



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Maybanke Aged Care Plus Centre**

RACS ID 0059  
80 Wardell Road  
DULWICH HILL NSW 2203

### **Approved provider: The Salvation Army (NSW) Property Trust**

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 15 November 2018.

We made our decision on 29 September 2015.

The audit was conducted on 26 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.

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

## Standard 2: Health and personal care

### Principle:

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

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

## Standard 3: Resident lifestyle

### Principle:

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

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

## Standard 4: Physical environment and safe systems

### Principle:

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

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



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**Australian Aged Care Quality Agency**

## **Audit Report**

**Maybanke Aged Care Plus Centre 0059**

**Approved provider: The Salvation Army (NSW) Property Trust**

### **Introduction**

This is the report of a re-accreditation audit from 26 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 26 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

<b>Team leader:</b>	Toby Hammerman
<b>Team member/s:</b>	Veronica Hunter

## Approved provider details

<b>Approved provider:</b>	The Salvation Army (NSW) Property Trust
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## Details of home

<b>Name of home:</b>	Maybanke Aged Care Plus Centre
<b>RACS ID:</b>	0059

<b>Total number of allocated places:</b>	38
<b>Number of care recipients during audit:</b>	29
<b>Number of care recipients receiving high care during audit:</b>	31
<b>Special needs catered for:</b>	NA

<b>Street/PO Box:</b>	80 Wardell Road
<b>City/Town:</b>	DULWICH HILL
<b>State:</b>	NSW
<b>Postcode:</b>	2203
<b>Phone number:</b>	02 9560 4457
<b>Facsimile:</b>	02 9659 1301
<b>E-mail address:</b>	NA

## Audit trail

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

### Interviews

Category	Number
Centre manager	1
Regional manager	1
Quality risk manager	1
Registered nurses	1
Care staff	6
Administration officer	1
Customer service/admissions coordinator	1
Physiotherapist	1
Care recipients/representatives	7
Recreation activity officer	1
Director of mission/chaplain	1
Support officer	1
Catering staff and contract supervisor	3
Laundry staff	1
Cleaner, contracts manager and operations manager	3
Maintenance officer	1

### Sampled documents

Category	Number
Care recipients' files including assessments, care plans, progress notes, forms and charts, allied health documentation, care conferences, referrals to consultants and associated documentation.	6
Summary care plans	6
Signed resident agreements	4
Medication charts	15
Personnel files	6

## Other documents reviewed

The team also reviewed:

- Care documentation including admission and care assessment flow chart, dressings folder, care plan summary, nutritional summaries, incident management and clinical indicator audits
- Care recipients' enquiry package, admission package and resident handbook
- Cleaning schedules –audits and inspection reports, chemical inventory, cleaning frequency roster, cleaning staff toolbox training and education records, kitchen, laundry and residential schedules, maintenance cleaning specifications, safe work methods
- Clinical handover documentation
- Comments and complaints: “Your Matters Matter” forms, complaints, comments, and compliments trending registers
- Communications books for physiotherapist, dentist, general, general practitioner
- Education program, attendance records, competencies, evaluations and reports, ,induction checklist, proposed training and development schedule 2015, attendance records fire education, staff records for internal and external courses completed, toolbox talks content and attendance records
- Emergency flips charts, business continuity and disaster plan manual, emergency evacuation procedures, fire equipment service records, fire safety and security audit, hazardous/non-hazardous chemical register
- External service contracts and service agreements, contractor and service providers induction handbook, equipment maintenance records, planned external maintenance schedule
- Food services – calibration records, cleaning schedules, dietary preference sheets, dietician approved menu, NSW Food Authority licence and audit reports, food safety program, food and equipment temperature records, anti-bacterial wash log for fruit and vegetables
- Hazard/incident injury report, risk indicator submission tool, NSW/ACT workers compensation claims and injury management process
- Human resource management – annual performance development reviews, code of conduct, confidentiality agreements, first day induction checklist, new employee pack, pre-employment health check, position descriptions, policies and procedures, professional registration records, staff pack and handbook, staffing roster, staff allocation sheet
- Infection control documentation including infection prevention and control manual, vaccination record – resident and staff, infection control audit, legionella testing results, monthly summary and trend data, outbreak management program
- Information systems – communication books, notices and handover sheets, electronic care planning and documentation program, meeting schedule, minutes of meetings,



monthly reports to head office, newsletters – local and corporate, policies and procedures, pre-admission checklist, staff handbook, residents' entry pack, residents' handbook, residents' satisfaction survey, staff (Voice) satisfaction survey, visitor's code of conduct

- Inventory and equipment – assets register, electronic maintenance request program, preventative maintenance schedule, maintenance service reports, electrical tagging and testing records, thermostatic mixing valve temperature testing
- Laundry manual, laundry cleaning record
- Leisure and lifestyle documentation including lifestyle folders, evaluation of activities, lifestyle assessment, "key to me", monthly activities program, photographic evidence of activities
- Medication documentation including schedule eight drugs of addiction register, authority for self-medication, Blood sugar level (BSL) insulin book, clinical responses to BSL, diabetic observation chart
- Physiotherapy documentation including allied health folder, pain management records
- Quality program – accident and incident reports, audit schedule, audit results and action plan, care and clinical trending review, clinical indicator data and benchmarking reports, continuous improvement plan
- Regulatory compliance – absconding/missing residents register, annual fire safety statement, elder abuse register/reportable incidents, police check register and review system, NSW Food Authority licence, NSW Food authority audit report, professional registrations records, registered nurse (RN) registration numbers and expiry dates, re-accreditation self-assessment document, staff privacy notices and code of conduct information

## Observations

The team observed the following:

- Activities in progress, lifestyle calendar, associated resources, photographs of past events
- Availability of manual handling and mobility equipment such as hand rails, mobile walking frames, walking sticks and walk belts.
- Charter of Residents' Rights and Responsibilities displayed
- Chemical storage, maintenance office
- Cleaning in progress including use of equipment, trolleys and wet floor signage boards
- Dining environments during lunch and morning and afternoon tea services with staff assistance including care recipients' seating and use of assistive devices for meals
- Equipment and supply storage areas including supplies of clinical stocks, continence aids and linen stock in sufficient quantities

- Fire detection and firefighting equipment checked and tagged, emergency evacuation packs, evacuation plans on display, unobstructed evacuation egresses
- Food services –decanting, labelling, storage and rotation of stock, kitchen including areas for preparation and wash up, dry stores, cool room, freezer and refrigerators
- Handover in progress
- Infection control resources including hand washing facilities and instructions, hand sanitising cleanser dispensers, spill kits, sharps waste disposal containers, contaminated waste, outbreak resources, personal protective and colour coded equipment, waste management
- Interactions between staff, care recipients and representatives
- Laundry practices
- Living environment internal and external
- Medication rounds and secure storage of medications, medication trolleys and
- Menu displayed
- Mission and values of the organisation, code of conduct, privacy statement and the
- Notice of re-accreditation site audit on display
- Noticeboards, information brochures on display for care recipients, representatives and staff
- Secure storage of confidential care recipient and staff information
- Security systems including - call bells, external lighting, numeric key coded door locks, visitors sign in and sign out book and staff identification badges
- Short group observation in chapel/lounge area at morning tea.
- Staff practices and interactions with care recipients and visitors
- Staff work areas including nurses' stations, treatment/utility rooms, staff room, reception and offices
- Suggestion boxes accessible to care recipients/stakeholders
- Wound care supplies

## Assessment information

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

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

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

#### 1.1 Continuous improvement

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

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

The home meets this expected outcome

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

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

- Aged Care Plus support services identified the need to streamline the Mission and Leadership committee meeting structure. This was in response to feedback from Maybanke and other homes in the organisation about duplication across committees and the onerous numbers and frequency of meetings. A new structure was developed with fewer committees meeting less frequently while continuing to provide robust governance. New terms of reference were developed and the meeting agenda and minutes template was revised. The system was introduced in February 2015, just prior to the appointment of the centre manager. Participants in the new committee structure report it is more efficient than it was previously, with improved communication of decisions and enhanced monitoring of outcomes.
- The new centre manager has recognised the increasing acuity of care recipients in line with the organisation's implementation of an “ageing in place” philosophy. In order to prepare the home to manage increased clinical needs of care recipients, the centre manager successfully applied for a staffing budget increase to allow the employment of a registered nurse seven days a week. Recruitment of a suitable candidate to fill that position has not yet produced results. However the centre manager notes the home's staffing plans over the long term, and re-arrangement of existing shifts of care service

employees in the short term, will allow the home to be adequately prepared to manage present and future care recipients with increased clinical needs.

## **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

Systems and processes ensure the identification and implementation of changes in legislation, regulatory requirements, professional standards and guidelines. Information is sourced in a variety of ways which include: subscription to a legislative update service, through industry related newsletters, from peak bodies, from State and Commonwealth government departments, from statutory authorities and the internet. Changes to legislation are notified to the home by the organisational quality department and disseminated to the home’s staff using memos, meetings and education sessions. Policies and procedures are reviewed and updated in line with new legislation. Peer reviews, auditing by external regulatory authorities, internal auditing processes, surveys, quality improvement activities and monitoring of work practices ensure consistency and compliance with legislative requirements.

The following examples demonstrate the effectiveness of the system relating to regulatory compliance pertaining to Accreditation Standard One:

- Notification of the re-accreditation audit to care recipients and their representatives occurred within the legislative timeframes by letter and notices posted in the home.
- There are processes in place to ensure all staff, allied health professionals, contractors and volunteers have current police certificates.
- Care recipients and stakeholders are provided with information about internal and external complaints mechanisms and advocacy services.

### **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

Processes are in place to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. Training needs are identified through: legislative change, accident and incident reporting, performance appraisals, surveys, results of audits, monitoring of clinical indicators, reporting and feedback from stakeholders. From these sources a monthly education calendar is developed. Education is coordinated by the registered nurse and delivered through an electronic training program, in-service training and information sessions by contracted suppliers as well as through attendance at external courses. Competency assessments are conducted and workbooks completed to evaluate the effectiveness of the program and ensure relevant staff skills are maintained. Records of attendance are kept and there is a system to monitor attendance at compulsory training.

Staff told us they receive opportunities for relevant education of interest and assistance to them. Training provided in relation to Accreditation Standard One includes: Aged Funding Instrument - care planning and documentation and corporate philosophy entitled "being a proud member of Aged Care Plus".

### **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

Information explaining the internal and external complaints mechanisms is prominently displayed in the foyer of the home and resident agreement. These are also discussed with care recipients and their representatives as part of the entry process. A register is in place, and audits and reporting mechanisms track and trend comments and complaints. A review of these demonstrates that issues are investigated, analysed and responded to in a timely manner. There is a system for making confidential complaints. Annual general surveys of service satisfaction are conducted and the results used as a basis for quality improvements. Care recipients, their representatives and staff confirmed to us an awareness of the mechanisms by which comments, complaints, or suggestions can be made.

### **1.5 Planning and leadership**

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

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

The home meets this expected outcome

The vision, mission, values and objectives of the organisation are documented and reflect the intention and commitment of delivering quality services to care recipients. These are discussed

with staff at orientation, displayed at the home and documented in the various handbooks, newsletters and corporate publications. Staff are provided with lanyards carrying cards that outline the vision, mission, values and support uncompromising commitment

## **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

There are systems and processes to ensure the home has appropriately skilled and qualified staff to provide services in accordance with the Accreditation Standards and the home's philosophy and objectives. Policies and procedures that guide human resource practices are accessible to staff on the organisational intranet. Recruitment processes include professional registrations, visa work requirements, criminal record (police certificates) and reference checks. Orientation training and buddy shifts guide new staff with probationary and annual performance reviews ensuring ongoing skills development. Grievance processes are documented. Rosters are developed fortnightly in advance and relief arrangements include permanent part time staff working extra hours and casual employees. Staffing levels are monitored in line with care recipient and staff feedback, call bell responses, incident reporting and care recipient specific clinical or behavioural needs. All staff interviewed expressed appreciation of the support and developmental opportunities offered to them by the management team. Care recipients report satisfaction with the skills and professional approach of all staff.

## **1.7 Inventory and equipment**

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

### **Team's findings**

The home meets this expected outcome

Our observations and staff interviews confirm there are adequate levels of goods and ready access to equipment for the delivery of quality services at the home. Budgeted processes and organisational procurement systems ensure that goods and equipment are suitable for the purpose and meet the specific needs of care recipients. The maintenance officer oversees the ordering processes and stock rotation systems for consumable and perishable items. Specific staff members assume responsibility for conducting stock reviews and ordering necessary supplies. Monitoring processes include risk assessments, hazard reports, environmental and workplace audits. Preventative and reactive maintenance programs ensure service delivery supports a safe living and working environment. Chemicals are stored securely with easy access to safety data sheets. Electrical tagging is conducted.

## 1.8 Information systems

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

### **Team's findings**

The home meets this expected outcome

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

Interviews and documents reviewed showed the home effectively disseminates information from management to staff and care recipients/representatives relating to legislation, clinical care, organisational information and other matters that are of interest to them. This is achieved through ready access to online management and intranet systems, which provides a suite of flow charts and associated forms that clearly explain current policies and procedures. The home also effectively conveys information through newsletters, memos, noticeboards, meetings, clinical records, client information packages, education sessions, meeting minutes and electronic versions of policy and procedure manuals. Information is managed in accordance with the home's privacy policy. We observed stakeholders accessing the comprehensive and extensive documentation system that is used daily for the management and dissemination of information. Care recipients told us they are provided with information which assists them to make decisions about care and lifestyle.

## 1.9 External services

*This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".*

### **Team's findings**

The home meets this expected outcome

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

## Standard 2 – Health and personal care

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

### 2.1 Continuous improvement

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

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

The home meets this expected outcome

The results of the team's observations, interviews and review of documentation revealed that the home is pursuing continuous improvement in relation to health and personal care of care recipients. For information regarding the continuous improvement system see expected outcome 1.1 Continuous improvement.

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

- In order to improve pain management and safety the home has reviewed their pain program in consultation with the physiotherapist. One outcome from the review was the purchase of new technology heat bead packs including several fashioned to fit around the neck and shoulders. All packs have an inbuilt thermometer thereby enhancing the safety of the applications. Feedback has been positive with many care recipients requesting regular access to the heat applications.
- A review of medication practices prompted additional staff training and the introduction of new administrative measures during medication rounds. Staff now wear a red apron when conducting medication rounds. Care recipients are alerted not to disturb staff when wearing the apron. The staff training and increased awareness has produced a positive result for the home

### 2.2 Regulatory compliance

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

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

The home meets this expected outcome

The home's management has systems in operation to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The home is advised of any changes in regulatory requirements and professional standards by the organisation's head office, which monitors the regulatory environment through updates from government and industry bodies, internet access and various other mechanisms. Staff are advised of regulatory requirements and any relevant changes to them through various means including intranet alerts, updates to policies, meetings and education. Compliance with regulatory requirements is monitored through day-to-day supervisory arrangements and



audits. We sighted relevant legislation and documentation related to professional guidelines displayed in various locations throughout the home.

- Evidence that there are systems in place to identify and ensure regulatory compliance relating to health and personal care includes:
- Authority to practice registrations for medical officers, registered nurses and enrolled nurses are sighted and relevant records are maintained by the home. Contracted allied health services managed by the organisation are also required to provide evidence of registration.
- The home ensures care recipients are provided with specified care and services, supplies and equipment as required under the Quality of Care Principles (2014).
- Storage and administration of medications is in line with the relevant legislative requirements

### **2.3 Education and staff development**

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

#### ***Team’s findings***

The home meets this expected outcome

Refer to Expected Outcome 1.3 Education and staff development for information about the home’s system to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. We verified through discussions with staff and management and documentation review that the home delivers education relevant to Standard Two that will promote care recipients’ physical and mental health. Examples of education provided specific to Standard two include oral hygiene and care, pain identification and management, falls prevention and diabetes – understanding and management.

### **2.4 Clinical care**

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

#### ***Team’s findings***

The home meets this expected outcome

Maybanke Aged Care Plus Centre ensures that care recipients receive appropriate clinical care and individual needs and preferences are respected. A comprehensive program of assessments is undertaken when a care recipient moves into the home and a care plan is developed using the computerised clinical care system. Care plans are reviewed and evaluated regularly. Medical officers review care recipients regularly and as requested and referrals to specialist medical and allied health services are arranged as required. A range of care based audits, clinical indicators, resident surveys, meetings and staff handovers are used to monitor the quality of care. Staff said they enjoy working at the home and receive clinical care training, supervision and have access to appropriate supplies of equipment to ensure quality clinical care is provided for all care recipients. Care recipients/representatives say that they 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/representatives said they are satisfied with specialised nursing care at the home. There are systems to ensure care recipients’ specialised nursing care needs are identified and met by appropriately qualified staff. Specialised nursing care needs are assessed and documented in care plans when a care recipient moves into the home. A review of documentation including the computerised clinical care system shows changes are documented in progress notes, clinical charts, specialist forms and charts and in care plans.

Care plans are reviewed and evaluated on a regular basis. Registered nurses oversee care recipients’ specialised care and equipment is supplied as needed to meet individual need. Staff said they receive training in specialised nursing care and the use of equipment.

## 2.6 Other health and related services

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

### **Team’s findings**

The home meets this expected outcome

Care recipients/representatives said they are consulted when a referral is required and they are assisted to attend specialist appointments as needed. A review of documentation including care recipients’ files and interviews with staff show care recipients are referred to medical specialists and other allied health professionals such as physiotherapist, podiatrist, speech therapist and dietician, audiologist and optometrist and other consultants as required. Referrals occur in a timely manner and any changes are incorporated into care planning.

External providers of specialist services visit care recipients in the home when possible.

## 2.7 Medication management

*This expected outcome requires that “care recipients’ medication is managed safely and correctly”.*

### **Team’s findings**

The home meets this expected outcome

Care recipients/representatives said they are satisfied with the way medications are managed. There are processes to ensure medication orders are current and care recipient needs, including allergies and administration needs are identified and met. Medications are regularly reviewed by the care recipient’s medical officer and changes are communicated and supplied in a timely manner. Medications are ordered, received, stored, administered, documented and discarded safely in line with policies and procedures and regulatory requirements. Medications are monitored and administered by qualified staff. The medication management system is monitored, reviewed and improved through regular audits and pharmacy reviews. Staff

administering medications receive regular education and are competency tested to ensure medications are managed safely and correctly.

## **2.8 Pain management**

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

### ***Team’s findings***

The home meets this expected outcome

Care recipients are assessed on entry and on an ongoing basis to ensure they are as free as possible from pain. Any care recipients identified with pain, including those at risk of pain, are assessed and have a pain management plan. The plan is monitored and regularly evaluated for effectiveness by the registered nurses and physiotherapist in consultation with the care recipient/representative and healthcare team. Medication and alternative approaches to manage pain are used including massage, the provision of emotional and spiritual support, exercise and the use of pain relieving equipment including heat packs and transcutaneous electrical nerve stimulation (TENS) machines. Staff receive education in pain management and staff practice is closely monitored by management. Care recipients/representatives said they are satisfied with the way their pain is managed.

## **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

Management and staff ensure the comfort and dignity of care recipients who are terminally is maintained and families and friends are supported during the care recipient’s illness and bereavement period. Holistic individualised care is provided based on assessment of individual need. The home liaises with the palliative care team and visiting medical officers and advanced care directives and chaplaincy services are offered to care recipients. Staff receive education and follow the palliative approach guidelines and are directed by the registered nurses. Each care recipient has their own room with en-suite at the home and specialised equipment is available. Families are supported and made comfortable when visiting their loved ones.

## **2.10 Nutrition and hydration**

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

### ***Team’s findings***

The home meets this expected outcome

The home has systems to ensure care recipients receive adequate nourishment and hydration including initial and ongoing assessments of care recipients’ needs and preferences. Care recipients have input into menu planning through liaising with the manager, the cook and through the food focus meeting. A dietician is available if required. Meals are prepared on-site and nutrition supplements, modified cutlery, equipment and assistance with meals are

provided as needed. The registered nurse identifies any care recipient at risk of weight loss and malnutrition by monitoring regular weight records.

Observation confirmed the menu is displayed in the dining area. Care recipients said they are very satisfied with the catering services provided and any concerns they may have are discussed at relevant meetings and with staff to ensure their needs are met.

## **2.11 Skin care**

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

### **Team’s findings**

The home meets this expected outcome

Care recipients/representatives are satisfied with the way skin integrity is managed at the home. A review of documentation shows care recipients’ skin integrity is consistent with their general health. Care recipients’ skin integrity is assessed when they move into the home.

Care staff monitor care recipients’ skin integrity as part of daily care and report any changes to the registered nurse for review and referral as needed. Complex wound management is carried out by the registered nurses and skin tears and infections are recorded and monitored by management. A podiatrist and hairdresser regularly visit the home, a range of skin protective devices such as massage, skin emollients, pressure relieving devices, hip protectors and protective bandaging are available. Staff receive education in skin care and the registered nurses are trained in wound management and refer to specialist services as needed.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

Care recipients/representatives are satisfied with the way continence is managed at the home and said staff are respectful and ensure privacy and dignity is maintained. Care recipients are assessed for their needs upon entry to the home to preserve dignity and comfort. A more thorough assessment and resulting care plan ensure that individual strategies are developed and all care recipients’ needs and continence requirements are met. The home has sufficient stock of continence aids in appropriate sizes to meet individual need and education in continence management is provided for staff and care recipients as needed. The continence team monitors and adjusts continence requirements. All care recipients have an ensuite bathroom and staff were observed being considerate of care recipient’s privacy and dignity at all times.

## 2.13 Behavioural management

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

### **Team’s findings**

The home meets this expected outcome

Care recipients/representatives said management and staff ensure a calm environment is maintained at the home and there are strategies to assist care recipients with challenging behaviours. Assessment and monitoring of challenging behaviour is conducted on entry to the home. Triggers that may lead to challenging behaviours are identified and included in individual care plans which are reviewed and evaluated. Care recipients with challenging behaviours are referred to appropriate specialist services as required including psychogeriatric and behavioural specialists. Those living with dementia and those exhibiting challenging behaviours are encouraged to participate in specific activities to engage and calm. Staff were observed respectfully and patiently working with care recipients to ensure their individual needs were met. Staff are offered education in dementia care and management of challenging behaviours. The chaplain supports care recipients, families and staff.

## 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

Care recipients/representatives are satisfied with the way mobility; dexterity and rehabilitation are achieved at the home. Care recipients are assessed on entry by the physiotherapist and registered nurse for mobility levels. A regular exercise group is conducted by the recreational activities staff with input from the physiotherapist to assist with general mobility, balance and range of movement. Care recipients are encouraged and assisted to walk as much as possible. Interviews with staff and a review of documentation show assessments, care plans, and accidents/incidents including falls are reviewed to ensure optimal levels of mobility and dexterity are achieved and appropriate referrals are made. Staff are educated in manual handling and the use of mobility and transfer equipment. Assistive devices such as mobile walking frames and wheelchairs are available and maintained by maintenance staff.

## 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 assessed on entry using recognised assessment tools. Oral and dental health care plans are developed and regularly reviewed and evaluated for effectiveness by the registered nurses. Daily oral and dental health care procedures are clearly documented and are available for staff to follow. Staff monitor care recipients’ oral health during daily care and report any changes to the registered nurse for follow up.

Management monitor staff practice and care recipients/representatives expressed satisfaction with the oral and dental care. A dentist will visit the home upon request and appointments are organised as needed in consultation with care recipients/representatives.

## 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

Each care recipient’s sensory loss is assessed using a variety of assessment strategies on entry to the home. Care plans are reviewed and any changes are communicated to staff.

Management monitors staff practice and staff are trained to report any change or sensory loss to the registered nurse for review. An audiologist and optometrist visit the home yearly. Information from referrals is followed up and included in care planning in a timely manner. Touch, taste and smell are stimulated by recreational activities. Fresh cooked meals are prepared daily in the home. Craft activities such as knitting or board games encourage touch. Therapy animals regularly visit the home. Care recipients/representatives said and observation confirmed the attention to their sensory loss is appreciated and well managed at the home.

## 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

Consultation with care recipients/representatives is undertaken to identify care recipients’ preferred routines for rest during the day, their patterns for settling at night and any concerns that may interfere with natural sleep patterns. Any changes and sleep disturbances are investigated and pain management is considered if sleep patterns are disturbed to ensure care recipients are comfortable and free as possible from pain. Care recipients are checked regularly throughout the night and those who cannot sleep are provided with warm drinks, snacks, assisted with toileting and repositioning and supported and reassured by night staff. All care recipients have a single room with an ensuite and are able to bring individual items to their rooms which may assist with natural sleep patterns.

## Standard 3 – Care recipient lifestyle

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

### 3.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvements 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 of this are listed below:

- A men’s woodwork group was established in February 2015 after results of an internal audit found the home lacked a range of men only activities. Positive feedback and increased participation saw the program increased from once to twice weekly. Further expansion of men’s activity is planned with a pending request for budgetary approval of a men’s shed on site. If approved, the shed will also be used as part of the decorations for the home’s extensive and traditional annual Christmas celebrations.
- Through an internal audit it was identified that care recipients’ mobility walkers were not always clean and there was no systematic check for ensuring they remained in good working order. In response, the maintenance person initiated a bi-monthly car wash like session where care recipients take their walkers for cleaning, maintenance and repairs. Care recipients have indicated they appreciate the new initiative and the feeling of independence generated by having a safe mobility aid.

### **3.2 Regulatory compliance**

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

#### ***Team’s findings***

The home meets this expected outcome

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

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

- All care recipients are offered a resident agreement which complies with legislative requirements and was updated to reflect changes in fee structures that came into place in July 2014,
- Information is provided to care recipients/representatives in the resident handbook and other material regarding their rights and responsibilities including security of tenure and the care and services to be provided to them,
- The Charter of residents’ rights and responsibilities is displayed in the home and is included in the residents’ enquiry and admissions packs.
- The home maintains records to ensure compliance with the mandatory reporting documentation requirements of the Aged Care Act.

### **3.3 Education and staff development**

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

#### ***Team’s findings***

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details about the home’s system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively. Recent education and training that management and staff attended relating to Accreditation Standard Three includes: the orientation program covering such topics as care recipients’ rights and customer service and the in-service program including dementia and communication and reporting elder abuse. We were informed leisure and lifestyle officers have participated in networking sessions with other homes within the group.



### **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 systems to ensure each care recipient receives support in adjusting to life in the new environment and on an ongoing basis. Assessment of the care recipient's social/cultural/spiritual/recreational interests is obtained soon after entry with representative consultation. This information assists staff to settle care recipients into the home. Visiting family and friends are welcomed, birthdays are celebrated and outings are arranged. Care recipients are encouraged to decorate their room with personal items to help create a homelike atmosphere. One to one visitation is provided to care recipients by lifestyle staff, especially those tending to self-isolate. The Chaplain visits care recipients for additional emotional support. Information regarding the care recipient/representatives level of satisfaction with the provision of emotional support is gained through survey and feedback mechanisms. Care recipients/representatives are satisfied with the way they are assisted to adjust to life at the home and the ongoing emotional support they receive.

### **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

The home has systems to assist care recipients achieve maximum independence; maintain friendships and participation in the community. The home's environment provides opportunities for care recipients to exercise independence and choice on a daily basis.

Exercise and walking programs are held to assist with maintaining mobility. Leisure activities actively seek the involvement of care recipients and promote independence. Care recipients are encouraged to maintain independence and decision-making regarding personal hygiene, meal choice, voting in elections, daily schedules and attendance at activities. Relatives, volunteers and social groups regularly visit the home. Bus trips enable care recipients to visit the local community. Care recipients/representatives are satisfied care recipients are encouraged and assisted to maintain their independence and friendships.

### **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 has systems to ensure privacy and dignity is respected in accordance with care recipients' individual needs. The assessment process identifies each care recipient's personal, cultural and spiritual needs, including the care recipient's preferred name.

Information about privacy, dignity and confidentiality is contained in the home's publications. Permission is sought from care recipients for the disclosure of personal or clinical information and the display of photographs. Staff sign a code of conduct and confidentiality agreement that outlines their responsibilities in maintaining care recipients' right to privacy. A privacy notice is displayed in the home. Staff handovers and confidential care recipient information is discussed in private and care recipients' files are maintained securely. Staff assist and address care recipients in a manner that is both respectful and dignified. They maintain the individual's privacy for example by knocking on a room door prior to entry. Care recipients who are reliant on staff for their dressing and grooming requirements are well presented and dressed appropriately for the weather. Care recipients/representatives are satisfied with how privacy, dignity and confidentiality are managed at the home.

### **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

Maybanke provides a varied lifestyle program which is developed in consultation with care recipients/representatives. The individual interests and preferred activities of care recipients are identified on entry to the home and a care plan is developed. Information obtained from meetings, survey and one to one discussions is also used to plan suitable group and individual activities. Lifestyle staff provide a weekly activities program. Monthly lifestyle calendars are on display in the home and are provided individually to care recipients.

Programs include a wide range of activities based on individual assessed needs and capabilities of care recipients. These include physical exercise, bus trips, mental stimulation, general social interaction, cultural, spiritual and special events and one to one time. Care recipients' birthdays are celebrated with their permission and involvement from families and friends is encouraged. Staff maintain attendance records and evaluate activities to identify levels of interest in the program provided. Care recipients stated they enjoy the activities program and whilst they are encouraged to participate their decision not to attend 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

Care recipients' spiritual and cultural needs are fostered through the identification and communication of their individual interests, customs, religions, and ethnic backgrounds during the home's assessment processes. Cultural and spiritual needs are considered when planning clinical care and end of life wishes. Specific cultural days such as Australia Day, St. Patrick's Day, Anzac Day, Christmas and Easter are celebrated with appropriate festivities. Chapel is conducted by the Chaplain four days weekly and a Catholic mass is held monthly. Communion is available weekly for care recipients. The Chaplain or lifestyle staff will organise any other visitation from spiritual or religious visitors requested by care recipients. The efforts made by staff to assist in meeting their cultural and spiritual needs are appreciated by care recipients/representatives.

### **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 demonstrates each care recipient participates in decisions about the services the home provides. Care recipients/representatives are able to exercise choice and control over their lifestyle through consultation about their individual needs and preferences. Care recipients' personal preferences are identified through the assessment process on entering the home. There are mechanisms for care recipients/representatives to participate in decisions about services including access to management, resident/relative meetings, surveys and complaint mechanisms. Care recipients have choices available to them including waking and sleeping times, shower times, daily schedules, meals and activities.

Care recipients are encouraged to personalise their rooms with memorabilia and items of their choosing. Care recipients/representatives are satisfied with the support of the home with regard to their choice and decision making processes.

### **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

Information is provided by the home to explain care, services, fees and charges for new care recipients/representatives prior to entry. A resident and accommodation agreement is offered to each care recipient/representative to formalise occupancy arrangements. The resident

agreement includes information about rights and responsibilities, fees and charges, care and services, complaints handling, their security of tenure and the process for the termination of the agreement. Care recipients/representatives are invited to obtain independent financial and legal advice prior to signing the agreement if they wish. Care recipients' rights and responsibilities and other relevant information are documented in a handbook and are on display in the home. Care recipients/representatives are satisfied with the information provided by the home regarding security of tenure and 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 of this are listed below.

- A care recipient suggested that the current air conditioning system did not reach one of the dining rooms adequately. The care manager acknowledged the issue and after various attempts to find a solution decided to install an additional air conditioning unit in June 2015. Care recipients who regularly dine in that area, all agree the unit has added to the comfort of their environment and enhanced their ability to enjoy the dining experience.
- With a maximum of 38 care recipients, the on-site laundry needs to operate only three days per week (Monday, Wednesday and Friday). However, a gap in the timely return of personal laundry and the availability of sheets and towels, occurred with public holidays falling on Mondays or Fridays. This has now been addressed by the decision to staff the laundry on all three days including public holidays.

### 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

This expected outcome is based on the home’s regulatory compliance system, referred to in expected outcome 1.2 Regulatory compliance. The home has used those processes to identify and implement a range of compliance measures relevant to Standard Four Physical environment and safe systems. These include:

- We observed documents stored on site used to inform the workforce of relevant legislation and regulatory requirements such as work health and safety and manual handling information displayed on a staff notice board, food safe information in the kitchen and infection control policy and procedure.
- A review of records and observations showed fire safety equipment is being inspected, tested and maintained in accordance with fire safety regulations. Staff training records

and interviews with staff indicate most staff have fulfilled the mandatory fire awareness and evacuation training.

#### **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 sources of evidence and a description of the organisational system for monitoring education and staff development.

Education sessions and activities that relate to this standard include: fire safety training, evacuation and equipment, hazards and risks, infection control, manual handling and managing an outbreak of gastroenteritis.

#### **4.4 Living environment**

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

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

The home meets this expected outcome

Management demonstrated they are actively working to provide a safe and comfortable environment consistent with care recipients' needs. Mechanisms, such as entry processes, satisfaction surveys, newsletters and food focus meetings provide information and allow care recipients and their representatives to contribute ideas about their living environment. The home is constructed on three levels with wide hallways, comfortable internal communal areas and an outdoor garden courtyard for care recipients to enjoy the sunshine and entertain visitors. Large lawns, rose gardens and a covered pergola enhance the front of the home. Care recipients are accommodated in pleasantly furnished single rooms with ensuites. Hand rails in the hallways, support equipment, mobility aids, lifting equipment and access to a nurse call system contribute to safety in the living environment. Internal temperatures are comfortably maintained. Environmental audits and workplace rounds are completed and actions implemented to correct any identified issues

#### **4.5 Occupational health and safety**

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

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

The home meets this expected outcome

Management has a system to provide a safe working environment that meets regulatory requirements. There is a work health and safety committee on-site which ensures that a safe workplace is maintained. All staff are educated in manual handling and fire awareness and evacuation procedures during their orientation and on an on-going basis. Manual handling and personal protective equipment is used for staff safety and for infection control. There is a

maintenance program to ensure the working environment and all equipment is safe. The home monitors the working environment and the work health and safety of staff through regular audits, risk and hazard assessments, incident and accident reporting and daily observations by the management and staff. Work health and safety is a standing agenda item at the monthly mission and leadership meetings and staff meetings. Staff return to work program after any injury is coordinated by the manager at the direction of the consultant.

#### **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 ensure the safety and security of care recipients and staff. Checks of equipment by external contractors, auditing processes, fire and emergency evacuation procedures are in place. Evacuation maps are correctly orientated and emergency flip charts are located at strategic points throughout the building. The home is fitted with fire warning and fire fighting equipment, smoke and thermal detectors, a sprinkler system, extinguishers, fire blankets and emergency lighting. Chemical storage is secured, personal protective clothing available and material safety data sheets located in suitable positions throughout the home. Designated smoking areas have been assigned for care recipients. Staff attend compulsory fire safety training and demonstrate an understanding of evacuation procedures. Records of attendance at training are maintained and monitoring of this process occurs. An emergency evacuation plan has been drafted and an emergency 'grab bag' with current care recipient information is maintained.

#### **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 an effective infection control system. This includes policies and procedures including outbreak management procedures, audits, staff induction and education, and the use of personal protective equipment. Spills kit, sharps disposal containers, hand sanitiser dispensers and hand washing stations, contaminated waste disposal and adequate supplies of personal protective equipment were observed during the audit. Incidents of infection are documented and care recipients with infection propensity are monitored. There is an outbreak box and process in place. Staff are aware of infection control procedures. A food safety plan is used and the NSW food authority licence is current. Laundry and cleaning systems comply with infection control practice and colour coded equipment is in use. Care recipients and staff are offered vaccinations yearly. A pest control program is in place.

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

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

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

The home meets this expected outcome

The home has implemented policies, procedures and appropriate arrangements to ensure hospitality services are provided in a way that enhances care recipients' quality of life and the staff's working environment. The hospitality services are subject to regular monitoring and audits to ensure they are operating at desired levels. The fresh cook catering system, operated by an external contractor, ensures care recipients' preferences are taken into account in the food planning process and appropriate choices and alternatives are offered.

Care recipients/representatives have input into menus through surveys, food focus meetings, feedback directly to staff and other communication. We noted the cleaning systems, operated by an external contractor, are organised and effective, with common areas and each care recipient's room being cleaned regularly. Laundry services are provided effectively, with care recipients' personal items being washed and returned to their owner within a reasonable turnaround time. The home provides a labelling system for care recipients' clothing. Care recipients/representatives expressed overall satisfaction with the way in which the home provides catering, cleaning and laundry services.