



Australian Government

Australian Aged Care Quality Agency

Opal Seaside

RACS ID 2803
184 Garden Street
WARRIEWOOD NSW 2102

Approved provider: DPG Services Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 24 March 2018.

We made our decision on 19 February 2015.

The audit was conducted on 20 January 2015 to 21 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



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Australian Aged Care Quality Agency

Audit Report

Opal Seaside 2803

Approved provider: DPG Services Pty Ltd

Introduction

This is the report of a re-accreditation audit from 20 January 2015 to 21 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 20 January 2015 to 21 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:	Judith Roach
Team member/s:	Joan Rafferty

Approved provider details

Approved provider:	DPG Services Pty Ltd
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Details of home

Name of home:	Opal Seaside
RACS ID:	2803

Total number of allocated places:	55
Number of care recipients during audit:	52
Number of care recipients receiving high care during audit:	52
Special needs catered for:	Dementia care

Street/PO Box:	184 Garden Street
City/Town:	WARRIEWOOD
State:	NSW
Postcode:	2102
Phone number:	02 9997 4633
Facsimile:	02 9997 6664
E-mail address:	Nil

Audit trail

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

Interviews

Category	Number
Regional manager	1
Facility manager	1
Care manager	1
Registered nurses including nominated infection control person	3
Care staff	7
Physiotherapist	1
Physiotherapy aide	1
Administration assistant	1
Care recipients	8
Representatives	3
Lifestyle staff	1
Catering staff including head cook	3
Laundry staff	2
Cleaning staff	2
Maintenance staff	1
Pharmacist	1

Sampled documents

Category	Number
Care recipients' files	11
Summary/quick reference care plans	11
Care recipient agreement	1
Medication charts	8
Personnel files	4

Other documents reviewed

The team also reviewed:

- Accident/incident logs, analysis, trending and reports

- Activities program and attendance and evaluation
- Care plan evaluation schedule including clinical and lifestyle
- Care recipient entry packages including information handbook, newsletters
- Care recipients' and staff meeting minutes and meeting schedule
- Communication books, records and handover information, memorandum, notices
- Complaints register and logs
- Consent forms for the use of care recipients' information
- Continuous improvement (CI) records including CI register, action plans and logs; audit schedule and results, surveys including care recipients/representatives and staff
- Education records including annual, mandatory and ongoing training, attendance records, staff evaluations, education needs analysis, orientation and induction records
- Fire safety and emergency documentation including inspection records, annual fire safety certificate, emergency and disaster management plan, evacuation details of care recipients, emergency evacuation signage, emergency flip charts
- Food safety program records including current food safety licence, menus, dietary matrix with needs and preference records, equipment and food temperature checks, kitchen cleaning checklists, audits including 2014 NSW Food Authority audit "A" rating
- Home's self-assessment report for re-accreditation
- Human resources records including staff handbook, orientation program, position descriptions, performance reviews, police certificate register, statutory declarations, professional registrations, rosters including staff replacement and availability, employee agreements including confidentiality
- Infection control including register, manual, flip charts, surveillance data and analysis reports, chronic infections, pathology results and monthly trends, outbreak guidelines, clinical refrigerator temperature charts, resident and staff vaccination records, pest control records, waste disposal records
- Legislative information including updates from Department of Social Services, peak industry bodies
- Medication advisory committee minutes, and incidents management system, medication refrigerator temperature monitor charts, register of drugs, Psychotropic and narcotic medication reviews
- Meeting minutes including care recipients/representatives, management systems, human resources, physical environment and safe systems
- Monthly weight and vital sign records
- Oxygen suction and equipment records
- Physiotherapy assessments, planning and evaluation

- Planned preventative and corrective maintenance schedule, maintenance request logs, environmental audits, inspection reports; service provider reports, thermostatic mixing valve checks and water temperature records
- Policies and procedures - various
- Work Health and Safety records including incident reports, hazard logs, risk assessments, material safety data sheets, safe work instructions
- Wound management and assessment information.

Observations

The team observed the following:

- Activities in progress including the 'sunshine club', 'honour the spirit within' program and in the general area of the home
- Care recipient interaction with pets including home's therapy dog
- Catering system and processes including meal service to care recipients, staff assisting care recipients with assistive eating devices, meals and beverages, menu displays, dietary information sheets
- Charter of care recipients' rights and responsibilities displayed
- Cleaning systems and processes, chemical storage, material safety data sheets
- Complaints information including internal and external mechanisms displayed around home and advocacy leaflets, suggestion box
- Equipment in use, supplies and storage areas - various
- Fire safety instructions, equipment, evacuation plans, current fire safety statement displayed, emergency procedure flipcharts, emergency evacuation packs
- Infection control resources available and in use including personal protective equipment, hand sanitizers and hand washing stations, spills kits, universal and extra precaution information, outbreak box, colour coded cleaning equipment
- Interactions between staff, representatives, care recipients and each other
- Laundry system and processes including linen handling
- Living environment - internal and external
- Manual handling information displayed; availability of manual handling equipment
- Medication administration and storage
- Noticeboards for care recipients/representatives, staff and visitors containing meeting minutes, newsletters, recreational activities calendars, daily menu
- Physiotherapist treating care recipients

- Re-accreditation audit notices displayed around home
- Safety monitoring processes including nurse call system
- Secure storage of archives, care recipient and staff files, handover documents and medications
- Short group observation in 'honour the spirit within' room
- Staff availability, staff practices, staff room, education room and resources
- Vision, mission, values displayed
- Visitors, contractors and care recipient/representative sign in and sign out books.

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's continuous improvement program is underpinned by the organisation's quality management system and is used to identify improvement opportunities and monitor performance against the four Accreditation Standards. Input is sought from care recipients, representatives, staff, and other stakeholders to assist in identifying improvement opportunities, to develop and action improvement plans, evaluate outcomes and provide feedback to stakeholders. Input and feedback mechanisms used include feedback forms, care recipient/representative meetings, staff meetings, comments, complaints and suggestions; audits, surveys, clinical data review including incident analysis and staff performance review. Care recipients/representatives and staff said they are encouraged and have opportunities to participate in the home's continuous improvement activities and are satisfied with the home's timely response and feedback in relation to their input.

Examples of recent improvements in relation to Standard 1 Management systems, staffing and organisational development include:

- The organisation's pursuit of improvement opportunities has resulted in a partnership with Alzheimer's Australia and in line with the initiative an audit was conducted at the home in 2014. Results showed staff required specific education in better meeting the needs of care recipients living with dementia and subsequently, education was provided to staff by a representative from Alzheimer's Australia. Identified outcomes include increased staff awareness and understanding of the positive effects that appropriate conversation and body language can have on care recipients living with dementia. Management advised specific education in dementia care is ongoing and will be provided to staff by Alzheimer's Australia.
- Two organisational human resource initiatives implemented at the home in 2014 are assisting staff in achieving optimal wellbeing and creating a respectful workplace. Specific education, training, resources and support were provided by the organisation and are ongoing. Identified outcomes include heightened staff awareness regarding optimal health, and the benefits of a workplace where mutual regard and consideration is fostered with management and with each other.
- A corporate initiative aimed at standardising information systems across the organisation resulted in a computerised documentation system being rolled out at the home in July

2014. Education with hands-on training has been provided for management and staff and the support is ongoing. Identified outcomes show staff from all domains are competently using a streamlined documentation system that provides timely access to appropriate, up-to-date information to help them better perform their roles. For example: registered nurses report the clinical context contained in the documentation system is a helpful information resource, promoting an efficient and timely process for accurately assessing, planning and actioning care recipient's needs and preferences. Members of the health care team including care recipients' doctors report the system provides an effective, user- friendly process for recording, accessing, analysing and using the information as needed.

1.2 Regulatory compliance

This expected outcome requires that "the organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines".

Team's findings

The home meets this expected outcome

The home ensures compliance with all relevant legislation, regulatory requirements, professional standards and guidelines through regulatory information received from the organisation, government departments and aged care industry peak bodies. The organisation's Board and chief executive officer disseminate all relevant information to the home through updated policies, emails, memoranda, meetings and staff education.

Information is disseminated to care recipients/representatives through formal letters and meetings. Staff compliance with regulatory requirements is monitored through education and performance review. Document review and staff interviews show staff have attended education on regulatory compliance and have knowledge and understanding of regulatory requirements relevant to their roles.

- Examples of regulatory compliance undertaken at the home relating to Standard 1 Management systems, staffing and organisational development include care recipients/representatives being notified about the Reaccreditation audit in line with regulatory requirements. Systems and processes are in place to ensure all staff, volunteers and relevant contractors have current police certificates. Management ensures all care recipients/representatives and other interested parties have access to internal and external comments and complaints mechanisms.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has systems to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. The education program includes topics covering the four Accreditation Standards and is reviewed annually with input from management and staff. An orientation program for commencing staff includes a buddy system which is used to support staff during their induction. The care manager is supported by corporate education personnel in providing individual and group education sessions and staff attend compulsory and other

education sessions on-site. Records are kept to monitor attendance at education and follow-up occurs on non-attendance at compulsory sessions. Staff said they have access to a broad range of education including external courses and are satisfied with the development opportunities made available to them. Management and staff said the program is assisting them in their roles and responsibilities.

- Examples of education and staff development undertaken at the home relating to Standard 1 Management systems, staffing and organisational development include the new electronic documentation system, professional development including leadership courses, incident reporting, staff wellbeing and creation of a respectful workplace.

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 about internal and external complaint mechanisms is provided to care recipients and representatives on a care recipient's entry to the home. This information is contained in the care recipient information pack. Information is also communicated on a regular basis through meetings and information displayed in the home. Feedback forms are available throughout the home and brochures about the external complaint mechanisms are displayed. Staff are made aware of these mechanisms through policies and procedures and meetings. Staff demonstrated their knowledge of the complaint handling process and their role in assisting care recipients to raise issues. Care recipients/representatives are aware of the home's comments and complaints process. Review of comments and complaints and other relevant records demonstrates the home responds to issues raised in an appropriate and timely manner.

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 home's philosophy, mission, vision and values are available in a number of documents including handbooks for care recipients and staff. The home's philosophy, mission, vision and values form a part of the staff induction program and are discussed with staff.

1.6 Human resource management

This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".

Team's findings

The home meets this expected outcome

The home ensures there is sufficient staff with appropriate skills and qualifications to meet care recipients' needs and preferences. Factors considered in ensuring adequacy of staffing levels and skill mix includes staff feedback, review of care recipients' acuity, and analysis of clinical indicators. The home has a flexible rostering system that is responsive to the changes in care recipients' needs. There are systems in place for staff orientation, education and performance review and recruitment procedures ensure the best possible match between candidates and roles are achieved. Job descriptions, selection criteria and reference checks are used by management to increase the effectiveness of the process.

Staff are provided with their position descriptions. Results of regular performance reviews are fed into the home's staffing management system. Observations, documentation and interviews with care recipients/representatives demonstrate the home has sufficient staff with appropriate knowledge and skills to perform their roles effectively. Care recipients/representatives said there are adequate levels of staff who respond to care recipients' needs in an acceptable and timely manner.

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

There are policies and procedures for ensuring adequate supplies of inventory and equipment are available for quality service delivery. The home has clear procedures for purchasing, servicing and maintaining, and replacing necessary equipment for use in various care and service areas. We observed storerooms and other areas including staff areas, clinical areas and the kitchen and other service areas to be well equipped, well stocked and well maintained. Staff confirmed there are plentiful supplies of inventory and equipment available for them to perform their work effectively. Care recipients/representatives are satisfied the home provides sufficient, appropriate goods and equipment as needed. A planned preventative and corrective maintenance program ensures that equipment is well-maintained and fit for purpose.

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. Confidential files of care recipients and staff are stored securely. Procedures are used for the receipt, dissemination, storage, review and destruction of records. Access to electronic records is protected and back-

up records are securely stored. A schedule of regular meetings ensures up to date information and feedback is available for care recipients/representatives, staff and other interested parties in a timely and open manner. Information is disseminated through mechanisms including electronic mail, noticeboards, newsletters, memoranda, staff handovers and policies and procedures. The home regularly collects data on the quality of care and services for purposes of assessment and improvement. Our review of care recipients' files show their care needs are documented and regularly reviewed. Staff and care recipients/representatives are satisfied with information systems. Care recipients/representatives said information is openly and transparently provided, is easy to access, and assists them in making informed and timely decisions about care recipients' needs.

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

An established system of external services review assists management in ensuring all externally sourced services are provided in a way that meets the home's needs and quality service goals. Management and staff monitor the performance of the service providers and take appropriate action, including their replacement if necessary, in order to ensure services are provided at the desired level. A range of external service providers operate within contracts and service agreements including clinical care, education, food services, fire systems, infection control and various building maintenance and services. Service agreements encompass the organisation's requirements and expectations for quality service provision, police certificates (where appropriate) and other relevant criteria. Care recipients/representatives and staff are satisfied that current external providers are meeting the home's quality service goals including clinical care and food services.

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

Information about the home's continuous improvement system is provided under expected outcome 1.1 Continuous improvement.

Recent improvement initiatives relevant to Standard 2 Health and personal care include:

- Management and clinical staff identified new care recipients entering the home with diagnosed complex health needs could improve their level of nutrition and hydration. Feedback from care recipients' representatives supported these findings. In response, a dietitian now attends the home on a monthly and on-call basis providing a systematic approach to identifying each care recipient's specific needs and preferences. Education and training on better understanding food and fluid additives and food textures and modification has been provided to catering and care staff, and is ongoing. Management report the initiative is resulting in positive outcomes for care recipients including increased satisfaction with natural food products being used in place of food additives, increased calorie intake, and weight loss has been minimised.
- A review of clinical indicators in early 2014 showed a steady increase in the number of care recipients diagnosed with urinary tract infections. Management's response aimed to achieve sustained improvement in staff practice including adopting a pro-active approach to minimising and preventing care recipients' susceptibility to urinary tract infections. Regular informal group discussions on effective continence care were introduced for staff and are ongoing. Discussion topics include how to accurately assess and review care recipients' continence needs and preferences; the provision of appropriate hygiene, toileting programs and continence aids, and regular fluid rounds. Management's review of clinical indicators at December 2014 shows a steady decline in care recipients diagnosed with urinary tract infections to zero incidences.
- Management's review of a complex care audit showed registered nurses required education and training in the clinical procedure of male catheterisation. This resulted in a local medical practitioner and practice nurse with accredited training in male catheterisation providing catheterisation competency training to all registered nurses employed at the home. Identified outcomes include care recipients' specialised nursing care needs are met by appropriately qualified staff - registered nurses with the knowledge, ability and skill to safely and effectively practice to a professional standard.
- Management identified a number of care recipients living with increasing acuity could better optimise their level of mobility, dexterity and rehabilitation including those initially entering, or returning to the home from hospital. Feedback from care recipients/ representatives supported management's findings. In response, a contract

physiotherapist now provides physical therapy to care recipients five days a week along with a physiotherapy aide who provides assistance four days a week. Identified outcomes include care recipients are provided with a daily program of gentle exercise and pain relief which is promoting improvement in their muscle strength, balance and range of movement. Management advised some representatives who have expressed their satisfaction with the positive outcomes being achieved now support the relevant care recipient/s by participating in the exercise regimen.

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 has systems to manage regulatory compliance which are described at expected outcome 1.2 Regulatory compliance. Examples of the home’s observance of regulatory compliance relating to Standard 2 Health and personal care include the home maintaining records of current professional registrations of all qualified staff. Document review and interviews with management and staff confirmed appropriate assessment and planning of care recipients’ initial and ongoing clinical and care needs and preferences. The home has an accredited medication system in line with applicable protocols, laws and guidelines governing medication management.

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 which describes how the home monitors and provides education to ensure staff have appropriate knowledge and skills. Examples of education relating to Standard 2 Health and personal care provided for management and staff include dementia training with Alzheimer’s Australia, urinary catheter competency, medication management, person-centred care, skin care including wound management, and textured and modified diets and fluids.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Care recipients receive appropriate clinical care through medical practitioners and specialist reviews, ongoing comprehensive assessments of care needs and individual care plans.

There are processes such as an assessment schedule which is timely and appropriate. The effectiveness of care strategies are evaluated and assessed on a regular basis. Staff said

there are effective systems for communicating care recipients' needs and any changes in care requirements are communicated through handover and documented in care plans, progress updates and the communication diary. Case conferences are regularly conducted or when required in conjunction with care recipient, representative, registered nurse and physiotherapist. The medical practitioner provides input into the process. Care recipients are regularly reviewed by their medical practitioner with referrals to specialists when needed.

There is an incident and accident reporting system which identifies falls, skin tears, medication incidents and behaviours and this information is analysed, trended and actioned. Care recipients/representatives said they are consulted about care recipients' care requirements and are very satisfied with the way staff provide their care.

2.5 Specialised nursing care needs

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

Team's findings

The home meets this expected outcome

Care recipients' specialised nursing care needs are provided by registered nurses with medical practitioner, specialists and/or allied health professional input as required. The assessment and care planning process ensures care recipients' specialised nursing care needs are identified and met by appropriately qualified staff. Registered nurses oversee the care recipients' specialised nursing care such as complex wound care, oxygen therapy, urinary catheter care and diabetes with blood glucose monitoring and insulin therapy. Staff said there is adequate equipment available and they attend education and training which is provided to address specific specialised nursing care needs. External consultants are also available to provide staff with advice regarding care recipients' specialised care needs. Care recipients/representatives said they consider staff to be skilled and they are very satisfied with the way staff provide care recipients' specialised nursing care.

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

The home has systems which ensure care recipients are referred to appropriate health specialists in accordance with their needs and preferences. Ongoing assessments and regular reviews of care recipients' care needs help to identify those requiring referral to other health and related services. Some of the services being accessed by the home are provided by a psychogeriatrician, podiatrist, speech pathologist, physiotherapist and dietician.

Referrals to health specialists and the outcomes of the consultations are filed in care recipients' files with appropriate changes and specific needs and preferences documented in care plans. Staff make appointments for care recipients and assist them with their travel arrangements. Care recipients/representatives said care recipients are referred to medical and allied health services and staff assist with the care recommended by the health and other related services.

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

There are systems to ensure care recipients’ medication is managed safely and correctly. The home uses a system which incorporates the administration of medication from blister packs. Staff practices are developed and monitored ensuring compliance with the home’s medication processes and procedures. Photo identification with clear information relating to known allergies and special requirements is evident on the care recipients’ medication administration plan. All medications are securely stored and schedule eight drugs are checked by two registered nurses. Care recipients’ medication regimes are reviewed by their medical practitioner on a three monthly basis and by an independent accredited pharmacist annually. There is a system for monitoring medication incidents which are analysed, trended and actioned in an appropriate time frame. A medication advisory committee (MAC) meets six monthly. Care recipients said they are satisfied with the way staff administer their medications including medications which require administration at varied times.

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

There are systems which staff use to identify, manage and evaluate pain management strategies ensuring care recipients are as free as possible from pain. This includes initial and ongoing pain assessments using comprehensive tools such as observation, discussion, pain monitoring and non-verbal pain assessments. The physiotherapist conducts a detailed assessment to identify care recipients’ pain issues. Care recipients’ pain management needs are provided by the physiotherapist, physiotherapy aide, registered nurses, medical practitioner and other specialists input as required. In conjunction with analgesic medication a range of complementary strategies are used. These include repositioning, attending to clinical and emotional needs, physiotherapy programs, distraction, heat packs and massage. Care recipients said the pain management provided to them by staff meets their needs and pain relief can be accessed as required.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

There are systems to ensure the comfort and dignity of terminally ill care recipients is maintained. Where possible, advanced care planning and care recipients’ end of life wishes are identified and documented on entry to the home or shortly thereafter. Care recipients are supported through an end of life program which ‘honours the spirit within’ that provides individual symptom management and a comfortable environment for care recipients with end

stage dementia. The program runs seven days and provides tactile and sensory activities and is inclusive of the care recipient's family/representative. Care recipients were observed in the program. Staff provided individual interaction and interventions for care recipients in a peaceful, calm environment. Interviews with care recipient representatives and staff and review of documentation showed that the program has positive outcomes for the care recipients and they are more comfortable, peaceful and interactive as a result of the program. Families have opportunities for case conferencing and spiritual support is available for those care recipients who request it. The local community palliative care team is available to provide advice and a consultative service to the home. The home has a range of appropriate equipment to assist with care recipient comfort. Staff interviewed said they are adequately supported in issues of grief and loss and they also receive education relating to palliative care. Care recipients said they are comfortable with the home's approach to maintaining care recipients' comfort and dignity, and the knowledge their wishes would be respected.

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

Care recipients' nutritional and hydration needs and preferences are identified on entry to the home through the assessment and consultation processes. The nutrition and hydration assessment contains information identifying allergies, special requirements and individual preferences. Care recipients' nutritional and hydration status is monitored through staff observation of care recipients' eating patterns and monthly weighs. Care recipients' care documentation shows care recipients with weight loss are weighed and there are referrals to allied health specialists such as speech pathologist and dietician for nutritional and swallowing assessment and advice. Special diets and nutritional supplements are provided when required and staff said they are aware of individual care recipients' nutritional and hydration requirements. Care recipients advised they have a choice of meals and they generally enjoy the meals provided.

2.11 Skin care

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

Team's findings

The home meets this expected outcome

There are systems to ensure care recipients' skin integrity is consistent with their general health. Assessments are completed on entry and care recipients' skin integrity is monitored by care staff on an ongoing basis. There is an incident reporting system and skin tear rates are monitored and actioned on an ongoing basis. This information is then analysed and trended monthly with any further actions required implemented. There are procedures to identify and monitor care recipients at risk of impairment to their skin integrity. Interventions and aids to protect care recipients' skin integrity include the provision of speciality mattresses, the use of limb protection and moisturising and emollient creams. Staff said they have access to a range of dressing products for wound care. Care recipients have access to a podiatrist for regular treatment. Care recipients said they are very satisfied with the skin care given to them by staff.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

There are systems to ensure care recipients' continence is managed effectively. This includes assessment on entry to the home and evaluation of management strategies such as toileting and the use of continence aids. The home's external continence aid supplier provides advice regarding toileting programs and continence aids for individual care recipients and training for staff. All registered nurses are trained in male catheter insertion and passed the required competency. Bowel management programs include the provision of high fibre diets and encouragement with fluids, monitoring via daily recording and reporting by care staff. Urinary tract infections are monitored and preventive strategies are implemented when indicated. Care recipients advised they are satisfied with the home's approach to continence management.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

There are systems to ensure the needs of care recipients with challenging behaviours are managed effectively. There are processes by which care recipients with challenging behaviours are assessed to determine how their behaviours can be best managed. Following assessment, an individualised care plan with triggers and strategies to address care recipients' specific needs is developed. Episodes of challenging behaviour are recorded, monitored and evaluated regularly, with care conferences conducted as required. Care treatments are flexible to minimise verbal and physical aggression. The program run by the home which 'honours the spirit within', is very effective in managing challenging behaviour in care recipients with compromised mobility. Also a special dementia program called the 'sunshine club' offers a specific lifestyle program for mobile care recipients with challenging behaviours. Both programs were observed to provide care recipients with a calming, nurturing environment. If required, nursing staff liaise with specialist staff such as a psychogeriatrician, a clinical nurse consultant, the mental health team and a psychologist to ensure intervention strategies documented in behaviour support plans meet the needs of individual care recipients. Care recipient representatives expressed satisfaction with the care provided including the 'honour the spirit within' and the 'sunshine club' program for care recipients with challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that “optimum levels of mobility and dexterity are achieved for all care recipients”.

Team’s findings

The home meets this expected outcome

There are systems to ensure optimum levels of mobility and dexterity are achieved for all care recipients. Assessments are undertaken on entry and reviewed on an ongoing basis and when

there is a change in care recipients' mobility, dexterity or rehabilitation care needs. A physiotherapist attends the home five days and assesses all care recipients' mobility and dexterity needs, developing a comprehensive individualised mobility outline and care plan.

The physiotherapist implements programs developed such as; falls prevention, walking, group exercises and individual exercise programs. Care recipients are encouraged to mobilise during their daily activities and care recipients were observed being attended by the physiotherapist and using a variety of mobility aids throughout the home. The effectiveness of the program is assessed through audits, monitoring of staff practices; regular review of care recipients care plans, physiotherapy plans and the reporting and analysis of falls. Care recipients said they are very satisfied with the mobility program and the assistance they receive from the physiotherapist, physiotherapy aide and 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

On entry to the home care recipient's oral and dental health is assessed and there are processes to ensure their oral and dental health is maintained. This is achieved by ongoing assessments and the development of care plans to address oral hygiene. Access to dental professionals is available to care recipients when required. Care recipients have a choice of attending the dentist outside the home or if they prefer a dentist can treat them from a dental service which operates within the home environment. Care staff assist or prompt care recipients with teeth and denture cleaning and report any changes in oral health to the registered nurse on duty and this is documented in the care planning system. Care recipients advised their oral and dental health is maintained.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

There is a system to ensure that care recipients' sensory losses are identified and managed effectively. This is achieved by assessing care recipients' sensory needs (sight, hearing, taste, touch and smell) on entry to the home in consultation with the care recipient/representative. The information documented in care recipient's care plans identifies strategies to manage these losses including the use of any aids. Care recipients are referred to external health professionals such as audiologists and optometrists when required. The activities program and the 'honour the spirit within' further enhance sensory stimulation through activities such as food tasting, conversation, cooking, massage and music. Care recipients/representatives advised they are satisfied with the assistance from staff in managing any assistive aids used by care recipients.

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

There are systems to ensure care recipients are able to achieve natural sleep patterns. On entry to the home a sleep assessment is undertaken over several days and a care plan is developed. Medications to assist with sleeping are prescribed after comprehensive review by the care recipient’s medical practitioner and the effectiveness monitored. Staff discussed non-pharmacological strategies used such as offering drinks, extra blankets and pillows and toileting care recipients. Care recipients interviewed said that the home is quiet at night, they feel secure and they generally sleep well.

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

Information about the home’s continuous improvement system is provided under expected outcome 1.1 Continuous improvement.

Recent improvement initiatives relevant to Standard 3 Care recipient lifestyle include:

- The home has adopted a creative program which promotes a holistic, person-centred approach for better meeting the needs and wishes of care recipients living the end stages of their lives. The program runs seven days a week and provides a range of sensory- based care combined with companionship and meaningful activities and is inclusive of the care recipient’s family/representative. The home has purposefully allocated a special room to comfortably accommodate six care recipients during the day and designated staff received training prior to the program being implemented. Staff are encouraged to ‘honour the spirit within’ by acknowledging the care recipient as a person beyond their illness and providing care and companionship sensitive to individual differences, values and preferences. Identified outcomes show care recipients are responding positively to the care and companionship provided including quiet music and conversation, hand massages and small treats such as preferred soft desserts. Representatives of relevant care recipients have expressed their satisfaction with the program including that some care recipients have started smiling and/or speaking, and/or eating again if only small sweet snacks to their liking.
- Management’s response to feedback from lifestyle staff suggesting a more dementia friendly atmosphere could be created for care recipients living with dementia has resulted in the formation of the ‘sunshine club’. A room has been set aside for members to enjoy their days together in an environment conducive to calmness and relaxation which includes taking their lunch and evening meals together. Dedicated lifestyle officers have received training through Alzheimer’s Australia, and from the facility manager who has a background in specialist dementia care. Identified outcomes include the care recipients are experiencing less episodes of challenging behaviours; they are happy, relaxed and calmer, and they are less susceptible to falls and infections. Feedback from the care recipients’ representatives shows their satisfaction and confirms the identified positive outcomes.
- A regional, corporative initiative has resulted in the home introducing an art therapy program following the positive results achieved at another home in the organisation. An art therapist now attends the home one day a week and provides interested care recipients with professional art lessons including painting and sketching. Feedback from care recipients shows they are pleased with their efforts in achieving something meaningful and substantial. Care recipients have expressed satisfaction with the art

classes saying they are providing an extra choice for participating in an activity of interest to them.

- A men's shed program has been introduced following lifestyle staff and care recipients identifying a need to provide a wider range of activities of interest to male care recipients. Interested male care recipients now meet on a regular basis to participate in conversations and discussions, afternoon tea and/or drinks and various leisure activities of choice. Identified outcomes include the care recipients expressing satisfaction with the increased opportunity to participate in the home's activity program, and of the 'ownership' they feel about their men's shed program.

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 has systems to manage regulatory compliance which are described at expected outcome 1.2 Regulatory compliance. Document review shows the home's policies have undergone review in relation to changes in the Aged Care Amendment Acts. Interviews with staff confirm they have attended relevant educational programs. Examples of the home's regulatory compliance relating to Standard 3 Resident lifestyle include care recipients being issued with a residency agreement incorporating clauses on security of tenure. Documents displayed and available on site include the residents' handbook with information on care recipients' privacy and confidentiality. The home has a system for compulsory reporting according to the requirements of The Aged Care Act 1997.

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

Information about the home's system for education and staff development is provided under expected outcome 1.3 Education and staff development. Education sessions that management and staff have attended relating to Standard 3 Resident lifestyle include advocacy, elder abuse, 'the person within' program, the 'sunshine club' program and certificate IV in leisure and lifestyle.

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

There are systems to ensure care recipients receive support in adjusting to life in the home and on an ongoing basis. Pre-entry and entry interviews are conducted to obtain information about each care recipient from the care recipient themselves and from their representative. Care recipients' emotional needs are assessed on an individual basis with consideration for their background, family dynamics, physical and mental health. New care recipients are provided with emotional support by the management team, care staff, and lifestyle officer and introduced to other care recipients, which assists them to settle. Staff speak to care recipients on a daily basis to ensure they are aware of and invited to attend activities on the day. Care recipients said they are very satisfied with the way staff support them and make them feel welcome to the home.

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

There are systems to assist care recipients' achievement of maximum independence, maintenance of friendships and participation in the life of the community according to the care recipient's individual needs and preferences. This process is undertaken through a multi-disciplinary approach, which includes lifestyle, physiotherapy, and nursing care. Care recipients are able to make choices for themselves in the attendance of social and spiritual events and in regard to the preference of meals, showering and sleep times. The activities program is designed to facilitate independence and community participation within the community such as bus trips and welcoming care recipient representatives to attend activities such as concerts. The physiotherapist attends the home five days and a range of individual and general strategies are implemented to promote independence. Care recipients are encouraged to be as independent with personal care and grooming as they are able.

Care recipients said they are assisted in maintaining their mobility through regular physiotherapy encouraged to be independent and are able to participate in the community as they wish.

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

There are systems to ensure care recipients' right to privacy, dignity and confidentiality is recognised and respected. Care recipients' personal preferences and needs for privacy are documented on assessments and care plans. Observations of staff and care recipient interaction show staff respect the privacy and dignity of care recipients by knocking on doors, asking permission to enter and addressing care recipients by their preferred name. Staff are aware of the need to maintain the privacy of personal information and sign a confidentiality agreement. Electronic information is password protected and care recipients' hardcopy records are stored securely. Care recipients said their privacy, dignity and confidentiality is recognised and staff speak to them in a respectful manner.

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

There are systems to encourage and support care recipients' participation in a wide range of interests and activities, consistent with the care recipient's individual needs and preferences. On entry to the home the care recipient's leisure interests and activities are identified through the admission database assessment and a number of lifestyle assessments. Individual care plans are developed, reviewed and changed according to the wishes and health status of the care recipient. There are three streams of activities for care recipients: one for the 'sunshine club', one for the 'to honour the spirit within' group and one for the rest of the care recipients. The programs for the 'sunshine club' and the main group of care recipients are interactive with care recipients able to participate when appropriate. The activities program is reviewed through feedback from care recipient meetings, surveys, and activity attendance data which is evaluated and actioned as required. The activities provided to care recipients cater for their various levels of physical and cognitive abilities. Care recipients were observed enjoying the 'sunshine club', 'to honour the spirit' and main group activities. They were also observed interacting positively with the therapy dog that is at the home five days per week. The home provides care recipients with a monthly calendar of up-coming events and activities. Activities are communicated daily to care recipients by the leisure activity staff who ensure they have the opportunity to attend the activities they enjoy. Care recipients/ representatives said they are satisfied with the range of activities on offer for care recipients who are asked for their ideas and can choose whether or not to participate.

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 to ensure care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Care recipients are actively encouraged to maintain cultural and spiritual links in the community. Regular religious services are held within the home by representatives from different denominations. Provision is made for the celebration of special national, cultural and religious days, for example, cultural days of significance to care recipients and Australia Day, birthdays, Christmas, and Easter. Other cultures are respected when identified and cultural practice for terminal care is provided. Care recipients/representatives are satisfied with the way the management team and staff ensure the various cultural and spiritual needs of care recipients are met.

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 ensures care recipients and representatives participate in decisions about the services the care recipients receive, making sure care recipients exercise choice and control over their lifestyle. Choice and decision making is discussed at entry to the home. A review of care plans and minutes of care recipients' meetings shows care recipients exercise choice and control over their care and lifestyle. Care recipients are encouraged to participate in decisions about their care and services required to meet their individual needs. Management have an open door policy to ensure ease of access. Processes involving care recipient include one-on-one interviews, discussions with staff and management, completing surveys and other feedback. Care recipients said they are provided with sufficient up to date information to assist with making choices and decisions regarding their care needs and lifestyle at the home.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients understand their rights and responsibilities and have security tenure within the residential care service. The facility manager discusses relevant information about security of tenure, fees, care, services and care recipients' rights with care recipients and/or their representative prior to and on entering the home. All care recipients receive a care recipient agreement and the accompanying handbook outlines care and services, care recipients' rights and complaints resolution processes. Ongoing

communication with care recipients and representatives is encouraged through scheduled meetings, care conferences and notices. Care recipients/representatives said they are satisfied with care recipients' security of tenure at the home and are aware of their rights and responsibilities.

Standard 4 – Physical environment and safe systems

Principle: Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, staff and visitors.

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Information about the home’s continuous improvement system is provided under expected outcome 1.1 Continuous improvement.

Recent improvement initiatives relevant to Standard 4 Physical environment and safe systems are:

- Management identified an upgrade to the home’s courtyard was needed to increase its use by care recipients and their representatives. The upgrade is complete and includes the removal of overgrown vegetation, the installation of shade umbrellas and the purchase of new outdoor furniture including dining suites. The pathways and sitting areas have been repaved to increase access and safe mobility for care recipients and their visitors. Care recipients/representatives have expressed their appreciation with the improvement saying it has encouraged them to use the area to enjoy meals and quiet conversations with each other.
- A work health and safety audit identified the need to check all power cables attached to television sets in care recipients’ rooms. Power cables on care recipients’ television sets are now enclosed in conduit to reduce the risk of the cables being severed. A subsequent audit reflects a sustained improvement in the home’s environmental safety.
- A corporate initiative to introduce a standardised infection control program has resulted in the home becoming a member of an infection control advisory service. Education including use of the new infection control manual and flip charts has been provided to management and staff and is ongoing. The manual and flip charts set out the procedures, practices and equipment required to have an effective infection control program. Identified outcomes include management having up-to-date information for ensuring the home’s infection control program is effective in identifying, containing and preventing infection; and ensuring staff practice is consistent with Australian Government infection control guidelines.
- A national food initiative has been implemented by the organisation in response to feedback from care recipients/representatives regarding food quality, variety and choice. Care recipients now have two choices of a hot meal at lunch and for the evening meal, and where possible, fresh produce is used. If frozen produce is used it is sourced only from Australian companies. The chef has been provided with an updated list of suppliers and the revised menu and recipes are tailored to meet the individual needs of care recipients. Identified outcomes include increased care recipient satisfaction with the new menu including in relation to variety and choice.

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

Information about the home’s system for identifying and ensuring compliance with regulatory requirements is provided under expected outcome 1.2 Regulatory compliance.

Examples of the home’s monitoring and compliance with regulatory requirements relevant to Standard 4 Physical environment and safe systems include fire safety equipment being regularly inspected and tested in line with regulatory requirements and an annual fire safety certificate has been issued. The home’s Work Health and Safety (WHS) policy reflects recent amendments to regulatory reporting requirements. Document review and staff interviews confirm the home implements a food safety program and the home has a current food safety licence.

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

Information about the home’s system for education and staff development is provided under expected outcome 1.3 Education and staff development. Education sessions attended management and staff relating to Standard 4 Physical environment and safe systems include work health and safety training, mandatory training for fire safety, manual handling and infection control. Chemical training has been undertaken by catering, housekeeping and maintenance staff. Catering staff have undertaken education and training in food safety.

4.4 Living environment

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

Team’s findings

The home meets this expected outcome

The home has mechanisms that demonstrate management is actively working to provide a safe and comfortable environment consistent with care recipients’ needs and preferences. Mechanisms include environmental inspections, cleaning programs, maintenance, and safety checks including electrical equipment, fire safety systems and incident and accident and hazard and risk reporting. Care recipient feedback mechanisms include meetings and one- on-one discussions with management in relation to the comfort and safety of the living environment. Care recipients reside in single and companion rooms and are encouraged to make their rooms homelike with furniture and accessories that provide for their comfort. A planned preventative and corrective maintenance program ensures the overall safety of the

home's environment. Care recipients/representatives are of the view that the home and its surrounds are well-maintained, safe and comfortable.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

There are effective mechanisms in place to ensure management is actively working to provide a safe working environment that meets regulatory requirements. The home's safety system is monitored by designated work health and safety (WHS) personnel including the maintenance officer. Matters related to the home's working environment are discussed at meetings including WHS and staff meetings. The safety system includes staff training in manual handling and safety audits and inspections. Electrical equipment is tested and tagged and safe work instructions on equipment use, chemicals, and other dangerous goods are displayed in the home. We observed availability of material safety data sheets, manual handling equipment, and systems for reporting hazards, accidents and incidents. Data review and discussions with management, staff and care recipients/representatives show incidents and accidents are reported and effectively managed. Staff said they are satisfied their work environment is safe.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home's management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. There are documented emergency procedures in place. Fire safety systems observed include fire alarms, a fire sprinkler system, smoke/fire doors, fire hoses and extinguishers, exit signs and evacuation plans displayed including at exits. The home has trained fire wardens and designated fire safety officers and formal, external contract arrangements for the monitoring and maintenance of all on-site fire safety systems and equipment. Staff interviews and training records confirmed they have participated in regular fire safety training. Staff demonstrated awareness and knowledge of fire safety and emergency procedures. Care recipients/representatives expressed satisfaction with care recipients' safety and security at the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has established policies and practices that support an effective infection control program which is overseen by the residential manager. The program includes auditing and reporting mechanisms, cleaning, maintenance and food safety programs, linen handling procedures, the disposal of waste, and use of spills kits. Education on infection control is

conducted during staff orientation and is ongoing. Hand sanitisers and hand washing facilities are located throughout the home and personal protective equipment is readily available. Staff and care recipients have access to immunisation. There is a system for rotation of food in the kitchen, and temperature checks are in accordance with regulatory guidelines for food and equipment. Data on infections is collected, analysed and trended with results tabled and discussed at meetings including quality, work health and safety, and staff. Overall, we observed appropriate infection control practices in operation at the home.

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 policies, procedures and protocols which ensure hospitality services are provided in a way that enhances care recipients' quality of life and the staff's working environment. Regular food safety audits and surveys are attended. The catering system is overseen by the head cook. Food is cooked fresh on-site and care recipients' preferences are taken into account in the food planning process ensuring appropriate choices and alternatives are offered. Care recipients have input into menus and food quality through feedback directly to management and staff, surveys and regular meetings.

Cleaning in the home is well organised and effective with common areas and each care recipients' room being cleaned daily. The cleaning is overseen by the facility manager in liaison with the maintenance officer.

Care recipients' personal clothing and linen is laundered on-site. Laundry services are done in such a way as to ensure linen and personal items are appropriately laundered and returned in a reasonable time. Care recipients/representatives expressed satisfaction with the way in which the home provides catering and cleaning and expressed satisfaction with the laundry service.