



Australian Government

Australian Aged Care Quality Agency

Moyne Aged Care Plus Centre (0033)

RACS ID 0033
161 Nangar Rd
CANOWINDRA NSW 2804

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 08 April 2018.

We made our decision on 09 February 2015.

The audit was conducted on 06 January 2015 to 08 January 2015. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



Australian Government

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Audit Report

Moyne Aged Care Plus Centre (0033)

Approved provider: The Salvation Army (NSW) Property Trust

Introduction

This is the report of a re-accreditation audit from 06 January 2015 to 08 January 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 06 January 2015 to 08 January 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:	Wendy Ommensen
Team member/s:	Hiltje Miller

Approved provider details

Approved provider:	The Salvation Army (NSW) Property Trust
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Details of home

Name of home:	Moyne Aged Care Plus Centre (0033)
RACS ID:	0033

Total number of allocated places:	43
Number of care recipients during audit:	28
Number of care recipients receiving high care during audit:	20
Special needs catered for:	N/A

Street/PO Box:	161 Nangar Rd
City/Town:	CANOWINDRA
State:	NSW
Postcode:	2804
Phone number:	02 6344 1592
Facsimile:	02 6344 1902
E-mail address:	dianne.cameron@ae.salvationarmy.org

Audit trail

The assessment team spent 3 days on site and gathered information from the following:

Interviews

Category	Number
Area Manager	1
Centre manager	1
Care manager	1
Registered nurses	1
Care staff	5
Quality/infection control/education officer	1
Administration assistants	2
Medical officer	1
Recreational activities staff	1
Care recipients/representatives	12
Chaplain	1
Catering staff	3
Laundry staff	1
Cleaning contract manager & operational support staff	2
Contracted cleaning staff	2
Maintenance officer	1
Volunteers	2

Sampled documents

Category	Number
Care recipients' files	5
Summary/quick reference care plans	8
Wound charts	7
Medication charts	10
Personnel files	6
Residential & accommodation agreements	4

Other documents reviewed

The team also reviewed:

- Clinical care documentation: advanced health directives/palliation, behaviour monitoring and management, restraint authority, bowel charts, blood glucose level monitoring, dietary needs/preferences, continence management, meals and drinks, weight monitoring, wound management/dressings, dietician and speech therapist reviews, mobility and pain physiotherapist documentation including assessments, care plans, manual handling guides, treatment sheets, incident reports and pain assessments
- Cleaning schedules – kitchen, laundry and residential schedules, audits and inspection reports, education records, standard operating procedures
- Education and staff development: mandatory education tracker, training needs analysis annual survey, education calendar, education evaluations, orientation program attendance records
- Emergency flips charts, emergency and disaster welfare plan, business contingency plan, emergency evacuation procedures, fire equipment service records, fire equipment safety inspection checklist
- External service contracts and service agreements, contractor and service providers induction handbook, internal maintenance tasks, planned external maintenance schedule, testing and tagging records
- Food services – calibration records, cleaning schedules, nutritional and hydration forms, NSW Food Authority licence and audit reports, food safety program, menu, ordering processes, food and equipment temperature records, sanitisation of fruit and vegetable records
- Human resource management –new employee records, police certificates and system for review, performance development reviews, position descriptions, policies and procedures, professional registration records, staff pack and handbook, master roster, replacement arrangements
- Incident/accident/hazard reports, summaries and trend data, environmental safety inspections, chemical information, safety data sheets
- Infection control material including manual, Legionella testing results, monthly summary and trend data, outbreak management program, resident influenza vaccination records
- Information systems – communication diaries, electronic care planning and documentation program, meeting schedule, various committee meeting minutes, newsletters – local and corporate, policies and procedures, pre-admission checklist, staff handbook, residents' entry pack, residents' handbook, residents' satisfaction survey, staff satisfaction survey
- Leisure and lifestyle: lifestyle assessments and care plans, key to me, activity evaluations, monthly activity calendar, daily activities folder, schedule of special events, photographs of activities
- Medication management: drugs of addiction register, medication care plans, medication incidents, self-administration assessment, medication advisory committee meeting minutes, medication refrigerator temperature records

- Preventative maintenance schedule, reactive maintenance logs and maintenance service reports, electrical tagging and testing records
- Quality program – accident and incident reports, audit schedule, audit results, clinical indicator data and benchmarking reports, continuous improvement plan
- Regulatory compliance – annual fire safety statement, mandatory reporting register, Reportable Incidents 2014, police certificate records and review system, NSW Food Authority licence, NSW Food authority audit report, privacy notices for residents and staff, professional registrations, resident and accommodation agreements
- Work health and safety – compliance audit program results 2014, hazard reports, meeting minutes, risk assessments, environment and safety audits, training records.

Observations

The team observed the following:

- Activities, entertainment and exercises in progress, activity program on display; residents participating in activities and activity resources
- Chemical storage, maintenance area
- Cleaning in progress including use of equipment, trolleys and wet floor signage boards
- Equipment available and in use for manual handling such as lifters, hand rails, ramps, walk belts, pressure relieving, limb protecting and mobility equipment
- Evacuation maps suitably placed and oriented
- Fire detection and firefighting equipment checked and tagged, emergency evacuation backpack, evacuation plans on display, unobstructed evacuation egresses
- Food services –decanting, labelling, storage and rotation of stock, kitchen including preparation and wash up areas, dry stores, cool room, freezer and refrigerators
- Hairdressing room
- Interactions between staff, residents and representatives
- Laundry
- Living environment internal and external
- Meal services in progress
- Menu displayed
- Mission and Values of the organisation and the Charter of Residents' Rights and Responsibilities displayed
- Noticeboards, information brochures on display for residents, visitors and staff
- Personal protective clothing and equipment in all areas, first aid kits, spills kit, hand washing facilities – signs, sanitiser access and hand hygiene signage, infection control

resource information, outbreak management kit, waste disposal systems - including sharps containers, contaminated waste bins and general waste bins/skips

- Secure storage of care files and other documents
- Secure storage of medications, locked medication trolleys, medication refrigerators and medication rounds, emergency medications, medication rounds
- Security systems including - phones, resident call bells, external lighting, numeric key coded door locks, visitors sign in and sign out book and staff identification badges
- Signage promoting a safe working environment
- Shift handover
- Short group observation in a lounge area
- Staff room and work areas
- Suggestion boxes accessible to residents/visitors.

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 management and staff team at Moyne Hostel implement systems and processes, through a committee structure with links to a quality framework that identifies opportunities for improvement across all management and service areas. Proactive and systematic assessment through peer reviews, internal and external audits, the collection and analysis of clinical data, reporting and benchmarking processes, further support the program.

Sustainability is measured through monitoring, evaluation and review of the effectiveness of implemented changes. Mechanisms such as accident and incident reports, meetings, surveys, formal and informal feedback processes and consultation encourages all stakeholders to have involvement in the continuous improvement processes.

Recent examples of improvement activities related to management systems, staffing and organisational development are outlined:

- Legislative changes as at 1 July 2014 impacted financial and funding arrangements for new residents. Pre-entry information packs and residential agreements were updated to reflect these changes. A regionally appointed client services coordinator managed this process for Moyne Hostel. Regular auditing ensures compliance.
- To improve access to staff information and standardise documentation across the organisation a new human resources filing system has been introduced. New forms include: a day induction checklist, a pre- employment questionnaire, new privacy notice to reflect changes to the Privacy Act and other selection and recruitment forms. Employment contracts are generated by the organisational human resources department. This framework aims to ensure relevant legislation is reflected and the rights of the employee are upheld. The processes support the selection and recruitment of appropriately qualified personnel.
- Two families through the Residents/Relatives Survey of 2013 reported a lack of information about Resident/Relative Meeting times and menu changes at the home. Email addresses were sourced from those representatives wishing to communicate via this medium. Meeting dates and agenda items are now emailed to relevant stakeholders. Information is also posted strategically throughout the hostel. Some improvements in attendance have been noted. Two focus group outlining menu changes have been

convened by the regional food services coordinator and attended by residents and representatives. Feedback about these forums has been positive.

- Staff said more water chairs were needed in order to get residents out of bed at least every second day. These were purchased along with additional shower chairs resulting in improved work practices and more comfortable residents' care.

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 via memos, meetings and education sessions. Policies and procedures are reviewed and updated in line with new legislation. 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 and pertaining to Accreditation Standard One:

- The re-accreditation site audit was discussed at staff and residents' meetings, information included in the newsletter and notices displayed prominently throughout the home. Residents and representatives interviewed during the re-accreditation audit were aware of the process.
- Mandatory reporting guidelines regarding elder abuse have been implemented at the home. Consolidated records of reportable incidents are maintained. Missing residents are also notified to the Police Department and Department of Social Services.
- Prospective employee's police certificates are checked prior to engagement and there is a process in place to review the currency of this status every three years. Contracted service personnel and volunteers are also required to provide police certificates.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

There is a system to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. There is a comprehensive induction and orientation program for

all new staff to familiarise them with the work environment. An education program includes topics covering the four Accreditation Standards. Moyne Hostel has implemented a new training needs analysis tool in 2014 which informs the 2014/2015 education calendar.

Education is developed with reference to performance appraisals, regulatory requirements, staff input and management assessments. It includes the use of an aged care education subscription service, in-service training by the education coordinator and registered nurses, training by visiting trainers and suppliers, self-directed learning and access to external training and courses. Records of attendance at training are maintained and the effectiveness of the training is monitored via knowledge based questionnaires, skill based assessments, performance appraisals and post-education observations. Management and staff told us they are supported to attend relevant internal and external education. Residents and representatives interviewed are of the view staff have the skills and knowledge to perform their roles effectively.

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

- The orientation program covering such topics as: mission and values, structure of the organisation, complaints mechanisms and policies and procedures
- An in-house mandatory education program was introduced for the 2013/2014 year. It is being implemented in the hostel and includes 12 education modules such as: mission, complaints management, documentation practices (exception reporting and care planning).
- Staff have also had the opportunity to attend ACFI and Kronos education.

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 and aged care advocacy services is prominently displayed at the home. The processes for complaints resolution are documented in the residents' handbook and residents' agreement. These are also discussed with residents and their representatives as part of the entry process, at meetings and are outlined in the newsletter from time to time. A register is in place. A review of complaints demonstrates that issues are investigated, analysed and responded to in a timely manner. There is a system for making confidential complaints and for complimenting staff. Annual general surveys of service satisfaction are conducted. Whilst residents, their representatives and staff confirm an awareness of the mechanisms by which comments, complaints, or suggestions can be made all said they would talk initially with staff and were confident any concern would be dealt with.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The mission, vision and values of the organisation are documented, displayed and reflect the intention of delivering quality services to the residents. Management, staff, residents and representatives at Moyne Hostel advise that these values and objectives are adopted. They are discussed with staff at orientation, displayed at the home and documented in the staff and residents' handbook.

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 that the home has sufficient appropriately skilled and qualified staff to provide services in accordance with the Accreditation Standards and the home's philosophy and objectives. Policies, procedures and forms that guide human resources practices are accessible to all staff. Recruitment processes include, but are not limited to, professional registrations, police certificates and reference checks. Orientation training and mentoring of new staff is conducted and performance reviews are in place.

Grievance processes are documented. Rosters are developed in advance and a review of rosters confirmed that absent staff are mostly replaced. Relief arrangements include use of permanent part time and casual staff. Staffing levels are flexible and are monitored in line with residents' specific care needs and related dependencies. All staff interviewed advised that team work is vital in ensuring appropriate care and service delivery at the home.

Residents and their representatives report satisfaction with the consistency of care provided and 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

Management 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 residents. There are 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 and environment and safety 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

There are effective information management systems in place. All staff have access to policies and procedures which are available in hard copy and on an electronic shared drive. Confidential files are stored securely and systems promote the archiving and destruction of records. A review of residents' files indicates that clinical care plans are regularly evaluated and there are processes for consultation with residents and their representatives. A schedule of committee and other meetings at the senior management and local level ensures relevant information is available in a timely manner to all stakeholders. Information is disseminated through secure password protected emails, on noticeboards, through newsletters, case conferences, staff handovers, formalised feedback mechanisms and informal lines of communication. External and internal audits, surveys and the collection of data relating to the quality of care and services provide information which supports processes of assessment and continuous improvement. Residents and their representatives told us they are provided with information which assists them to make decisions about the residents' 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 home's requirements for quality service goals. The organisation negotiates with, engages and manages contracted and preferred service providers and suppliers. Service providers must produce evidence of licensing, professional registrations, safe work method statements, public liability and other insurances. They are required to provide police certificates. A contractor and service provider's induction handbook outlines expectations. The performance of external contractors is regularly reviewed in line with feedback from the services. Non-conforming behaviour may lead to cancellation of the contract. External contracts include (but are not limited to): supply of chemicals, fire systems maintenance, pharmacy services, podiatry, physiotherapy, hairdressing, waste management and pest control.

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 residents. For information regarding the continuous improvement system see expected outcome 1.1 Continuous improvement.

The following are examples of some of the improvements undertaken in relation to health and personal care of residents:

- Clinical assessment forms which link to residents' care plans in the electronic care planning and documentation program have been upgraded. This ensures more comprehensive clinical assessment of individual resident's care needs. More probing type questions now draw out relevant information which generates a person centred care plan. Auditing, case conferencing and feedback from residents and their representatives is indicating improved resident care.
- The physiotherapy aide and recreational activities officer have recently completed an Introductory Massage Course which ran over twenty five hours. A massage table and massage oils have been purchased and an area set aside for massage therapy to be conducted. Residents who have been involved have verbalised the therapeutic benefits of their experiences and the improvements to their pain management.
- As a result of feedback and external auditing processes improvement opportunities for the provision of wound care and the management of wounds were identified. Policies, procedures and charting requirements were reviewed. Cameras were purchased for each home and wounds are photographed to capture and measure the healing process. These photographs are uploaded into the residents' progress notes for all care staff to view. Tracking and progress of wound treatment can now be demonstrated visually.

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 re-accreditation team's observations, interviews and review of documentation demonstrate that an effective system is in place to manage regulatory compliance in relation to

health and personal care. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

Evidence that there are systems in place to identify and ensure regulatory compliance relating to health and personal care includes:

- Authority to practise registrations for 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. These include, but are not limited to, the accredited pharmacist, the physiotherapist and the podiatrist.
- Registered nurses are responsible for the care planning and assessment processes and specialised nursing services implemented for all residents in the home.
- The home ensures residents are provided with specified care and services, supplies and equipment as required under the Quality of Care Principles (1997). These entitlements are advised to residents and/or their representatives on entry to the home and in the residents' agreement.

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.

Examples of education and training that management and staff attended relating to Accreditation Standard Two include:

- Skin care and skin integrity, hygiene and personal care of the elderly, behaviour management and communication, continence management, diabetes, pain management, wound management, swallowing and speech, use of NIKI syringe pump, documentation practices (exception reporting and care planning)
- External training on: wound care and palliative.

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 provides residents with appropriate clinical care through initial and ongoing assessments, care planning and evaluation processes. The home has systems that enable residents/representatives to exercise control over the care they receive and to provide input into residents' care planning. The care manager and registered nurses review and evaluate residents' individual plans of care every three months or when required. Relevant staff are

informed of any alterations/exceptions to the usual care required by the resident at handovers, case conferences, meetings, verbally and through communication diaries.

Residents' weights, vital signs and urinalysis results are recorded monthly or as ordered by the medical officer. An accident and incident reporting system is in place for the reporting of resident incidents, such as falls, skin tears and behaviours of concern. Staff demonstrate knowledge of residents' care needs ensuring that residents' clinical care is being met. All residents and representatives interviewed are satisfied with the timely and appropriate assistance given to residents by care staff.

2.5 Specialised nursing care needs

This expected outcome requires that "residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's findings

The home meets this expected outcome

Residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff, with medical officer input when required. Moyne Hostel has adequate staffing and skill mix to ensure residents' specialised nursing care needs can be met by appropriate qualified and skilled personnel. This includes registered nurse input into assessment, management and care planning for residents. The home currently provides specialised nursing care for residents requiring diabetic management, wound care, catheter care and pain management. Staff are provided with education in specialised nursing procedures with competency/skills based assessments in place. Staff confirmed they have access to adequate supplies of equipment for the provision of residents' specialised nursing care needs. Residents and representatives are satisfied with the level of specialised nursing care offered to residents by nursing, medical and/or other health professionals and related service teams.

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

Staff interviews, progress notes, medical notes, pathology, allied health and hospital discharge information demonstrates timely referrals for residents are arranged with appropriate health specialists as required. The care manager and registered nurse have regular access to a physiotherapist, podiatrist, speech pathologist, optometry, community clinical nurse consultants and a palliative care team. Regular review and evaluation of residents' health and well-being and referrals are carried out by the care manager and registered nurses in collaboration with care staff and doctors. Effective monitoring is achieved through handover of key resident information to relevant staff. When required, residents' medical officers are alerted and consulted. Residents and representatives stated residents are referred to the appropriate health specialists in accordance with residents' needs and preferences.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has processes to ensure residents’ medication is managed safely and correctly. These include policies and procedures, regular pharmacy deliveries, the secure storage of medications and internal/external audits. Staff administer medication using a prepacked medication system and the care manager and registered nurses oversee the home’s medication management system and processes. All prescribed medications are recorded in an electronic medication profile. Review of residents’ medication profiles show current medical officers’ orders are recorded and information includes medication identification sheets, residents’ photographic identification, allergies and medication allergy status. Staff administer controlled drugs in accordance with legislated guidelines and regulatory compliance. All staff who administer medications are assessed according to the home’s medication policy through skills based assessments on an annual basis or as required. Residents and representatives said they are satisfied with the home’s management of residents’ medication.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

All residents are assessed to identify their pain history and presence of pain. Strategies for alleviating and/or minimising and managing pain levels are documented in the resident’s care plan and provided to staff. Pain re-assessments are completed to determine the effectiveness of interventions and care plans are updated as required. A multidisciplinary approach involving the residents’ medical officer, nursing staff, recreational activities officer and the facility chaplain supports the resident’s pain management program. Staff are knowledgeable about the many ways of identifying residents who are experiencing pain. Pain management strategies include pharmacological reviews, various non-pharmacological interventions and treatment in liaison with residents’ medical officers. Residents are repositioned, assisted with movement and exercise, given gentle heat therapy, massage, and are involved in distraction therapy. Residents say the care provided at the home relieves their pain or it is managed so they are comfortable.

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 suitable environment and culture to ensure the comfort and dignity of terminally ill residents is maintained. Where possible, residents’ end of life wishes (advance care plans) are identified and documented on entry to the home or at an appropriate time thereafter, through case conferencing and the comprehensive spiritual assessment process.

The home has access to an external palliative care community team which provides specialised care planning to ensure resident comfort. The home has specialised clinical and comfort devices to ensure and maintain resident palliation needs and preferences. The chaplain is available to provide emotional and spiritual support and arrangements can be made for other clergy to visit. Staff receive ongoing education and describe practices appropriate to the effective provision of palliative care. Residents and representatives said the home's practices maintain the comfort of terminally ill residents.

2.10 Nutrition and hydration

This expected outcome requires that "residents receive adequate nourishment and hydration".

Team's findings

The home meets this expected outcome

The home has processes to provide residents with adequate nourishment and hydration. Residents are assessed for swallowing deficits and other medical disorders, allergies, intolerances, food likes and dislikes, as well as cultural or religious aspects relating to diet. Provision is made for residents who require special diets, supplements, pureed meals and thickened fluids or extra meals and snacks throughout the day. The information is recorded on a resident's nutrition and hydration form and sent to the kitchen. Residents are provided with assistance at meal times and assistive cutlery and crockery are available. When changed needs of a resident's dietary requirements are identified, the resident is re-assessed with care plans being updated and information forwarded to the catering staff. The home monitors nutrition and hydration status through staff observations and recording of residents' weights with variations assessed, actioned and monitored. Residents are referred to a dietician and/or speech pathologist when problems arise with nutrition. Residents and representatives are satisfied they are able to have input into menus and residents' meals.

2.11 Skin care

This expected outcome requires that "residents' skin integrity is consistent with their general health".

Team's findings

The home meets this expected outcome

The home has a system to ensure residents' skin integrity is consistent with their general health. Initial assessment of the resident's skin condition is carried out along with other assessments relating to and influencing skin integrity. Residents have access to nutritional support, podiatry, hairdressing and nail care according to their individual needs and choices. Maintenance of skin tears, skin breakdown and required treatments are documented, reviewed and noted on wound care charts. The home's reporting system for accidents and incidents affecting skin integrity is monitored monthly and is included in clinical indicator data collection. The home has a range of equipment in use to maintain residents' skin integrity.

Care staff help to maintain the residents' skin integrity by providing regular pressure care, by applying skin guards and by using correct manual handling practices. Residents and representatives are satisfied with the skin care provided to residents and report that staff are careful when assisting residents with their personal care activities.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has a system for identifying, assessing, monitoring and evaluating residents’ continence needs to ensure their continence is managed effectively. Processes are in place for the distribution of residents’ continence aids and informing staff of residents’ continence aid needs. Residents are assisted and encouraged to maintain or improve their continence level in a dignified and supportive manner. Care staff have access to adequate supplies of continence aids to meet resident’s needs and they provide residents with regular toileting programs as indicated. Bowel management programs include daily monitoring and various bowel management strategies. For example: regular drinks, aperient medications if necessary and a menu that contains high fibre foods such as fresh fruit and vegetables and a variety of fruit juices. Infection data, including urinary tract infections, is regularly collected, collated and analysed. The home’s continence supplier provides ongoing advice and education for staff and residents. Feedback from residents and representatives shows satisfaction with the continence care provided to residents.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The needs of residents with challenging behaviours are managed through consultation between the resident/representative, staff, medical officers and allied health professionals.. Care staff and the lifestyle officer implement a range of strategies to effectively manage residents with challenging behaviours. The residents’ challenging behaviours are monitored and recorded with referrals made to their medical officer and/or external health specialists as appropriate. Staff are able to recognise the triggers and early warning signs exhibited by some residents and put in place appropriate strategies to manage behaviours. The team observed the environment to be calm and residents well groomed. Residents’ representatives said staff manage residents’ challenging behaviours well.

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

Residents are assisted to maintain their mobility, dexterity and independence for as long as possible. Clinical assessments on entry identify the assistance required by residents for transferring and mobilising. All resident’s mobility status and falls risk is assessed by a registered nurse when the resident moves into the home, after a fall and as their needs change. This is followed by a physiotherapy review when the physiotherapist is next at the home. Individual treatments include massage, heat treatments and exercises. Falls prevention

strategies include the completion of risk assessments. Interventions noted include group exercises and the provision of specialised equipment such as mobility aids, bed sensors, ramps and handrails. Staff are able to discuss individual residents' needs and were seen assisting residents to mobilise within the home. Residents said they are satisfied with the program and assistance they receive from staff.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

The home has systems to ensure residents' oral and dental health is maintained. Residents' dental needs are identified through assessment and consultation with the resident/ representative on a resident's entry to the home and as their needs change. Appropriate dental health is planned and staff are informed of the residents' needs. The resident's medical officer is consulted if there are any needs and referral may be made to a specialist, dentist or dental technician if needed for further assessment or treatment. Ongoing care needs are identified through resident feedback, staff observation of any discomfort, or reluctance to eat and weight variances. Residents are encouraged to maintain their oral and dental health with staff providing physical assistance and prompts where necessary.

Residents and representatives said they are satisfied with the oral and dental care provided to residents.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

The home assesses residents' eyesight and hearing on entry and on an ongoing basis. Other sensory assessments for touch, smell and taste are undertaken when assessing residents' nutritional needs, dexterity and interest in activities. These are documented on residents' care plans/summary care plans to prompt and instruct staff on how to care and engage residents appropriately. The home's activity program features activities to stimulate residents' sensory functions. Staff described types of group, as well as individual, activities which encourage active participation from residents with sensory deficits. Staff said they employ various strategies to assist residents with sensory deficits. These include positioning, utilising and adapting materials and equipment to enhance resident participation, adapting the environment to ensure it is conducive to maximising residents' enjoyment and participation in the chosen activity. Residents and representatives said they are satisfied with the home's approach to managing residents' sensory losses.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

The home assists residents to achieve natural sleep patterns through a sleep assessment, care planning, choice of time for going to bed and rising, and staff support at night. Staff are able to explain the various strategies used to support residents’ sleep. For example: offering warm drinks or snacks, appropriate pain and continence management, comfortable bed, repositioning and night sedation if ordered by the medical officer. Residents can use the nurse call system to alert the night staff if they have difficulties in sleeping. Residents state they sleep well at night. Resident and /representatives are satisfied with the home’s approach to residents’ sleep management.

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

The home is pursuing continuous improvement in relation to resident lifestyle and this was confirmed through observations, interviews and review of documentation. For comments regarding the continuous improvement system see expected outcome 1.1 Continuous improvement.

Examples of improvements made to resident lifestyle are outlined:

- A small group of resident music makers convene weekly with their various instruments to sing and play. Instruments include maracas, guitars, keyboard, cymbals and a compact disc player which captures original recordings. Residents choose and sing their choice of song. Discussion is encouraged about their associated memories of the song and life at these times is explored. We were told the group is growing both in numbers and in pleasure.
- On Monday afternoon residents select songs from their own compact disc collections and play these to the residents’ group in a “stroll down memory lane”. Residents from both homes participate, a resident conducts, some residents sing, some sit and listen whilst others dance together. A marked improvement has been witnessed in the mood of some residents suffering with depression.
- The Sunshine Club consists of two members who orchestrate entertainment for residents living with dementia. Based on the “Spark of Life” program these volunteers bring stimulating activities to residents who can no longer initiate involvement themselves. “Spark of Life” is not a cure, but a gentle, practical and celebratory approach to human relationships and communication, dedicated to uplifting the spirit of people with dementia. Designed to meet the skill levels of the individual groups, this program runs weekly in both homes. Residents, including those with major memory loss, are showing signs of appreciation and pleasure.

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

Observations, interviews and review of documentation revealed an effective system is in place to manage regulatory compliance in relation to resident lifestyle. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

- All residents are issued with a residential and accommodation agreement which incorporates clauses required by law such as a 14 day cooling off period, fees and charges, and the provision of specified care and services. The agreement is regularly reviewed to ensure that legislative requirements are being met.
- Documents provided to residents and their representatives to inform of relevant legislation and regulatory compliance include ‘The Charter of Residents’ Rights and Responsibilities’ and the residents’ handbook.
- Changes to the principles of The Privacy Amendment (private sector) Act 2000 have been implemented and policy and forms have been updated. Residents or their representatives and staff are requested to sign Privacy Notices.

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.

Examples of education and training attended by management and staff relating to Accreditation Standard Three include:

- The orientation and in-service programs covering such topics as; resident rights, dignity and respect for residents, privacy and confidentiality.
- Compulsory training on elder abuse/mandatory reporting.
- Two staff completed the Introductory Massage Course.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Residents and their representatives are provided with information prior to and on arrival at the home to assist in adjusting to life in the home. Staff ensure residents are introduced to each other and to other staff. Daily happenings at the home are explained. Staff encourage residents to join in social activities when they feel comfortable to do so. Residents are able to bring in personal items to decorate their rooms. Family members are encouraged to visit whenever they wish and say they feel welcomed by staff. Staff interviewed reported knowledge of strategies used for meeting individual residents' emotional needs. Residents say they are happy living at the home and the staff are kind and caring. Observations of staff interactions with residents during the re-accreditation audit showed warmth, respect and laughter.

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 residents to achieve maximum independence, maintain friendships and participate in the community. The home-like environment provides a welcome place for visiting resident representatives with residents being afforded opportunities to exercise independence and choice on a daily basis. A range of individual and general strategies are implemented to promote independence, including the provision of services and equipment for resident use, a leisure activity program and regular mobility and exercise regimens. Participation in the local community is promoted through outings, visiting entertainment and with residents being able to continue charitable work by being involved in fund-raising events. Residents can have radios, televisions and telephones in their rooms.

Staff describe strategies to maintain residents' independence in accordance with individual abilities. Residents say they are encouraged to maintain their independence and contact with the local community.

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

Management and staff of the home protect the privacy and dignity of residents and ensure the confidentiality of residents' personal information. Residents sign consent forms for the release of information to appropriate parties and staff sign confidentiality agreements. The home's

environment promotes privacy, including the provision of single room, double and four bed rooms and comfortable outdoor areas for residents. Shift handovers are conducted away from the hearing of residents and visitors to the home. Staff demonstrate an awareness of practices which promote the privacy and dignity of residents. These include closing resident doors, use of privacy curtains and window curtains when providing personal care.

Residents say staff are polite, respect their privacy, knock on doors prior to entering and close doors during care provision.

3.7 Leisure interests and activities

This expected outcome requires that "care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them".

Team's findings

The home meets this expected outcome

The home has systems to ensure residents are encouraged and supported to participate in interests and activities of their choice. The individual interests and preferred activities of residents are identified on entry. Each resident has an individualised care plan that identifies specific resident care needs. Information obtained from resident meetings and one-on-one discussions is also used to plan suitable group and individual activities. The activity program is displayed and includes a wide range of options such as physical exercise, mental stimulation and general social interaction. Activity programs are evaluated via resident feedback, meetings and review of activity attendance records. Residents told us there are a variety of activities provided and whilst they are encouraged to participate their decision not to do so 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

The home has systems through which residents' cultural and spiritual needs are valued and fostered including the identification and documentation of residents' interests, cultural needs, and religions. The menu is flexible and can accommodate the preferences of residents from culturally and linguistically diverse backgrounds when required. Specific cultural days such as Australia Day, St Patricks Day, Anzac Day and Christmas and Easter are commemorated with appropriate festivities. Residents' birthdays are recognised and celebrated. Freedom of choice with religious and cultural beliefs is respected. Pastoral care is delivered by the home's chaplain and various religious denominations providing services. This is also personalised through one to one contact. Residents and representatives are satisfied with the home's approach to the cultural and spiritual program and the support provided to residents.

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 encourages residents to exercise choice and control over their lifestyle through participation in decisions about the services each resident receives. Residents are able to describe many examples of where they are encouraged by staff to make their own decisions. This includes use of preferred name, personal care regimes and diet preferences, bed times and whether to participate in activities. Staff were observed providing residents with choices in a range of activities of daily living. There are mechanisms for residents/representatives to participate in decisions about services including, access to management, resident/relative meetings, case consultations and complaint processes. Where residents are unable to make choices for themselves, management said an authorised decision maker is identified for the resident. Residents' choices are recorded where relevant and are accommodated whenever possible. Residents and representatives say they speak up without hesitation and the home enables residents to make choices of importance to them.

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 is able to demonstrate that residents have secure tenure within the home and understand their rights and responsibilities. Relevant information about security of tenure and residents' rights and responsibilities is provided in the resident and accommodation agreements and the handbook. This is discussed with prospective residents and their representatives prior to and on entering the home. The Charter of Residents' Rights and Responsibilities is displayed and included in publications. Residents and representatives told us they are kept informed about matters of importance to them, they feel secure of residency within the home and they confirm an awareness 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

For comments regarding the continuous improvement system see expected outcome 1.1 Continuous improvement. Examples of the improvements made to the physical environment and safe systems are outlined:

- A new sprinkler system has been installed and commissioned throughout the hostel. Officially completed on 26 September 2014 this meets relevant legislative requirements.
- Residents requested a new dresser for the combined dining room to display special mementos. This was sourced and purchased following consultation. Residents are happy with this procurement and it adds to the personal ambience of the home.
- Two residents were exhibiting challenging behaviours which included interfering with table settings in the dining room. A chest high barrier wall was constructed to separate the dining room from the adjacent walkway. This has had a dual effect. Residents now only enter the dining room at meal times. Previously residents walked in single file down the walkway but now they are confident to walk two by two as parameters are clearly defined.

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

Observations, interviews and review of documentation revealed there is an effective system to manage regulatory compliance in relation to the physical environment and the implementation of safe systems. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

Evidence that there are systems in place to identify and ensure regulatory compliance related to the physical environment and the safe system includes:

- The Annual Fire Safety Statement certifying that firefighting equipment and fire warning systems are appropriate and suitably serviced is current and on display.
- The NSW Food Authority licence, under the legislation governing food services to vulnerable persons, is in place.
- A biological testing program ensures pathology of samples from the warm water system is attended, results analysed and remedial action implemented to ensure the system is free from Legionella bacteria.

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.

Examples of education and training that management and staff attended relating to Accreditation Standard Four include:

- The orientation and in-service programs which includes training in; fire safety, work health and safety, manual handling, infection control and outbreak management.
- Mandatory training for all staff in fire safety, evacuation and emergency response awareness and evacuation, manual handling and workplace health and safety
- Training in chemical safety provided by an external supplier.
- Food safety training for catering staff.
- External course for fire safety officers.

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 demonstrate they are actively working to provide a safe and comfortable environment consistent with residents' care and lifestyle needs. Mechanisms, such as entry and orientation processes for new residents, satisfaction surveys, newsletters and meetings provide information and allow residents and their representatives to contribute ideas about their living environment. The home is constructed on one level with wide hallways, comfortable internal communal areas and well-kept garden and courtyard areas for residents to enjoy the sunshine and entertain visitors. Accommodation consists of pleasantly furnished single rooms with en-suites. Hand rails in the hallways, support equipment in the bathrooms, mobility aids, and access to a nurse call system contribute to safety in the living environment. Internal temperatures are comfortably maintained. Environment and safety audits 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

The home has a work, health and safety system. A work health and safety committee has been convened, members have completed training and there is a designated coordinator. Workplace inspections monitor the living and working environment and hazards are reported and actioned. Identified risks are recorded in the maintenance request log, prioritised for repair and actioned by the maintenance officer or external contractors. Staff incidents are low. There is a rehabilitation coordinator, who in conjunction with a contracted rehabilitation company, supports, where possible, a speedy return to work for injured staff. Staff undertake manual handling training during orientation and annually. Personal protective clothing and equipment is provided and observed to be used appropriately. Position descriptions include work, health and safety responsibilities for the roles.

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

Systems are in place to ensure the safety and security of residents 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 firefighting equipment, a sprinkler system, hose reels, smoke and thermal detectors,

extinguishers, fire blankets and emergency lighting. Chemical storage is secured, personal protective clothing available and safety data sheets located in suitable positions throughout the home. Designated smoking areas have been assigned for residents and staff. 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 and relocation plan has been drafted and emergency evacuation backpacks include current residents' names, mobility status and care needs.

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

Moyne Hostel has an effective infection control program which includes policies and procedures, outbreak management guidelines, staff education and competency assessments, supply of appropriate equipment and supplies and ongoing monitoring and corrective action. Cleaning and maintenance schedules, adherence to food safety procedures and guidelines, temperature monitoring, use of spills kits, outbreak management and safe disposal of general and infectious waste enhance the program. Personal protective equipment and clothing, hand washing facilities and hand sanitiser dispensers are readily available across the home. Staff and residents are encouraged to have influenza vaccination each year. This is prescribed by their medical officer with consent. Medications and vaccines are stored at the correct temperature to maintain their efficacy. The home's infection control program is monitored by key staff. Audits and monitoring indicate the program is constantly reviewed and improvements implemented. The team observed sound infection control practices being undertaken by all staff in their day to day interactions with residents.

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

There are systems and processes to ensure hospitality services are provided in a way that enhances residents' quality of life. Catering staff have implemented food safety guidelines in the kitchen. Processes ensure that residents' nutrition and hydration preferences and special dietary requirements are identified and provided. The living environment is observed to be clean and fresh. Contracted cleaning staff demonstrate a working knowledge of the home's cleaning schedules, infection control practices and safe chemical use. Laundry staff explained the laundry processes, including the collection, storage and management of linen and personal clothing. They are also responsible for labelling residents' clothes and the return of laundered clothes to the residents' rooms. Residents were complimentary of the staff and expressed general satisfaction with the hospitality services provided to them.