs of care recipients’ wounds are taken to assist in monitoring their healing. The accident and incident reporting system includes monitoring incidents of skin integrity breakdown for care recipients. Care recipients/representatives expressed satisfaction with the support the home provides for care recipients’ skin care.

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 has processes for care recipients’ continence to be managed effectively including assessment and care planning processes. A continence coordinator oversees the processes for the supply and distribution of continence aids for care recipients in the home.

Management and staff reported the representative from the continence supply company provides staff education on continence aid use. Care staff said they have access to sufficient supplies of continence aids and support care recipients with toileting at regular intervals or when necessary. The home has strategies for care recipients’ bowel management such as maintaining bowel charts, prunes offered for breakfast and the administration of medications for bowel management regularly or as required. Care recipients/representatives expressed satisfaction with the continence management provided in the home.

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 processes through which the needs of care recipients with responsive behaviours are managed effectively. This includes assessment and care planning processes and referring care recipients with responsive behaviours to their medical officers or a psychogeriatrician for review when necessary. The home provides a secure memory support unit to support the safety of care recipients with wandering or exiting behaviours. The organisation has a restraint minimisation policy and processes are in place to record the authorisation and use of restraint. Staff advised of support for care recipients with responsive behaviours such as looking for the trigger, redirecting attention and remaining calm. Care recipients with dementia are supported to attend the activity programs provided. A range of equipment in use at activity stations was observed readily accessible to support the needs of care recipients in the memory support unit. Care recipients/representatives expressed satisfaction with the staff support provided for care recipients with responsive 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

The home has processes to assist care recipients to maintain their mobility and dexterity including assessment and care planning processes. Assessments completed include the identification of care recipients’ mobility needs, manual handling and transfer needs and their risk of falling. A physiotherapist attends the home fortnightly to complete care recipients’ physiotherapy assessments. Exercise groups and walking groups are included in the

recreational activity programs. Management reported the home's internal television service also shows gentle exercises for care recipients to follow twice a day. Examples of strategies for care recipients' falls prevention include providing mobility aids, reviews by the physiotherapist, lowering beds to the floor if necessary and use of sensor mats and falls mats. Accident and incident reporting includes monitoring incidents of care recipients' falls.

Care recipient/representative interviews indicated they are satisfied with the support provided for care recipients' mobility and dexterity.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

The home has processes through which care recipients' oral and dental health care is maintained. This includes initial assessment and care planning processes and the ongoing monitoring of care recipients' oral and dental health care needs. Management advised reviews by a dentist or dental technician for care recipients can be arranged within the home when required. Management, staff and care recipient/representative interviews demonstrated the home supplies care recipients with products to support their oral hygiene such as tooth brushes changed each season. Care staff reported they provide care recipients with assistance with their oral hygiene including teeth cleaning and denture care as required.

Management and staff also reported care recipients' dentures are labelled. Care recipients/representatives expressed satisfaction with the support provided for care recipients' oral and dental care.

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 processes to identify and manage care recipients' sensory loss needs including assessment and care planning processes. Assessments available for completion include the identification of care recipients' hearing, vision, taste, touch and smell sensory loss needs. Management said an audiology service is available to visit the home to review care recipients on request and care recipients are currently required to access optometry services externally. Care staff advised of strategies they use to assist care recipients with vision and hearing loss such as providing spectacle and hearing aid care. Staff also advised that large print books and auditory books can be accessed for care recipients from a visiting library service when needed. We observed the living environment is free of clutter and well lit. The home has bingo boards with large raised numbers made specifically to support care recipients with vision loss. Care recipients/representatives expressed satisfaction with the support available for care recipients' sensory loss needs.

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 assists care recipients to achieve natural sleep patterns through the assessment and care planning processes. Care recipients’ assessment and care planning includes the identification of care recipients’ desired settling and rising times as well as their other preferences to assist them to achieve a restful sleep at night. Staff advised of lights being left on in ensuite bathrooms at night to assist care recipients with continence management when required. Care recipients have call bells in their rooms and ensuites to call for staff assistance at night if required. Staff available to support care recipients at night include one registered nurse and four care staff. Staff reported that snacks and drinks are readily available for care recipients during the night if required. Care recipients reported the home is quiet at night and they sleep well or staff provide them with drinks or medications when needed. Representatives did not identify any problems with care recipients achieving natural sleep patterns.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Please refer to expected outcome 1.1 Continuous improvement for details of the system for continuous improvement.

Continuous improvement activities in relation to Accreditation Standard Three – Care recipient lifestyle include:

- The home has held themed days during which themed activity areas have been created with input from care recipients. Examples include areas decorated like a 50’s style café and a country and western area with a ‘wombat watering hole pub’. The areas have floor coverings, decorations and elaborate props to create the desired themes and are used for activity programs related to the themes. These have opened up a lot of discussion amongst care recipients who commented that they like the themed areas.
- As part of the friendship group established at the home a ‘milkshake and jokes’ morning tea has been introduced to the monthly activities calendar. This is held in the 50’s café themed area of the home. This morning tea was conducted during the re-accreditation audit and care recipients were observed enjoying the activity and socialising with each other.
- The home has established a tradition of acknowledging a care recipient that has passed away with a dignified farewell. Care recipients, staff and family are notified when the deceased care recipient’s body is being transported out of the home. They are encouraged to say farewell by creating a guard of honour in the foyer of the home. Music is played and the deceased is cloaked in a ceremonial blanket. A photographic memorial is also created in the foyer with a candle and some sentimental script. The home has submitted a nomination for a better practice award for this initiative.
- A permanent activities area has been created in the memory support unit. Various activity stations, the daily newspaper and magazines are available to care recipients in this sitting area. Staff have observed that care recipients are socialising more in this area and enjoying the activities more frequently.

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

Please refer to expected outcome 1.2 Regulatory compliance for information on the home’s system to identify and ensure compliance with all relevant legislation, regulations and guidelines. Observations confirm information is available in the home to inform of relevant legislation and regulatory compliance relating to care recipient lifestyle including the ‘Charter of Residents’ Rights and Responsibilities’ on display.

Examples of responsiveness to regulatory compliance in relation to Accreditation Standard Three include: the resident agreement outlines security of tenure and is based on applicable legislation. The home has a system for mandatory reporting in relation to care recipient assault according to current legislation.

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

Please refer to expected outcome 1.3 Education and staff development for information on the home’s system to provide management and staff with appropriate knowledge and skills to perform their roles effectively.

Examples of education provided in the last year in relation to Accreditation Standard Three include: code of conduct and ethical behaviour, mandatory reporting of elder abuse, grief and loss and person centred 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

The home has processes through which each care recipient receives support in adjusting to life on entry to the home and on an ongoing basis. Processes include providing prospective and/or new care recipients and their representatives with information about the care and services available in the home. Various assessments and care plans are completed for care recipients through which their emotional support needs are identified. Staff advised they support new care recipients through welcoming and orientating them to the home as well as providing ongoing emotional support. The chaplain and pastoral care worker employed by the home are available to provide support for care recipients as necessary. Volunteers also attend the home regularly and provide support for care recipients. Care recipients/representatives

expressed satisfaction with the initial and ongoing emotional support provided. Care recipients/representatives said the staff in the home are “happy” and this helps them to also feel happy.

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 independence, maintain friendships and participate in the life of the community within and outside the home. The home provides an environment in which representatives, friends and volunteers are welcome to visit. This includes providing various indoor and outdoor areas in which care recipients can meet with their guests and participate in activities. Care recipients' independence is also fostered through regular bus outings provided. Care recipients can choose to have personal items, telephones, radios and televisions in their rooms. Care staff advised they encourage care recipients to do as much as they can to maintain their independence during the activities of daily living. Care recipient independence is also supported through providing mobility aids, handrails in corridors and grab rails in bathrooms. Care recipient/representative interviews demonstrated care recipients are assisted to achieve independence and participate in community life 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

The home demonstrates that each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Information is provided on the use of personal information for care delivery and care recipients or their representatives are requested to provide consent relating to the use of photographs. Staff were observed referring to and addressing care recipients by their preferred names and demonstrated an understanding of the need to maintain the confidentiality of care recipient information. Staff also described strategies for maintaining respect for care recipients' privacy and dignity such as closing doors and privacy curtains when providing treatments in care recipients' rooms. Care recipients' electronic care information is pass word protected and hard copy documentation is stored securely. Care recipients/representatives expressed satisfaction with the way in which staff are respectful of care recipients' privacy and dignity needs.

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 processes to encourage and support care recipients to participate in a wide range of interests and activities of interest to them including assessment and care planning processes. Lifestyle staff and volunteers assist with activity programs throughout the week for care recipients. Care recipients are informed of activities available through activity programs on display, the home's internal television, weekly activity programs available, verbal reminders and staff assistance to attend. Examples of activities provided include trivia, bingo, card games, music, milkshakes and jokes, knitting groups, friendship group, cooking, entertainers and movies. The home has also held several themed events through which the home has been decorated with care recipient input and involvement. Decorations from these remain on permanent display and provide themed areas for ongoing activities in the home.

One-to-one support and activities to support care recipients with dementia are also provided. Care recipients' participation at activities is recorded and evaluations of activity programs are completed. Care recipients/representatives expressed satisfaction with the activities provided. We observed large numbers of care recipients enjoying a variety of activities such as a trivia function and the bingo activity which is set up as if care recipients are in a bingo hall.

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 home has processes through which care recipients' individual interests, customs, beliefs, diversity and cultural backgrounds are valued and fostered. This includes assessment and care planning processes. Special celebrations are held for cultural and religious days such as ANZAC Day, NAIDOC (National Aborigines and Islanders Day Observance Committee) Week, Christmas and Mother's Day. Staff advised that care recipients' birthdays are acknowledged on the day of their birthday with cards given and monthly birthday celebrations are also held. We observed a mens' group in progress. The home employs a chaplain and a pastoral care worker who attend the home regularly. Non- denominational and Roman Catholic church services are also held regularly. Memorial services are held and a memorial table is set up near the front foyer. The home has a range of resources to guide staff on the support for care recipients with culturally and linguistically diverse backgrounds. Examples of these include information for care recipients with diverse religious needs and pictorial cue cards for use when necessary. Care recipients/representatives expressed satisfaction with the support the home provides for care recipients' cultural and spiritual needs.

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

The home supports care recipients and/or their representatives to participate in decisions about the services provided and to exercise choice and control over their lifestyle. Care recipients/representatives are informed of choices available and their rights through the information provided on entry to the home. This includes the resident agreement and the resident handbook. A range of information brochures and the 'Charter of Residents' Rights and Responsibilities' are on display. The home provides mechanisms through which care recipients and/or their representatives can have input into the care and services provided. These include resident and relative meetings, surveys, care conferences, verbal discussions and comments and complaints mechanisms. Examples of care recipients' choices for care and services include choice of participation in activities, input into the furnishings, input into themed decorations and choices of meals. Care recipients/representatives expressed satisfaction with the choices and the control over the care and services available in the home.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The organisation has policies and procedures to ensure that care recipients have secure tenure within the home, and understand their rights and responsibilities. New care recipients and their representatives are provided with comprehensive information about their rights and responsibilities prior to the care recipient moving into the home. An agreement is offered to each care recipient and/or their representative to formalise occupancy arrangements. The agreement includes information for the care recipient regarding complaints handling, fees and charges, their security of tenure and the process for the termination of the agreement.

The 'Charter of Residents' Rights and Responsibilities' is prominently on display in the home. Care recipients/representatives indicated they are satisfied with the information provided regarding their rights and responsibilities.

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

Please refer to expected outcome 1.1 Continuous improvement for details of the system for continuous improvement.

Continuous improvement activities in relation to Accreditation Standard Four – Physical environment and safe systems include:

- A large laminated artwork has been placed on the door entering into the memory support unit. The artwork is very picturesque with flowers and has the appearance of a rustic door. The home identifies this to be more welcoming visually for care recipients and their representatives than the previous plainly painted fire doors.
- New light-emitting diode (LED) lights have been installed in the front car park of the home. The lighting is brighter providing better vision and security in the evening for staff and visitors to the home.
- The organisation has recently put out to tender for the servicing of their fire safety systems in the region. The new contract utilises the most recent NSW Australian Standard for fire safety and provides a more cost effective service. A third party has also been contracted to check the new service and ensure that it is carrying out its duties effectively. This has resulted in an improved service to check the fire safety systems within the home.

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

Please refer to expected outcome 1.2 Regulatory compliance for information on the home’s system to identify and ensure compliance with all relevant legislation, regulations and guidelines. Observations confirm information is available for staff on legislation and guidelines relating to the physical environment and safe systems.

Examples of responsiveness to regulatory compliance in relation to Accreditation Standard Four include: the maintenance and test records of the fire panel, exit and emergency lights and firefighting appliances are maintained. Safety data sheets are readily available to staff in all relevant work areas. The home has a current NSW Food Authority licence and the food safety

program has been audited by the NSW Food Authority. There is a current annual fire safety statement on display.

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

Please refer to expected outcome 1.3 Education and staff development for information on the home's system to provide management and staff with appropriate knowledge and skills to perform their roles effectively.

Examples of education provided in the last year in relation to the physical environment and safe systems include: fire and evacuation, infection control, chemical safety and food handling 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

The home is actively working to provide a safe and comfortable environment to meet care recipients' care needs. Care recipients' rooms are one or two bedded with an ensuite. Care recipients are encouraged to personalise their rooms. Review of documentation and interviews with staff demonstrated there is a corrective and planned maintenance program and there are security systems. Environmental audits are conducted regularly and issues identified are addressed in a timely manner. We observed the building, grounds and gardens are well maintained with sufficient and appropriate internal and external furniture. There are a number of large and small communal areas used by care recipients for activity programs.

Lifts are provided between the floors. The care recipients' rooms and common living areas are clean and uncluttered. Care recipients/representatives confirmed they are satisfied 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

The home is actively working to provide a safe working environment that meets regulatory requirements. The system includes processes to identify, assess and rectify hazards. Work health and safety matters are addressed during staff meetings where issues are raised through incidents reported, hazard analysis and ongoing work safety initiatives discussed.

Policies and procedures and safe work practices are easily accessible to staff, and mandatory education is provided during orientation and on an ongoing basis. Workplace safety education and training includes manual handling, education on new equipment and hazard identification. Accidents and incidents are investigated and analysed and workplace practices are amended when necessary. Workplace inspections are conducted on an ongoing basis, hazards are identified and solutions are discussed and implemented. Staff demonstrated a sound knowledge of work safety requirements and confirmed they receive training and information regarding work safety issues.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home's fire and safety systems are maintained and monitored to provide an environment and systems to minimise fire, security and emergency risks. The system includes regular testing of fire and other emergency equipment and compulsory training. Staff participate in fire training during orientation and annually thereafter. Emergency procedures are easily accessible to staff. We observed exit signs and clear egress routes and evacuation plans are appropriately positioned. There is a security system in place including nurse call activators, in care recipients' rooms, ensuites and in communal areas, which are regularly tested. Staff demonstrated a sound knowledge of the location of emergency equipment and emergency procedures.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has systems and processes to demonstrate there is an effective infection control program in place. Quality data includes monthly collection, monitoring and identification of infection trends. We observed staff follow infection control practices including the use of personal protective equipment, hand washing, sanitising liquids and colour coded equipment. A vaccination programme is in place for care recipients and staff. A food safety system is in place, which ensures that catering staff monitor the temperature of the food through the delivery, storage, preparation, cooking and serving processes. The home has systems for the disposal of waste including contaminated waste, the disposal of sharps and a process for handling soiled linen. Staff interviewed demonstrated an understanding of the home's infection control procedures.

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's hospitality services are provided in a way that enhances care recipients' quality of life and the staff's working environment. Care recipients are provided with meals which are cooked fresh in the home and distributed to care recipients from serveries in each area. Care recipients' dietary information and likes and dislikes are recorded when entering the home.

This information is readily assessable to catering staff and there is a system to ensure that any change in care recipients' dietary needs are updated and communicated to staff. The kitchen has an effective food safety system and staff confirmed they undertake training in food safety practices. There is a planned program for cleaning to ensure that a high quality of cleanliness is maintained in the home at all times. Care recipients' personal laundry and linen is laundered within the home. There is a system to identify care recipients' clothing. There are effective infection control procedures in the laundry, kitchen and for the cleaning staff.

Feedback on catering, cleaning and laundry is provided through the comments and complaints system, resident and relative meetings and surveys. Care recipients/representatives expressed satisfaction with the catering, cleaning and laundry services provided by the home.