



Australian Government

Australian Aged Care Quality Agency

Gosling Creek Aged Care

RACS ID 1019
1505-1503 Forest Road
ORANGE NSW 2800

Approved provider: Allity Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 16 January 2019.

We made our decision on 18 November 2015.

The audit was conducted on 13 October 2015 to 14 October 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 care recipients, 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:

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.

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: Care recipient lifestyle

Principle:

Care recipients 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 Care recipient security of tenure and responsibilities	Met

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.

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

Gosling Creek Aged Care 1019

Approved provider: Allity Pty Ltd

Introduction

This is the report of a re-accreditation audit from 13 October 2015 to 14 October 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 October 2015 to 14 October 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:	Mary Butcher
Team member:	Judith Roach

Approved provider details

Approved provider:	Allity Pty Ltd
---------------------------	----------------

Details of home

Name of home:	Gosling Creek Aged Care
RACS ID:	1019

Total number of allocated places:	77
Number of care recipients during audit:	53
Number of care recipients receiving high care during audit:	42
Special needs catered for:	The Grove -17 bed memory enhancement unit

Street/PO Box:	1505-1503 Forest Road
City/Town:	ORANGE
State:	NSW
Postcode:	2800
Phone number:	02 6369 9800
Facsimile:	02 6369 9801
E-mail address:	Nil

Audit trail

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

Interviews

Category	Number
Operations manager	1
General manager	1
Care manager	1
Registered nurses	3
Certificate IV care staff - medication competent	3
Care staff including continence link nurses	5
Physiotherapist	1
Activity coordinator	1
Care recipients/representatives	13
Administration assistant	1
Maintenance manager and staff	2
Catering staff	1
Hospitality manager and national manager	1
Laundry staff	2
Cleaning staff	2

Sampled documents

Category	Number
Care recipients' files including advance care directives, progress notes, medical officer notes and referrals, hospital discharge notes, pathology and radiology reports	6
Care plans - initial and extended including health and personal care and lifestyle	6
Residential agreements	3
Medication charts including doctors' authorised charts and staff signing sheets	12
Personnel files	5

Other documents reviewed

The team also reviewed:

- Care recipients' clinical assessments and evaluations including behaviours, continence, mobility, nutrition and hydration, medications, mobility, pain, palliative care, oral and dental, sensory, skin, sleep, specialised nursing care including complex wounds, stoma care
- Care recipients' individual clinical and personal care observations, monitoring and treatment charts including behaviours, blood pressure, blood glucose levels, falls prevention checklist, pain, therapeutic drug therapy, wounds including photographs
- Care recipients' individual lifestyle assessments and evaluations including leisure and lifestyle activities, emotional support needs, independence, privacy and dignity needs; social, spiritual and cultural preferences, choice and decision making including likes/dislikes
- Care recipients' individual incident reports including physically aggressive behaviours, falls, infections, medication errors, skin tears
- Care staff's daily care records including care recipient bowel monitoring, personal hygiene, weekly and monthly weights
- Care recipients information handbook, information package and surveys
- Clinical care audits including anticoagulant therapy, continence, falls and mobility, medication errors, pain management and palliative care, skin tears
- Communication records including registered nurses' clinical prompt folder, doctors' books, staff communication books, facsimile to doctors, staff memorandum, twenty four hour comprehensive handover sheet, notices and diaries, staff newsletters
- Complaints register, feedback forms, letters of appreciation and suggestions
- Compulsory reporting documentation including: register, incident reports
- Continuous improvement plan, logs, audits, care recipient satisfaction survey
- Diet preference sheets
- Documented follow up on care recipients' needs with medical and other related health personnel by registered nurses
- Education documentation including: attendance sheets, training evaluations, competency assessments, calendar
- Emergency preparedness manual, hazard logs and action plans, fire warden duty lists and fire emergency procedure scripts
- Food safety program including: licence, audit reports, staff qualifications and training records, menu, cleaning and monitoring records

- Human resource documentation including: performance appraisals, duty statements, rosters and allocation sheets, criminal history clearances, staff registrations, visa entitlements
- Infection control documentation including flowchart for cytotoxic therapy, infection control flipcharts, individual care recipient infection management records, pest maintenance documentation
- Maintenance records, logs and schedules
- Meal service including the serving and transport of meals, staff assisting care recipients with meals and beverages, and assistive devices for meals and nutritional supplements. Morning and afternoon tea service and care recipients being assisted with meals in their rooms
- Medication management records including controlled drug register, monitoring records for medication storage, clinical refrigerator temperatures, pharmacy re-ordering records, information on safe altering of medications, staff signature register
- Meeting minutes including: general staff, food safety committee, food focus group, legislative compliance committee, work health and safety committee, care recipients and representatives, medication focus group, medication advisory committee, falls management group, continence link committee, quality, care staff and registered nurse
- Other health and related services referrals, reports, assessments, plans of care including behaviour management specialists, dietician, geriatrician, psychiatrist, physiotherapy, podiatry, specialist physicians and surgeons, clinical nurse consultants including behaviour, continence, palliative care, stoma therapy, wound care
- Palliative care records including end of life checklist, syringe driver checklist
- Policies and procedures including privacy, clinical care, lifestyle, restraint
- Records of consultations, discussions and meetings between care manager, registered nurses and/or doctors and care recipients and representatives
- Staff handbook, orientation package

Observations

The team observed the following:

- Australian Aged Care Quality Agency re-accreditation audit notices displayed
- Care recipient lifestyle resources and equipment - various
- Care recipients participating in lifestyle and leisure activities
- Charter of 'care recipients' rights and responsibilities' displayed
- Care manager and registered nurses supervising and directing staff
- Daily handover between registered nurses and care staff

- Dining rooms during lunch and beverage services with staff assistance, morning and afternoon tea, including care recipient seating, staff serving/supervising, use of assistive devices for meals, care recipients being assisted with meals in their rooms
- Equipment and supply storage rooms including emergency store rooms with evacuation requisites, first aid kits
- Fire evacuation plans, emergency procedures flipcharts, fire-fighting equipment, evacuation kits
- Infection control equipment and stores including personal protective equipment, outbreak supplies, spills kits, sharps disposal containers, hand-washing facilities, colour coded cleaning equipment, hand gel available, contaminated waste disposal
- Information on noticeboards for care recipients, visitors and staff including care recipient activity calendar, menu, education opportunities, safety directions
- Living environment including café, gardens, hairdressing salon, doctors' clinic room, physiotherapy clinic room
- Maintenance room, equipment, oxygen storage
- Medication system and processes including administration and storage including controlled drugs, safety system for controlled drug safe keys, medication re-ordering program, delivery and disposal systems, medication supplies including eye drops and medicated creams, personal protective equipment for use in cytotoxic therapy
- Mobility aids and care recipients being assisted with mobility
- Nurse call system in operation including care recipient access
- Secure storage of confidential care recipient and staff information
- Short group observation in The Grove
- Sign in/out books for visitors, contractors and care recipients
- Staff interacting with medical and other related health services personnel including medical officer, physiotherapist
- Staff work areas including care stations, clinical and other utility rooms, staff room, reception and offices, information in staff room
- Staff's courteous interactions between care recipients, each other, visitors
- Swipe-card access to the home
- Vaccinations records for care recipients

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

Gosling creek aged care has an effective system for actively pursuing continuous improvement across the four Accreditation Standards. The quality program includes activities to monitor, assess, action and review the home's processes, practices and service delivery. Opportunities for improvement are identified through input from stakeholders and include organisational strategies, suggestion and complaints mechanisms, regular meetings, surveys, scheduled audits and analysis of monitoring data. Care recipients, representatives and staff stated they have opportunities to make suggestions for improvement and are aware of improvements undertaken in the home. The home demonstrates it is actively pursuing continuous improvement in relation to Accreditation Standard One and recent examples include:

- The home commenced in January 2015. Management monitor and have improved systems as the home has been commissioned and continues to increase care recipient numbers. The general manager has developed personnel files and audited staff qualifications. An orientation program, specific to the home, has been developed with organisational support. The home's education plan has been reviewed. A memo system has been developed to support information systems. Meeting schedules have been developed and regular staff meetings have been held.
- Management continue to review staffing as the care recipient numbers increase. Night staff hours were increased in July 2015. Recently a lifestyle officer commenced each afternoon in the Grove unit, where care recipients living with dementia reside. Following further review it has been identified a care staff member, trained in lifestyle activities would be of benefit and improve service provision at a busy time. Management plan in the following roster, to replace the lifestyle staff member with a care staff member.
- Several care recipients provided feedback to management that they were not able to access the ABC (Australian Broad Casting) radio service in the home. Considerable investigation has been undertaken to identify the cause of this matter and the possible solution. This week the ABC has been installed in each care recipients' television (with the exception of The Grove unit, which is to occur in the following week). Care recipients expressed satisfaction with this outcome.

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 received from government departments, peak industry bodies and other aged care and health industry organisations. Regulatory compliance is monitored by the organisation’s executive team and the general manager oversees regulatory compliance at a local level; information is disseminated to staff at meetings, education sessions and memoranda. Updated policies, procedures and handbooks are readily available to staff. Care recipients and representatives receive relevant information through care recipient meetings, notices on display in the home and personal correspondence. The home’s system for monitoring compliance with obligations under *The Aged Care Act 1997* and other relevant legislation includes audits, benchmarking, observation of staff practices and feedback.

Examples of regulatory compliance with Accreditation Standard One include:

- Criminal history record clearances are carried out for all staff
- Contracts with external service providers confirm their responsibilities under relevant legislation, regulatory requirements and professional standards and include criminal history record checks 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 care recipients’ records.
- Care recipients and representatives were informed of the re-accreditation site audit in accordance with the Accreditation Grant Principles 2011.

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 management and staff have appropriate knowledge and skills to perform their roles effectively. There is a comprehensive orientation program and an allocated buddy system to support new staff. The education program includes mandatory education, competency assessment and in-service training relevant to care recipients’ care needs. Staff have access to in-service education, regular written training exercises and attendance at external training sessions. Records of attendance at training are maintained and we observed staff regularly attend training sessions offered. The effectiveness of training is monitored through questionnaires, competency assessments and observation of staff practice. Management and staff report they are supported to attend relevant internal and external

education and training. Care recipients and representatives interviewed are of the view staff have the skills and knowledge to perform their roles effectively.

Examples of education and training attended by management and staff in relation to Accreditation Standard One include:

- All new staff undertake orientation and complete annual compulsory training. Orientation includes a bullying and harassment component.
- Six staff have completed mental health first aid training.
- Eleven staff have completed training in team work.
- Training in documentation systems including the aged care funding instrument (ACFI) has been provided.
- A contractor induction program is in place where contractors are provided with information and orientated onsite.

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 is a policy and procedure for complaints management. Care recipients and representatives are informed of internal and external complaints mechanisms on entry to the home. Complaints mechanisms are documented in the care recipient handbook and in the residential agreement. Feedback forms for suggestions, comments and complaints and a locked suggestion box for confidential feedback are readily accessible to all stakeholders.

Brochures on the external complaints scheme and advocacy services are on display. Care recipients and representatives state they feel comfortable raising issues of concern directly with staff and management, at care recipient meetings, through surveys or on the comments and complaints forms. Document review found the home has minimal complaints.

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 Allity group has documented the organisation's mission, philosophy, values statements and commitment to quality. The mission, philosophy, values statements and commitment to quality are documented in the care recipient handbook, in the staff handbook, in corporate information and are on display in the home. The home's mission, values and commitment to quality are part of the staff orientation.

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 appropriately qualified and skilled staff. Human resource policies and procedures direct the recruitment and performance management of staff. Criminal history and visa certification is obtained prior to employment and is monitored for renewal. Position descriptions, duty statements, staff handbooks, policies and procedures provide staff guidelines. Personnel files are maintained and stored securely. Management review staff levels, performance, workload and care recipient acuity regularly. A casual pool provides for replacement of staff. Care recipients and representatives indicate they highly value the staff and management of the home.

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

Documentation and interviews confirm the home has systems to order and have available stocks of goods and equipment appropriate for service delivery. Staff in the home order stock and monitor usage to maintain adequate supply. Preferred suppliers are used and services are regularly evaluated. The preventative maintenance program ensures equipment is monitored and replacement needs are identified. Equipment purchases are decided following consultation with staff and management. Storage areas observed show adequate supplies; items are stored appropriately and in secure storage areas when necessary. Staff and care recipients interviewed said there are adequate supplies of goods and equipment available for use.

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 systems for the creation, storage, archiving and disposal of documentation. Policy and procedure manuals guide staff in their practices. Policies and procedures are reviewed to ensure they meet regulatory and industry standards. The home's internal communication processes include meetings, memos, newsletters; communication books, verbal consultation and feedback and staff participate in handovers between each shift. Computer use is password protected and there is off site back up for the information technology system. Care recipients are provided with information prior to entry, in the care recipient handbook and residential agreement, by notices, newsletters and at meetings. Records were observed to be stored securely and all staff sign confidentiality agreements annually. Care recipients and representatives report they are provided with information about the services available to 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 are effective systems and processes to ensure external services are provided to meet the service needs of care recipients and the home's service quality goals. The home has a preferred supplier/contractor list; service agreements and contracts are developed, monitored and regularly reviewed. The organisation monitors the quality and effectiveness of services provided including through consultation with appropriate staff, care recipients and representatives. There is a process to address, and if required change, external service providers when services received do not meet the needs of care recipients or the home.

Staff, care recipients and representatives are satisfied with the quality of services provided by external suppliers in meeting care recipients' needs.

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 actively pursues continuous improvement in relation to Accreditation Standard Two and recent examples include:

- Medication audits identified opportunities to improve medication management. A medication focus group was established and medication management has been reviewed. As a result the home's multi-dose packaged system has been replaced with a single dose packaged system. This system allows registered nurse and medication competent staff to administer medications. Education has been provided to medication competent staff, including on staff responsibilities and restricted drug management. A review of anticoagulant medication management has been undertaken with new medical officer anticoagulant directives developed. A review of the home's nurse initiated medication sheets has been undertaken with the medication advisory committee. The medication focus group continues to monitor medication management and medication incidents. Medication incidents have fallen recently.
- Audits demonstrated increasing care recipient falls. The care manager commenced a falls focus group where all care recipients who have fallen have been reviewed by the physiotherapist. All falls data was reviewed to identify trends. Care recipients' health status and foot wear has been reviewed with care recipients supported to purchase appropriate shoes. Mobility charts, a 'falls prevention checklist' and colour coded signage prompts have been developed to increase staff observation and awareness. There has been a decrease in care recipient falls in the previous two months.
- A palliative care audit identified improvement opportunities. An end of life checklist has been developed which includes documentation prompts for staff. Training has been provided to support staff in the use of syringe drivers to support pain management. A document has been developed to support management of pumps and infusions in palliative care.

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. Examples of regulatory compliance with Accreditation Standard Two include:

- The home demonstrates registered nurses have responsibility for care planning of high care recipients in accordance with the specified care and services of The Quality of Care Principles 2014.
- The home has a policy and procedures for the notification of unexplained absences of care recipients and maintains a register for recording these absences in accordance with The Accountability Principles 2014.
- Medications are administered safely and correctly in accordance with current regulations and guidelines.

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. Example of education and training attended by staff relating to Accreditation Standard Two include:

- All registered nurses and medication competent staff have recently completed a medication competency assessment for the home’s new medication administration system.
- Recent training in falls risk management and minimisation and continence management has been held.
- Staff undertake a competency assessment in use of heat packs.
- Twenty five staff recently completed training provided by Alzheimer’s association of NSW.
- Fourteen staff completed oral care training.
- Eight staff have undertaken wound management and stoma care training to meet care recipient needs.
- A regional hearing clinic recently provided training on the ear and hearing.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to ensure care recipients receive appropriate clinical care. Clinical care is overseen by the general manager and the care manager and registered nursing care is provided twenty four hours day seven days a week. A clinical assessment program identifies care recipients’ initial and ongoing care needs with results used to develop a care plan reflecting their individual clinical needs. Care recipients’ doctors and registered nurses consult with care recipients/representatives about the changing needs of care recipients. Clinical outcomes are monitored through reassessment, analysis of clinical indicators and regular care plan reviews. Results show clinical care is provided in accordance with care recipients’ identified needs and preferences. Clinical and care staff practices are monitored through processes including audits, feedback, observation and performance review. Care recipients confirmed they are consulted and informed about changes in their needs and are satisfied with the clinical care provided.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. The care manager and registered nurses assess, plan, action and evaluate care recipients’ specialised nursing care needs in consultation with care recipients and/or their representative and doctors. The home liaises with external health professionals including the local area health service and clinical nurse consultants to ensure care recipients’ specialised nursing care needs such as pain management and wound care are met. Registered nurses said and we observed that plentiful equipment, supplies and resources are fit for use and readily available to meet care recipients’ specialised nursing care needs. Relevant care recipients are satisfied with the specialised nursing care provided.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The home has systems to facilitate the referral of care recipients to appropriate health specialists in accordance with their needs and preferences. Other health and related services available to care recipients include behaviour management specialists, dietitians, physiotherapy, geriatricians, podiatry, speech pathology and specialist physicians and surgeons. Care recipients are referred as required by their doctors to trained and qualified audiology, dental and optometry services personnel. Care recipients are well informed about, and satisfied with the referrals made for them to other health and related services personnel.

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 systems and processes to ensure care recipients’ medication is managed safely and correctly including care recipients who choose to self-administer their medications. We observed qualified and trained staff using an accredited pre-packed medication system to administer prescribed medications to care recipients. Staff explained and demonstrated practices and protocols used to ensure care recipients receive their medications safely and correctly. Evaluation and review of care recipients’ prescribed medication is regularly undertaken by their doctors and an accredited pharmacist carries out additional auditing and review. The medication management system is monitored through the home’s regular auditing program and its medication advisory committee. All medication incidents are well documented and reported to management and the home is responsive in taking follow up action as required. Care recipients are satisfied with the way staff manage their medication needs.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Care recipients are assessed for acute and chronic pain on their entry to the home and generally, as indicated. Assessment and review of individual care recipients’ pain is carried out by their doctors and registered nurses in consultation with care recipients/ representatives. Staff described their role in identifying and reporting care recipients’ pain including use of an assessment tool for care recipients unable to verbalise their pain. Care recipients are provided with a holistic approach to pain relief conducted by the physiotherapist and registered nurses. Alternative therapies provided include therapeutic massage, heat pack therapy and a gentle exercise program. Relief mechanisms used by clinical and care staff include prescribed analgesia, repositioning and emotional support.

Care recipients said their prescribed pain relief programs are effective in managing their pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure the comfort and dignity of terminally ill care recipients is maintained. A care recipient’s end of life wishes are identified where possible, on entry to the home or thereafter including the level of clinical intervention preferred. The documented results assist in developing and managing an advanced care plan directive for the care recipient as desired. Regular liaison occurs with doctors, the wider health care team and care recipients/representatives as needed. Staff described a range of interventions they would employ when caring for terminally ill care recipients to ensure their pain is managed and their comfort and dignity maintained. Care recipients expressed their gratitude with the home’s approach to maintaining their comfort and dignity. Relevant care recipients said they are satisfied that staff respect and acknowledge their requested, future end of life wishes.

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 provides care recipients with adequate nourishment and hydration. Care recipients’ initial dietary requirements are assessed by registered nurses who advise catering staff accordingly. Initial assessments are undertaken in liaison with a dietitian or speech pathologist to identify any oral or dental needs including swallowing difficulties or the need for special diets or utensils. Care recipients’ changing needs are reassessed in liaison with a dietitian or speech pathologist with catering services notified in a timely manner. Care recipients are regularly weighed with significant weight variations followed up by their doctors in liaison with

other health specialists. Staff are aware of special diets, care recipients' preferences and special requirements including thickened fluids, pureed and soft food. . Food satisfaction is monitored through regular one-on-one discussions with the chef and staff, a food focus group and care recipient meetings. Care recipients are satisfied with the frequency and quantity of food and drinks provided.

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 ensures care recipients' skin integrity is consistent with their general health. The assessment, planning and actioning of care recipients' initial and ongoing skin care needs is carried out by registered nurses in consultation with the care recipient/representative, doctors, podiatrist and physiotherapist. Changes in skin care are identified through reassessment of care recipients' skin integrity, mobility, manual handling, nutrition and hydration, continence and wound care needs; and review of clinical incidents including falls and skin tears. Interviews with care recipients confirm this process. Registered nurses provide all wound care in liaison with care recipients' doctors, who refer them to wound specialists in local area health service as required. Staff said and we observed plentiful skin care equipment and products available including pressure relief devices, skin emollients and wound care requisites. Care recipients are satisfied with the individual skin care provided by staff.

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 a system and processes to ensure care recipients' continence is effectively managed. The care manager, registered nurses and continence link nurses manage the continence program in liaison with the home's contracted continence care provider; and liaise with care staff on issues associated with care recipients' continence needs. Staff are trained in continence management including scheduled toileting and the use and fitting of continence aids. Where required, individual toileting programs are scheduled for to assist in managing care recipients' needs and preferences. Care recipients are monitored for the presence of urinary tract infections, decline in mobility status and changes in cognition which may impact their level of bladder or bowel continence. Following consultation with care recipients' doctors and other related health personnel as required, intervention strategies are implemented and reviewed. Bowel management programs used include daily monitoring, appropriate diets, provision of aperients and other interventions including aids, as required. Staff said and we observed plentiful continence care supplies and aids are available to assist staff in effectively managing care recipients' continence needs. Care recipients are satisfied with the continence care provided.

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 a system and processes to ensure the needs of care recipients with challenging behaviours can be managed effectively. Results of relevant care recipients’ initial and ongoing assessments are used to develop, review and update behavioural management care plans as required. Behaviour incidents are recorded, addressed, reviewed and evaluated in a timely manner. Contributing medical causes including factors known to intensify challenging behaviours are identified, managed, reviewed and followed up by care recipients’ doctors. A care recipient’s need for review or assessment by mental health and behaviour management specialists occurs in consultation with their representative through referral by their doctor in liaison with the care manager. Care recipients expressed satisfaction with the way staff meet the needs of care recipients living 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

The home has a mobility program tailored to individual care recipients’ needs and preferences. Initial and ongoing mobility assessments are undertaken by the physiotherapist and the results used to develop a plan of care. Care recipients’ mobility needs are regularly reviewed by the physiotherapist and plans of care updated as needed. Interviews with care recipients and staff show care recipients’ use of mobility aids and falls minimisation strategies are consistent with identified needs documented in their mobility care plans.

Mobility incidents including falls are reported and followed up in a timely manner. Feedback is provided to doctors, staff and care recipients/representatives by the physiotherapist. The home has a falls prevention program and a regular exercise program is conducted by lifestyle staff and overseen by the. Care recipients are satisfied they are achieving and maintaining levels of mobility suited to their individual capabilities.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

Care recipients’ oral and dental health is maintained. The home’s approach to the maintenance of care recipients’ oral and dental health includes initial and ongoing assessment and review of their oral and dental care needs. Assessments are carried out by a registered nurse and referrals to dentists or dental technicians are arranged by doctors according to the care recipients’ individual needs and preferences. Staff said and interviews with care recipients show, they have their daily oral care needs encouraged, supervised and/or attended by care

staff. Care recipients said they have access to a dentist of their choice in the local area, and are assisted to make and attend appointments as required.

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 a system to ensure care recipients’ sensory losses are identified and effectively managed. The identification of sensory impairment is included in initial and ongoing clinical and lifestyle assessments covering communication, sight and hearing, and the senses of touch, smell and taste. Incorporated clinical and lifestyle features that focus on sensory stimulation include gentle exercise programs, aromatherapy, therapeutic massage and sensory based lifestyle activities including art and craft. Plans of care incorporating the care recipients’ sensory needs are initially developed, regularly reviewed and updated as needed, and medical and other health personnel are involved as required. Staff assist care recipients with cleaning and fitting their communication aids and care recipients are satisfied their sensory losses are identified and effectively managed.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Care recipients are encouraged to achieve natural sleeping patterns. The home has a system of initial and ongoing identification and review of night care requirements that encourage natural sleeping patterns for care recipients. Sleep strategies implemented include flexible retiring times, offering a warm drink, gentle massage, one-to-one time, and night sedation and/or pain relief medication if prescribed by a doctor. Care recipients said they sleep at night and that staff help them if they experience difficulty in sleeping.

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 and recent examples include:

- The lifestyle program continues to be improved with care recipient feedback. A monthly shopping trip is now scheduled on the program, which has been well supported by care recipients. Cultural days including a French day and international day of the older person day have been included. Recently a high tea celebration was held with family members invited to participate. The environment has been enriched with the inclusion of farm animal statues, a sensory program and a doll therapy room.
- Care recipient notice boards have been installed in each wing of the home, to promote information management of care recipient lifestyle. An activities program, menus, safety and community information was observed on the notice boards.
- A volunteer art teacher has been identified and it is anticipated an art program will commence in the home.

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. Examples of regulatory compliance with Accreditation Standard Three include:

- All care recipients are offered a residential care agreement that includes security of tenure and the care and services that are to be provided and meet the requirements of *The Aged Care Act 1997* and *The User Right principles 2014*. The agreement has been updated to include changes to legislation on 1 July 2014 in relation to rates and accommodation bonds.
- The Charter of Care Recipients’ Rights and Responsibilities is displayed in the home.
- The organisation provided information about the Antidiscrimination Act disclosures with a focus on care recipient equity including lesbian, gay, bisexual, transgender and intersex inclusiveness. Information has been provided relating to the April 2014 High Court of Australia’s determination that change of sex may be documented as “non -specific.”

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. Example of education and training attended by staff relating to Accreditation Standard Three include:

- The lifestyle co-ordinator recently attended a diversional therapy workshop on mental health, men’s shed, culturally and linguistic diversity, grief and loss and volunteers.
- The care manager recently attended training on inclusiveness in aged care provided by the Lesbian gay bisexual transgender intersex alliance.
- The home’s compulsory orientation includes customer service, care recipient rights and responsibilities, privacy, elder abuse and compulsory reporting of incidents.

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 provides initial and ongoing support to each care recipient in adjusting to their new life in the home. An initial lifestyle assessment identifies their need for emotional support with results used to develop a plan of care that is regularly evaluated and updated. Care recipients' emotional needs are assessed on an individual basis in consideration of their personal and private needs, cultural background and physical and mental health. Support services available include new care recipients being introduced to and welcomed by other care recipients, newsletters and regular meetings. We observed staff and visitors supporting care recipients as needed. Care recipients expressed their gratitude for the emotional support offered when they first enter the home and said the support is ongoing.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. A range of initial assessments identify the care recipient's preferences for independence and are integrated into a care plan to assist them in achieving and maintaining their independence. The home encourages the involvement of family and friends and the home's newsletters assist care recipients with knowing about their community within and outside their home. Care recipients confirmed they are encouraged and assisted by staff to access and participate in a wide variety of community activities inside and outside the home including musicals and concerts at the local theatre, day only bus trips to areas of local interest and shopping outings. Care recipients said they enjoy the time spent with local school children who regularly visit them at 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

Each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Confidential and private information is obtained with the prior consent of the care recipients/representatives and used accordingly. Staff said they sign a confidentiality agreement on commencing at the home. Staff confirmed they receive ongoing training and monitoring on supporting each care recipient's privacy, dignity and confidentiality including use of their information. Our observations of staff attending care recipients in a respectful and

courteous manner show their awareness of each care recipients' right to privacy, dignity and confidentiality. We observed and care recipients said they live their lives at the home with privacy and dignity.

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

A series of recreational and leisure interest assessments are conducted when a care recipient initially enters the home. The results are used to develop and regularly review an individualised plan supporting an individual approach for encouraging their participation in a wide range of preferred interests and activities. A care recipient's level of participation and their feedback assist staff in the ongoing monitoring and review of activities including group and one-on-one activities. Group activities offered include various art and craft activities such as knitting groups, outings, high tea, quizzes, gentle exercise programs, bingo, music, doll and pet therapies, and visiting entertainers. One-on-one activities enjoyed by care recipients include reminiscence, room visits, walks and conversations. Care recipients said they participate in a wide range of activities of interest to them and confirmed their right to refuse is respected.

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

Preferences and requirements for care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds are identified, valued and fostered. An initial cultural and spiritual assessment including information provided by the care recipient/representative is used to develop a plan of care which is regularly reviewed and updated as needed. Identified cultural and spiritual needs are incorporated into planning end of life wishes as desired. We observed and care recipients/representatives confirmed care recipients are encouraged to use photographs and other visual displays of their cultural and spiritual heritage. Cultural, international, national and other celebratory days are observed at the home such as International days including French national day and International day of older persons, ANZAC Day, Christmas Day and Australia Day. Care recipients can access religious clergy and pastoral support and attend on-site specific or other services as desired. Care recipients are satisfied with the range of individual interests, and cultural and spiritual support available and provided to them.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Each care recipient (or their representative) participates in decisions about the care and services a care recipient receives on their entry to the home. Care recipients/representatives decide on care recipients' preferences for a range of care and services available including choice of meals and participation in leisure interests and activities. Information packages and the offer of a residential agreement ensure each care recipient (or their representative) are aware of choices available to care recipients. We observed information regarding care recipients' rights, complaints mechanisms and advocacy services displayed around the home and documented in entry packages, information handbooks and the care recipient agreement. Care recipients/representatives are provided with information on the need to not infringe on the rights of other care recipients. Care recipients expressed satisfaction with the encouragement and support provided in making choices and decisions about the care and services they receive.

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 home has processes to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. All care recipients are offered a residential agreement and handbook which outlines security of tenure, fees and charges, care and services, care recipients' rights, and complaints resolution processes. They also have the opportunity to discuss these documents with the home's club services manager. The facility manager informed us any room changes within the home are discussed and agreement reached prior to any moves being undertaken. Care recipients are satisfied with their security of tenure at the home and are aware of 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

Refer to expected outcome 1.1 Continuous improvement for information about the home’s system for actively pursuing continuous improvement. The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Four and recent examples include:

- Following care recipient feedback a food committee recently commenced. The organisational catering manager and the onsite hospitality manager/chef have met with staff and care recipients to discuss the menu, food choices and service. Care recipients have reviewed the menu and had input into the serving and sizing of meals. As a result of the focus group catering staff have had training in the presentation and sizing of meal service. Care recipients expressed satisfaction with the committee and are looking forward to the summer menu and improvements with food service.
- Management reviewed the home’s emergency preparedness including the emergency manual. As a result of audits two emergency storerooms, one for each wing, have been established to store equipment safely. Additional safety resources have been sourced including evacuation (Albac) mats, an emergency phone, resuscitation and eyewash kits, helmets and identification vests for fire wardens. Fire warden duty lists and fire emergency procedure scripts have been developed to support fire wardens in the event of an emergency. First aid checklists have been developed and staff allocated to regularly audit the first aid kits.
- To improve and support infection control practices, infection control flip charts have been developed for specific areas and staff. For example there are laundry, cleaning, kitchen and nursing staff infection control flip charts to prompt and support staff practices and responses.
- In response to changing care recipient needs a cytotoxic management plan has been developed. Cytotoxic guidelines, flow charts and signage have been developed and purple bins, bags and stickers have been sourced and purchased. We observed these resources in use. Staff have received training in cytotoxic management and staff demonstrate knowledge in this area.
- To improve safety keypads have been installed on utility rooms. Workplace inspections have been developed and are in use to maintain safety in the home. Snow guards have been installed on the home’s gutters. Recent heavy snowfalls prompted a false fire alarm when snow blocked gutters and backed up in ceiling spaces. Prompt responses from management and staff ensured minimal care recipient inconvenience and the home’s emergency procedures successfully managed this situation.

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. Examples of regulatory compliance with Accreditation Standard Four include:

- The home has a NSW Food Authority licence as required by the Vulnerable Persons Food Safety Scheme and has a food safety program audited by the NSW Food authority.
- A current fire safety statement is on display and fire safety equipment is being inspected, tested and maintained in accordance with fire safety regulations, including the sprinkler system which is installed throughout the home.
- Safety data sheets are displayed adjacent to the chemicals to which they refer.
- NSW Department of Health hairdressing and barbers’ hygiene standards are available in the home and the hairdresser complies with these directions.

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. Example of education and training attended by staff relating to Accreditation Standard Four include:

- All kitchen staff have recently completed infection control and food safety training.
- All staff attended fire and evacuation training in 2015.
- All registered nurses have recently trained as fire wardens.
- Training has been provided to all staff on use of evacuation mats.
- Training in use of personal protective equipment has been provided to all staff.
- Four staff have been trained in infection control and outbreak management, including the care manager.

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 has systems and processes to ensure a safe and comfortable environment consistent with care recipients' needs. Gosling Creek aged care accommodates care recipients in single rooms with en-suite bathrooms. There is a 17 bed memory enhancement unit for care recipients living with dementia. All rooms are air conditioned and fitted with emergency call bells; there are grab rails in bathrooms and hand rails in corridors. Each area of the home has communal areas, which include dining and lounge rooms, enclosed courtyards and verandahs with seating and shade. The home is surrounded by attractive gardens and a rural setting and provides a central café and hairdressing salon. There is a comprehensive program for maintenance that includes corrective and preventative maintenance schedules to ensure the grounds, building and equipment are well maintained. The home completes environmental audits and has a hazard reporting and response system. Care recipients/representatives enjoy the comfortable and spacious living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

There is a system to provide a safe working environment consistent with workplace, health and safety (WHS) policy and regulatory requirements. The WHS committee has representatives from each department and meets regularly to oversee work, health and safety within the home. All staff are trained in manual handling, work health and safety, fire awareness and evacuation procedures during their orientation and on an on-going basis. Preventative and corrective maintenance programs ensure equipment is in good working order and the environment is safe. WHS is monitored through regular audits, incident and hazard reporting, competency assessments and daily observation of the environment and staff work practice. The general manager is a qualified return to work co-ordinator.

Observation of work practice and interviews with staff confirm they have attended training, have an understanding of WHS systems and are satisfied management is active in providing a safe work environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

There are systems to provide an environment and safe systems that minimise fire, security and emergency risks. The home has emergency and fire evacuation procedures and is equipped with an emergency warning and intercommunication system, firefighting equipment, extinguishers and fire blankets, all of which are regularly checked and maintained by external contractors. Staff confirm compulsory education is held for fire training and were able to explain what action to take in the case of a fire or other emergency. The home has current fire safety certification and is fitted with a sprinkler system; there is a disaster management plan. Security measures include sign in/out registers, keypad and swipe-card access/exit within the home, after hour's security and lock up procedures, emergency response flip charts, and outdoor lighting.

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

There is an effective infection control and surveillance program. The home has systems to document, monitor and review the level of infections within the home. Observations confirm consistent staff practice to reduce cross infection such as the use of hand washing facilities, personal protective and colour-coded equipment. The home has a food safety program, pest control and waste management systems; monitors laundry and cleaning practices and has an outbreak management plan. Preventative measures include education for all staff with specific education and training relevant to staff positions and roles. Care recipients and staff are offered vaccinations. Staff demonstrate an awareness of infection control relevant to their work area.

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

Catering

There are processes to ensure hospitality services enhance care recipients' quality of life and the staffs' working environment. Food is prepared and cooked fresh on site, the seasonal menu is reviewed by a dietician and caters for the individual needs and preferences of care recipients; alternate and special diet meal choices are available. The home has a food safety program and has received an A rating from the NSW Food Authority. All catering staff have attended safe food handling training.

Cleaning

The living environment was observed to be clean and without odour. Cleaners follow a set daily schedule which ensures all care recipients' rooms and common areas are cleaned. The cleaning staff demonstrate knowledge of the home's cleaning schedules, practices and safe chemical use. Chemicals used in the home are safely stored and safety data sheets are available, accessible and current.

Laundry

The on-site laundry is in operation six days a week for laundering linen and personal clothing. Staff ensure care recipient clothes are labelled.

Hospitality services are monitored through feedback, audits, surveys and meetings.

Care recipients and representatives interviewed indicate they are satisfied with the catering, cleaning and laundry services provided.