



Aged Care
Standards and Accreditation Agency Ltd

Randwick Montefiore Home

RACS ID 0722

36 Dangar Street

RANDWICK NSW 2031

Approved provider: Sir Moses Montefiore Jewish Home

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 02 August 2016.

We made our decision on 22 May 2013.

The audit was conducted on 29 April 2013 to 02 May 2013. The assessment team's report is attached.

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

This home is a 2014 Better Practice Award winner. [Click here](#) to find out more about their award.

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 | Accreditation 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 | Accreditation 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 | | Accreditation 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 | | Accreditation 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 |



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Randwick Montefiore Home 0722

Approved provider: Sir Moses Montefiore Jewish Home

Introduction

This is the report of a re-accreditation audit from 29 April 2013 to 02 May 2013 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents 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, resident 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 Accreditation 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

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 29 April 2013 to 02 May 2013.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of four registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

| | |
|----------------|-------------------|
| Team leader: | Carol Lowe |
| Team member/s: | Christine Logan |
| | Kathleen McDonagh |
| | Margaret Butler |

Approved provider details

| | |
|--------------------|----------------------------------|
| Approved provider: | Sir Moses Montefiore Jewish Home |
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Details of home

| | |
|---------------|--------------------------|
| Name of home: | Randwick Montefiore Home |
| RACS ID: | 0722 |

| | |
|---|--|
| Total number of allocated places: | 276 |
| Number of residents during audit: | 263 |
| Number of high care residents during audit: | 199 |
| Special needs catered for: | Jewish culture and residents with dementia |

| | | | |
|-----------------|-----------------------------|------------|--------------|
| Street/PO Box: | 36 Dangar Street | State: | NSW |
| City/Town: | RANDWICK | Postcode: | 2031 |
| Phone number: | 02 8345 9103 | Facsimile: | 02 8345 9199 |
| E-mail address: | rorie@montefiorehome.com.au | | |

Audit trail

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

Interviews

| | Number | | Number |
|---|--------|---|--------|
| Executive Care Managers | 3 | Residents/Representatives | 49 |
| Deputy Care Managers | 3 | Registered Nurses | 6 |
| Care staff | 21 | Customer Assurance Manager | 1 |
| Customer Assurance Coordinators | 2 | Director of Professional Services | 1 |
| Director of Business Services | 1 | Health Informatics Manager | 1 |
| General Manager Property and Risk | 1 | People, Learning and Culture Manager | 1 |
| Cost Control and Food Safety Manager | 1 | Maintenance Manager | 1 |
| General Manager Care Services | 1 | General Manager Allied Health | 1 |
| Cleaning Manager | 1 | Executive Chef | 1 |
| Senior Learning and Development Coordinator | 1 | General Manager Hotel Services | 1 |
| Cultural and Lifestyle Coordinator | 1 | Chief Information Consultant | 1 |
| Administration Staff | 2 | Social Workers | 2 |
| Continence Link Nurses | 2 | Physiotherapy Manager | 1 |
| Dental Hygienist | 1 | Volunteers | 2 |
| Laundry Manager | 1 | Cleaning Staff | 3 |
| Catering Staff | 3 | Fire Safety Warden | 1 |
| Dietician | 1 | Dietary Coordinator | 1 |
| Senior Dining Room Supervisor | 1 | Cleaning Supervisor | 1 |
| Clinical Resources Officer | 1 | Spiritual and Cultural Manager | 1 |
| Director Client and Residential Services | 1 | Volunteer Manager | 1 |
| Nurse Practitioner | 1 | Clinical Resources Officers | 2 |
| Art Therapist | 1 | Private Carer | 1 |
| Diversional and Creative Therapies Manager | 1 | Diversional and Creative Therapies Mentor | 1 |
| Occupational Therapists | 2 | | |

Sampled documents

| | Number | | Number |
|---|--------|---|--------|
| Audit folders | 3 | Rosters | 3 |
| Comments, complaints and suggestion folders | 3 | Residents' files (including assessments, progress notes, care and lifestyle plans and associated documentation) | 30 |
| Medication charts | 14 | | |

Other documents reviewed

The team also reviewed:

- Accident and incident reports
- Activities calendars, pamphlets, brochures and notices for completed and upcoming activities, concerts and theme days, activities evaluation forms and activities attendance records
- Admissions documentation including: resident agreement and information pack
- Analysis and action plan for identified clinical issues and concerns
- Behaviour management including: behaviour assessments, behaviour monitoring charts, behaviour management plans, wanderers' identification charts, psychogeriatrician referrals and reports
- Care plan assessment schedule, case conference records, handover alerts
- Clinical monitoring records
- Continence management including: continence assessments, continence management plans, daily bowel monitoring records and management plans, toileting schedules, continence aid allocation list
- Daily and weekly cleaning schedules including the laundry, Passover cleaning procedures, duty statements, training records including infection control and audit schedule
- Daily shower lists
- Education documentation including: programs, attendance log, information flyers, performance appraisal, needs analysis, external courses and conferences
- Environmental audits, corrective and preventative computerised maintenance records, maintenance statistics with corrective action forms
- Equipment register with certificates of compliance
- Feedback forms
- Fire and emergency documents including: current fire safety certificate, fire board isolating record, fire alarm reports for smoke and thermal detectors, flip charts with emergency numbers, emergency planning and business overview
- Food documentation including: meal satisfaction survey and results, allergy matrix, dietary preferences and dietary needs for special care, seasonal and rotating menus, recipes, site specific food safety plan, vulnerable persons checklist, dietary charts and changes
- Handbooks: residents, staff, catering staff and contractors

- Hazard report/risk worksheet
- Infection control documentation including: data and analysis of infections, vaccination program for staff and residents, outbreak management report and evaluation, training and service provision by external contractor
- Maintenance documents including: Legionella testing certificates, pest inspection service reports, service records for various items of equipment including kitchen and clinical goods, service reports and temperature records for thermostatic mixing valves and warm water system, chemical safety data sheets, contracts and service agreements with approved suppliers and contractors
- Medication management including: medication orders, refrigeration temperature monitoring, nurse initiated medications, schedule eight registers, sachet packaging with resident medication and self-medication assessment
- Minutes of residents and relatives, medical advisory committee, staff and committee meetings
- Mobility documentation including: physiotherapy assessments, mobility assessments, physiotherapy care plans, falls risk assessments, manual handling guide lines and physiotherapy referrals and bed rail assessments
- Nutrition and hydration management including: dietician reviews, speech pathology reviews, enteral feeding regimes, fluid balance charts, food and fluid intake monitoring records, menu, resident food preference lists and weight records
- Pain management including: pain assessments, pain flow charts, pain management plans and evaluations
- Policies and procedure manual
- Regulatory compliance documents including: police certificates, mandatory reporting register, NSW Food Authority licence, visas, registered nurses re-registrations, annual fire safety statement and Work Cover lift certificates
- Self-assessment report for re-accreditation and associated documentation
- Specialised care plans including: indwelling catheter, percutaneous endoscopic gastrostomy tube and diabetes management
- Work health and safety and safety standards manuals
- Workplace inspections program with area specific safety checklists and report on completion of workplace inspections program
- Wound management system including: wound assessments, photographic wound progress records and wound management plans

Observations

The team observed the following:

- Activities in progress
- Activities calendar displayed throughout the home
- Catering services including: kitchen and satellite kitchens communication white-boards, kitchen equipment with computerised temperature monitoring, food storage areas and kitchen separated to observe kosher preparation requirements, daily menu displayed with choices and self-serve buffets in dining rooms
- Charter of residents' rights and responsibilities displayed throughout the home
- Cleaning in progress
- Computerised building management system
- Fire safety equipment including: sprinkler system, thermal detectors, smoke detectors, fire hoses and extinguishers, service records for fire detection and fire fighting systems, battery operated walkie talkies, emergency exit signs illuminated and exits clear of obstruction, evacuation plans, evacuation backpacks with current resident details
- First aid boxes
- Infection control equipment including: sharps containers, hand washing stations, spill kits and outbreak cupboard, cleaning equipment including colour-coded buckets and mops, contaminated and cytotoxic waste collection systems, personal protective equipment and alcohol based hand wash dispensers located throughout the home
- Laundry services demonstrating clear division between clean and dirty laundry, safe chemical usage, dry cleaning station, lost items and labelling equipment, colour-coded laundry bags and degradable bags for soiled items
- Living environment including: Internal and external security systems, hairdresser, shop, café, hydrotherapy pool, Shabbat lift, aromatherapy/massage room and Blessing scrolls on door-frames
- Mail service on each floor
- Medication rounds
- Mobility equipment including: internal lift access, mechanical lifters, transfer belts, wheel chairs, walkers, sensor mats and movement sensor beams
- Nursing and catering staff handover
- Personalised memorabilia display cases
- Residents and visitors sign in/out books
- Residents utilising pressure relieving mattresses, chairs, cushions and limb protection equipment
- Residents' art work displayed
- Staff, resident and representatives interactions including the dining environment during midday meal service including staff supervision and assistance, morning/afternoon tea and hydration rounds
- Storage of equipment including clinical supplies, chemical and medications
- Tagging of electrical equipment

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 residents, 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

Randwick Montefiore Home (the home) has an active quality management system across all areas of the home (nursing home, hostel and special care units). Each area within the home monitors performance and uses audits, surveys and feedback forms to gather ideas for further improvement. Each area also has the flexibility to undertake individual projects and trial new ideas. Senior management oversee the quality program which includes benchmarking in key areas with other aged care facilities within the group. Ideas for improvements are sourced from staff members through verbal suggestions raised through staff meetings as well as one-to-one discussions. Feedback forms are located in various areas around the home to enable anyone to record any ideas including comments and complaints. Audit results, suggestions forms and any complaints are discussed at the regular meetings held in each area. Positive feedback was received from residents, their representatives and staff on the improvements which are currently being undertaken. Improvements relating to Standard One include the following:

- In mid 2012 the organisation undertook improvements in providing pay slips to staff members. The process has been automated and payslips can now be sent via email directly to staff members at their nominated email address. Approximately 80% of staff members have opted for this system. This has resulted in staff members receiving their payslips in a timely manner as they no longer need to attend the workplace to pick up the payslip. Staff members are able to respond to or refer any pay enquiries quicker to the human resource department. The system also enables staff to save their payslips electronically and reduces the organisation's carbon footprint as they do not need to print off pay slips each pay period.
- The positions vacant bulletin is now being sent to all staff members with an internal email address as well as being available on the organisation's website. Senior managers can print off the information and place it on display in the staff areas. This has improved staff members access to this information across the organisation.
- As part of the customer assurance program the organisation has launched a number of initiatives to improve communication and staff knowledge. A user guide called "Monte user tips" was issued in early 2013 which is aimed at assisting staff members using the computer system. Tips issued so far include accessing policies and procedures and writing a plan for continuous improvement. A document control dashboard has also been introduced which highlights the closing dates for lodging any revised forms or documents. In February 2013 the organisation released a newsletter which highlights what has been occurring around the home with regard to documentation. This includes new documents which have been released and sent electronically to all staff. Feedback from staff indicates this is working well in keeping staff informed of any changes. The format of the document is designed to attract attention as a means of getting staff to read it.

- As a result of a gap analysis undertaken by a new manager the customer feedback system has been reviewed to provide a consistent approach across the home. The form has been redesigned to make the document easier to complete yet provide key information needed to action the concerns being raised. The new forms have been released and have been provided at each nurses' station around the home.

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

Information on changes in legislation or regulations is provided to the organisation through a commercial legislation update service. This is received electronically via email. Information is also received directly from government departments or agencies as well as through various industry organisations. Information on changes is managed centrally and a register is maintained identifying the legislative change. The impact of legislative change on the organisation's policy and procedures is reviewed by management or working parties when changes occur. This may result in changes to policies or procedures which in turn are then disseminated to the homes within the group. Staff advised information is then discussed at shift handovers, staff meetings or via memos or education sessions.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

The home has a system to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. An orientation program using trained mentors is in place for all new staff. This ensures duty of care obligations are met and key information relating to corporate policy, structure and communication processes are covered. Staff are expected to attend compulsory education sessions covering topics such as fire safety, workplace health and safety, infection control, elder abuse and manual handling. There is a system to follow up non-attendance at these sessions. Staff training needs are reviewed annually and on a needs basis. Staff stated they are encouraged and supported to attend the education and training courses and attendance records are maintained. Examples of education sessions and activities relating to Standard One include:

- Two week executive care manager orientation
- Team leader programs for registered nurses
- Return to work coordinator training
- Certificate IV Frontline management – 16 places
- Certificate IV training and assessment
- Documentation
- Return to work coordination – training for managers

1.4 Comments and complaints

This expected outcome requires that "each resident (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

The home has systems to ensure residents and their representatives have access to internal and external complaint resolution mechanisms. This includes displaying information in various locations around the home on large print notices. Brochures about the Aged Care Complaints Scheme are available in a wide range of community languages spoken by the residents. Information on various advocacy services is also located at each of the nurse's stations. Information on raising complaints is contained within the resident handbook as well as the resident agreement, which is provided to residents and their representatives as part of the entry process to the home. Residents' meetings are held on a regular basis and provide a forum in which residents can raise issues as well as be consulted by management. The executive care managers in each area of the home monitor issues as they arise. Senior management monitor the timeliness of responses to complaints as part of the quality management system. We were advised that families are able to refer issues to senior management or directly to the board of management if they wish to do so. Residents and their representatives advised they felt able to raise concerns.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation's commitment to quality is described within the mission and vision statements. These are provided to residents, their representatives and to staff through key documentation such as the resident and employee handbooks, which are given to all residents and their representatives and staff on entry to the home or commencement of employment respectively. Education on the mission and vision is provided as part of the orientation program for new staff members. Information is also provided to contractors as part of their orientation to the site and in the contractors' 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

The home has a system to ensure there are sufficient appropriately skilled and qualified staff members. The executive care managers are responsible for staffing levels in their area. They utilise residents' acuity and care needs as well as feedback from staff members in identifying the staffing level needs. Each area has a pool of casual staff or uses the services of a nursing agency to replace staff temporarily when needed. Interviews are held with all applicants to assess their suitability to work at the home which includes their interest in caring for older people. The organisation ensures police certificates are current before the new staff member commences duty as well as monitoring renewals for current staff when

required. New staff are partnered with experienced staff until they feel confident. A compulsory education program is in place which is aimed at ensuring staff have the appropriate skills to care for residents. Residents and their representatives expressed their satisfaction with the care provided by staff members.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has systems to ensure there are adequate supplies of goods and equipment. Staff members said they are provided with sufficient supplies of equipment and goods to provide care and services to the residents. The general manager property and risk, maintenance manager and cost control and food safety manager stated the home has access to a range of approved suppliers for equipment. New equipment and products are trialled, if necessary, to ensure suitability prior to purchase. These trials may occur at other homes within the group or within specific areas of the home. Education on new equipment is provided to staff members. The home has a preventative and reactive maintenance program to ensure all equipment is working effectively.

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

Information is disseminated to residents, resident representatives and staff through a variety of avenues including emails, newsletters, information displayed on notice boards, and discussions at meetings and education sessions. Handovers are used to pass on clinical information to staff members on different shifts. Messages can be referred to staff via the computerised care planning system. Documentation no longer required is archived initially on-site and then sent to an external document storage facility. Secure destruction of documents is undertaken by the document storage facility when required. Data on computers is routinely backed-up on servers which are managed by the organisation. Access to the home's computers and data within the system is secured via password.

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

The home has systems to ensure externally provided services and goods meet specific requirements. Contracts with suppliers are managed centrally by the organisation for all the homes within the group. Feedback is sought periodically on the quality of services being provided by tradesmen and suppliers. Procedures are in place to manage any episodes of poor service or receipt of poor quality goods. Staff members interviewed on this topic advised any equipment or goods supplied are good quality.

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.

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home. Examples of recent improvements in relation to Standard Two include:

- The organisation implemented a working group to review clinical indicators and provide consistent definitions to assist managers. This is aimed at ensuring each site is reporting consistently and providing management with accurate clinical data. A new reporting template was released in early 2013. The template enables managers to provide additional information in relation to the clinical indicators as well as having a defined section to record any planned actions and summary report by the managers. Data on clinical indicators is referred to the board and directors.
- The home has introduced an advanced dental care program at the home's dental clinic. This involves access to a dentist and dental hygienist. Residents participating in the program are able to access specialist dental referrals, routine dental check-ups as well as oral care. Approximately 70% of residents are participating in the program. Residents are still able to access their own dentist in the community if they wish to do so. A survey undertaken in March 2013 with residents participating in the program noted 36% of residents felt their dental health had improved and 45% of residents felt they were able to eat solid food more easily.
- As a result of feedback from a board member the home introduced a quarterly newsletter for the doctors attending the home in March 2013. The newsletter is aimed at improving communication between doctors and the organisation and provides points of interest to doctors such as information on the new medication management system and new clinical staff such as the clinical resource manager and nurse practitioner.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information regarding the organisation's system to ensure the home complies with legislation and regulations relevant to residents' health and personal care. This includes ensuring the registered nurse registrations are current. The executive care managers in each area as well as senior management can also access the Australian Health Practitioner Regulatory Agency (AHPRA) website to verify registrations if needed.

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

Information about the home’s system for education and staff development is provided under expected outcome 1.3. Education sessions management and staff attended relating to Standard Two include:

- A registered nurse new graduate program
- A clinical management support program including managing residents’ clinical deterioration and assessment for registered nurses, medication management and oral hygiene for care staff
- Medication credentialing in low care areas
- A variety of short training courses including behavioural management, falls prevention, hearing awareness, pressure care and skin integrity, speech pathology/swallowing, wound care, palliative care, urinary incontinence and cytotoxic medication
- External training includes wound care, dementia care, palliative care, certificate III and IV in aged care

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has systems, processes, policies and procedures to ensure residents receive appropriate clinical care. The executive care managers oversee clinical care and review of documentation demonstrates residents’ care needs are identified on entry to the home through a comprehensive and ongoing program of clinical and lifestyle assessments. Individualised care plans are formulated, reviewed and monitored by registered nurses three monthly or more often if required. Multi-disciplined care is planned in consultation with the resident and their representative, the resident’s medical practitioner and allied health professionals. Staff have a sound understanding of the clinical care process. The home has appropriate supplies of equipment and resources maintained in good working order to meet the ongoing and changing needs of residents. Residents and representatives interviewed are highly satisfied with the clinical care provided and representatives state they are informed of changes in the resident’s condition and care needs.

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

There are systems to ensure residents’ specialised nursing care needs are identified and met by appropriately qualified staff. Documentation and discussions with staff show residents’ specialised nursing care needs are identified when they move into the home and addressed in the care planning process. Twenty four hour registered nursing care is provided and registered nurses coordinate assessments on the residents’ specialised care needs. The

organisation has a clinical resource department staffed by nurse practitioners and three clinical resource officers/clinical nurse specialists. The home also liaises with external health professionals including the local area health service to ensure residents' specialised nursing care needs are met. Staff access internal and external education programs and there are appropriate resources and well maintained equipment to provide specialised nursing care. Residents and representatives are highly satisfied with the specialised nursing care provided.

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

Documentation review shows the home refers residents to external health professionals and any changes to care following specialist visits are implemented in a timely manner. The home's multi-disciplined approach to care is supported by the allied health department that includes social workers, a dietician, an aromatherapist, a massage therapist, occupational therapists, a dental hygienist, exercise physiologists and physiotherapists. Several external allied health professionals also visit the home on a regular basis including a podiatrist, speech pathologist, pathology services and members of the mental health teams. Residents and representatives report management and staff ensure they have access to current information to assist in decision-making regarding appropriate referrals to specialist services. Residents and representatives are satisfied with the way referrals are made and the way changes to care are implemented.

2.7 Medication management

This expected outcome requires that "residents' medication is managed safely and correctly".

Team's findings

The home meets this expected outcome

Resident and representatives stated the registered nurses manage their medications in a professional and competent manner. Residents stated they receive the correct medications at the correct time. Medications are dispensed through a sachet system and multiple checks are conducted to ensure medications are administered correctly. Each medication chart contains a current photo of the resident as well as any allergies and the required administration process. Medication incidents are reported, acted upon and preventative action taken. Regular audits of the home's medication systems occur and any identified issues are addressed through a medical advisory committee.

2.8 Pain management

This expected outcome requires that "all residents are as free as possible from pain".

Team's findings

The home meets this expected outcome

There are systems to ensure all residents are as free as possible from pain. Initial and ongoing assessments identify any pain a resident may have and individual pain management plans are developed. Staff are trained in pain prevention and management and use verbal and non-verbal pain assessment tools to identify, monitor and evaluate the effectiveness of pain management strategies. Documentation shows strategies to prevent and manage residents' pain include attendance to clinical and emotional needs, analgesia and alternative

approaches including massage, aromatherapy and pressure relieving devices. Pain management measures are followed up for effectiveness and referral to the resident's medical practitioner and other services is organised as needed. Staff regularly liaises with medical practitioners and allied health personnel to ensure effective holistic care planning. Residents and representatives report residents are as free as possible from pain and staff respond in a timely manner to the resident requests for pain control.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

There are systems to ensure the comfort and dignity of terminally ill residents and support for their families and those involved in their care. Documentation and staff discussions show the clinical, spiritual, cultural, psychological and emotional needs of residents are considered in care planning and ongoing pastoral care and emotional support is provided. The home holds palliative case conferences and advanced care directives are explained and offered to all residents and /or their representatives. Staff are in regular communication with representatives, medical practitioners and specialists throughout the palliative care process.

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

Documentation demonstrates residents' nutrition and hydration status is assessed on entry to the home and individual needs including swallowing difficulties, sensory loss, special diets and individual preferences are identified and included in care planning. Appropriate referrals to the speech pathologist, dietician and dentist are made in consultation with the resident and representative and others involved in their care. The seasonal menu is reviewed by a dietician and provides residents with an alternative for the midday and evening meal. Residents are weighed monthly or more often if indicated and weight loss/gain monitored with referral to medical practitioners or allied health for investigation and treatment as necessary. Nutritional supplements, modified cutlery, equipment and assistance with meals are provided as needed. Staff are aware of special diets, residents' preferences and special requirements including thickened fluids, pureed and soft food. Residents and representatives are happy with the frequency and variety of food and drinks supplied.

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

Residents' skin integrity is assessed on entry to the home through the initial assessment process. Staff monitor residents' skin care as part of daily care and report any changes in skin integrity to the registered nurses for assessment, review and referral to their medical practitioner. Staff have access to sufficient supplies of appropriate equipment and resources

to meet the needs of residents. Documentation reveals staff receive ongoing training and supervision in skin care and the use of specialist equipment such as lifting devices used to maintain residents' skin integrity. The home's reporting system for accidents and incidents includes skin integrity and is monitored monthly and included in the quality clinical indicators. Residents have access to a physiotherapist, exercise physiologist, podiatrist, occupational therapist and clinical resource officers. Residents and representatives report staff pay careful attention to residents' individual needs and preferences for skin care. Observation confirms the use of limb protecting and pressure relieving devices.

2.12 Continence management

This expected outcome requires that "residents' continence is managed effectively".

Team's findings

The home meets this expected outcome

There are systems to ensure residents' continence is managed effectively. Clinical documentation and discussions with staff show continence management strategies are developed for each resident following initial assessment. Care staff report they assist residents with their continence programs regularly and monitor residents' skin integrity. Staff are trained in continence management including scheduled toileting, the use of continence aids, the assessment and management of urinary tract infections. Bowel management strategies include daily monitoring. Staff ensure residents have access to regular fluids, appropriate diet and medications as ordered to assist continence. There are appropriate supplies of continence aids to meet the individual needs of residents. Residents and representatives state they are satisfied with the continence care provided to the 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 home has systems to effectively manage residents with challenging behaviours. Documentation and discussions with management and staff show residents' behavioural management needs are identified by initial assessments and behaviour care plans formulated. Behaviour management strategies include one-on-one and group activities which are regularly reviewed in consultation with the resident and/or representatives and other specialist services. Many of the residents have a history of traumatic war time experiences and residents include Holocaust survivors. Staff confirm they have received education in managing challenging behaviours and on the Jewish culture, including a visit to the Sydney Jewish Museum; staff are also guided and supported by a social worker. The home has two dementia units and has access to external health professionals including regular visits by a psychogeriatrician and clinical psychologist. Staff were observed to use a variety of management strategies and resources to effectively manage residents with challenging behaviours and to ensure the residents' dignity and individual needs were respected at all times. The home uses restraint only as a last resort to ensure resident safety. Resident and representatives interviewed are satisfied with how challenging behaviours are managed at the home.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that "optimum levels of mobility and dexterity are achieved for all residents".

Team's findings

The home meets this expected outcome

The home has systems for ensuring that optimum levels of mobility and dexterity are achieved for each resident including comprehensive assessments, the development of mobility and dexterity plans and mobility programs. The home has a team of six physiotherapists and four exercise physiologists. The home has a hydrotherapy pool and daily exercise classes and walking groups are conducted. Individual programs are designed by the physiotherapist and implemented by the physiotherapists and/or the exercise physiologists and are designed to promote optimum levels of mobility and dexterity for all residents. Falls incidents are analysed and are monitored in the quality clinical indicators. Residents and representatives report appropriate referrals to the physiotherapist and podiatrist are made in a timely manner. Staff are trained in falls prevention, manual handling and the use of specialist equipment. Assistive devices such as mobile frames walk belts, mechanical lifters and wheelchairs are available.

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

There are systems to ensure residents' oral and dental health is maintained. Oral and dental health is assessed when a resident moves into the home and oral health care needs documented on resident care plans. The home has a fully equipped dental clinic staffed by a dental hygienist with a visiting dentist four days each week. Staff state they receive education in oral and dental care and assist residents to maintain daily dental and oral health. Swallowing difficulties and pain are referred to the medical practitioner or allied health services for assessment and review. Residents and their representatives' state residents are provided with appropriate diets, fluids, referral and equipment to ensure their oral and dental health is maintained.

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

Sensory loss is assessed when a resident moves into the home and appropriate referrals are made to ensure residents' care needs are managed effectively. Regular optometry and audiology clinics are conducted at the home and specialist equipment is maintained in good working order. The home has an aromatherapist and massage therapist and lifestyle staff have implemented programs and resources to assist residents with sensory stimulation including of taste, touch and smell. The library provides a selection of large print and audio books that residents can access. Residents and representatives report staff are supportive of residents' with sensory loss and promote independence and choice as part of daily care.

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

Residents’ sleep patterns including a history of night sedation are assessed on entry to the home and sleep care plans are formulated. Lighting and noise is subdued at night. Residents’ ongoing sleep patterns are reviewed and sleep disturbances monitored and appropriate interventions put in place to assist residents to achieve natural sleep. Staff report residents who experience sleep disturbances are assisted with toileting, repositioning, snacks and fluids as requested and assessed as needed. Residents and representatives are satisfied with the way residents’ sleep is managed.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home. Examples of recent improvements in relation to Standard Three include:

- In March 2013 the home conducted the inaugural Jewish Film Festival. Each evening a different movie was presented with one evening being a question and answer session with the film director. The aim of the festival is to provide “continuity of community engagement” by bringing the movies to the residents. Activities staff provided feedback that the event was a great success and thoroughly enjoyed by the residents. As a result another film festival is to be held next year.
- In 2012 the organisation revamped the education program to improve education to staff on Jewish culture. This program includes a visit to a kosher kitchen to understand the need for two separate kitchens (milk and meat) and the making of the special bread for Shabbat (Sabbath). The education also included a visit to a synagogue with an explanation on various aspects of the religious service and included information for staff on the cultural requirements for Jewish residents. Feedback from staff members indicated that this has been very successful in providing non-Jewish staff with a greater understanding of the residents they care for. The organisation continues to take all new staff members to the Jewish Museum so that they are aware of the Holocaust and the continuing impact on residents today.
- A family day was held in May 2012 to encourage greater interaction with the general community and the home. Student musicians from the local non-Jewish schools were invited to play. The home also had street performers, a children’s show, a coffee cart, pony rides as well as visits from the local emergency services such as the police, fire brigade and ambulance services. An exhibition of resident art was also held at the home. Feedback on the event indicated that it was very successful despite it raining on the day.
- The home invited the Sydney Symphony Orchestra ensemble to perform for the residents. The symphony is looking at providing greater involvement in aged care as a form of music therapy. Two concerts have been held at the Randwick campus with approximately 100 residents and their representatives attending. A similar concert was also held at the Hunters Hill campus. Feedback on the events has been very positive and the home is looking at organising further performances in the future.
- A touring group from the Australian Ballet Company attended the home to present a small concert to residents as part of the 50th birthday celebrations for the company. The program was tailored for aged care and included discussions on the costumes as well as some excerpts from classical ballets.
- The home had an English high tea to celebrate the London Olympics in August 2012. The event was held in each area of the home to enable as many residents as possible could attend. Musicians were hired to provide music to entertain the residents in each area.

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 resident lifestyle".

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information regarding the home's system to ensure compliance with legislation and regulations relevant to residents' lifestyle. The administration officer advised that residential agreements are maintained on the organisation's website and are updated when changes to relevant legislation are identified. An annual prudential statement is sent out with accounts as required to residents or their representatives. The home maintains relevant registers such as a mandatory reporting register and a record of staff members' police certificates.

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 sessions management and staff attended relating to Standard Three include:

- Cultural training facilitated by the organisation's religious and cultural department
- Holocaust awareness program that includes a visit to the Jewish Museum and a dedicated 'triggers' workshop
- Volunteer orientation and training
- Quality of life activity program

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home supports residents to adjust to their life in the new environment and on an ongoing basis. Prior to admission the home's social worker and a member of the management team meet with the resident and their representatives to address any concerns they may have about entry to the home and to provide emotional support. The social worker then spends significant individual time with residents during the settling period. Ongoing support is provided by the social worker as needed. Emotional support is also provided by the Rabbi who provides individual support as required. As approximately 35% of the home's residents are Holocaust survivors or experienced the trauma of wartime, a comprehensive staff education program ensures staff meet the emotional needs of these residents. There is an extensive volunteer program at the home. The volunteer manager is able to arrange for a volunteer who speaks the same language as the resident to spend individual time with the resident and provide emotional support. Resident and representatives stated residents receive extensive emotional support from staff at the home.

3.5 Independence

This expected outcome requires that "residents 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 encourages residents to be as independent as possible. Residents are assisted to participate in life within and outside of the home. The home's occupational therapists assess residents requiring adaptive equipment and provide residents with education on strategies to maintain their independence. The physiotherapist assesses residents' mobility needs and develop strategies to assist them maintain their mobility. Care staff stated they prompt and encourage residents to do as much as they can. The home recently installed a salad buffet in the dining rooms to allow residents independence with selecting their food. A range of activities are available at the home to support residents independence including cooking classes, bus outings, visits to art galleries, concerts and guest lecturers attending the home. Residents and representatives stated they are satisfied with the support provided to residents to maintain their independence.

3.6 Privacy and dignity

This expected outcome requires that "each resident's right to privacy, dignity and confidentiality is recognised and respected".

Team's findings

The home meets this expected outcome

The home has systems and processes in place to ensure residents privacy, dignity and confidentiality is recognised and respected. On entry to the home residents and representatives sign consent forms for their photographs to be used. All staff and volunteers sign confidentiality agreements. Residents' care documentation is stored securely. We observed staff address residents in a respectful and courteous manner. Residents and representatives confirmed residents' privacy, dignity and confidentiality are maintained.

3.7 Leisure interests and activities

This expected outcome requires that "residents 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 a comprehensive lifestyle program that supports residents to participate in a wide range of activities of interest to them. An individualised care plan is developed for each resident based on their social profile and in consultation with the resident and their representative. The care plan is based on residents' hobbies, interests and cultural preferences. There is a tailored activities program for each of the three areas of the home. The weekly activities calendar is displayed throughout the home and discussed during meal times. The diversional therapist, recreational officers, music therapist, dance therapist, art therapist and volunteers provided a diverse leisure and lifestyle program to meet all aspects of residents' lifestyle and leisure preferences. Activities available include: celebrating Jewish religious and cultural days, dance therapy, art therapy, hydrotherapy, card games, bus trips and external speakers and entertainers attending the home. Activities are evaluated and

attendance monitored to ensure each activity meets residents' needs. Residents and their representatives stated they are highly satisfied with the activities provided at the home.

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 identifies, fosters and respects residents' individual interests, customs, spiritual and religious background. The social worker undertakes a comprehensive assessment to identify residents' cultural and spiritual preferences. The home caters for residents from a Jewish cultural and religious background and a full-time Rabbi is employed to support residents' spiritual life. There is a synagogue onsite and Shabbat is observed every Friday night and Saturday. All Jewish Holy Days are celebrated. Meals are prepared and served at the home follow kosher guidelines. Significant cultural days in both the Jewish and Australian calendar are celebrated including Israeli Independence Day and Australia Day. A comprehensive education program is provided to staff on the Jewish culture. Residents and representatives stated the home values and supports their cultural and spiritual needs.

3.9 Choice and decision-making

This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident 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

Residents stated they are regularly provided choice regarding their lifestyle whilst living at the home. Residents are provided choice in their care, including, the menu, the activities they attend and showering times. Residents are encouraged to personalise their room with their own furniture and belongings to ensure their room meets their personal preferences. The home has a number of avenues for residents and representatives to make decisions about their care, including resident and representative meetings, surveys and family conferences. During elections a voting booth is set-up at the home to allow residents to vote. Residents reported satisfaction with their level of participation in decision making and their ability to make choices whilst living at the home.

3.10 Resident security of tenure and responsibilities

This expected outcome requires that "residents 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 policies and procedures to ensure residents have secure tenure within the home and understand their rights and responsibilities. A comprehensive agreement is offered to resident on admission which includes prudential provisions, internal and external complaints mechanisms and terms of tenure. The charter of residents' rights and responsibilities is displayed in the home as well as being included in the resident handbook and the residential agreement. Resident and representatives stated they feel very safe and secure in the home.

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.

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home. Examples of recent improvements in relation to Standard Four include:

- As a result of the number of complaints received about missing clothing in 2012 the home revamped the laundry system to improve the returning of residents clothing. Staff now organise the labelling of residents’ clothing when new residents move into the home. Resident representatives and residents can also get new garments labelled. The labels are heat sealed to reduce the risk of them being removed during the laundering process. Feedback indicates that there has been a reduction in complaints about the laundry.
- In Monte Terrace (low care dementia specific area) the organisation is to develop a sensory room as part of the improvements to the environment.
- In early 2013 the home established working groups to review the emergency planning and business continuity plan. The plan has been reviewed to develop a multi-site and multidisciplinary approach to emergency planning across the organisation. Each group took a specific area such as fire or information technology and is working on standardising templates which can be used for each area.
- The customer assurance manager and coordinator advised that due to the volume of work required a dedicated work health and safety staff member was appointed to focus on regulatory requirements in December 2012. As part of this process a new draft manual has been developed. There has also been a standardisation of processes including the development of templates for workplace inspections to cover specific areas. There has also been a centralised register for the chemical safety data sheets.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s system to ensure compliance with legislation and regulations relevant to the physical environment and safe systems. This includes the routine checking and testing of fire fighting equipment and fire alarm systems. The home’s kitchens are audited as part of the food safety program by the NSW Food Authority. The home also undertakes environmental audits to monitor the physical environment and maintain a safe living environment for residents as well as a safe working environment for staff.

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 management and staff attended recently relating to Standard Four include:

- Fire safety officer and fire warden training
- Safe food handling and chemical safety
- Infection control representative training
- Work health and safety training
- Emergency planning and business overview workshops

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 residents' care needs".

Team's findings

The home meets this expected outcome

Randwick Montefiore Home is a multi-level building built around two internal courtyards. Residents are accommodated in single rooms with en-suite bathrooms. Rooms are personalised with residents own décor and memorabilia display cabinets in the corridors identify each room. There are passenger lifts for transfer between levels and the home is air-conditioned throughout with individual preferences monitored by a centralised computer system. There are landscaped gardens and courtyards with protective awnings and paved walkways. The living environment is clean, well-lit, free of clutter and malodour and there are regular inspections to identify safety risks. The buildings and grounds are well maintained with a program of preventative and routine maintenance. The safety and comfort of the living environment is monitored through environmental inspections, resident and representative feedback, incident/accident reports, audits and observation by staff. Residents and visitors were seen to be enjoying the internal and external communal areas and expressed enthusiastic satisfaction with the living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. A work health and safety committee meets regularly to assist in developing, monitoring and reviewing work health and safety procedures to ensure a safe environment and work practices. All staff receive work health and safety training. Environmental safety issues are identified through audits or incident and hazard reports and are addressed through maintenance or risk management processes. Equipment and supplies are available to support safe work practices. Workplace incidents are reported and actioned and an

external consultant assists injured staff return to work. Staff said management are responsive to staff suggestions and requests relating to work health and safety.

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 fire and safety systems are maintained and monitored to provide an environment and systems to minimise fire, security and emergency risks. The system includes regular testing of fire and other emergency equipment and compulsory training at orientation and annually for staff on fire safety procedures, use of equipment and evacuation drills. Management ensure trained fire safety officers are on site twenty-four hours a day. Emergency information flip charts are easily accessible for staff located around the home and include fire and other emergencies such as bomb threats, medical emergency, internal and external emergencies. Emergency exits are clearly marked, well lit and kept free from obstruction. Evacuation plans are appropriately positioned. There are nurse call activators in each resident's room and in communal areas which are regularly checked by the maintenance staff. Security systems operate for entry to the home and the reception desk is staffed twenty-four hours a day. Staff demonstrated knowledge of the location of emergency equipment and emergency procedures and residents said they feel safe and secure in 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 an effective and efficient infection control program in place. The program includes surveillance and reporting processes, hazard risk management, waste management and a food safety program. Preventative measures include orientation and ongoing training, audits and competencies for staff and the provision of protective personal equipment. Cleaning, food safety and vaccination/immunisation programs are in place. Infection control indicators are collected and results are monitored for trends then systems and practices reviewed as necessary. The laundry has sanitisers incorporated in the supplied chemicals. An outbreak kit is available and emergency supplies available on-site. Sharps and other contaminated waste are disposed of appropriately. Documentation, observations and staff confirm the home has an effective infection control program.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Residents and their representatives are very satisfied with the catering, cleaning and laundry services offered by the home. The menu is reviewed by the dietician and changes seasonally offering three four-week cycles within each season. All food served in the home is kosher and cooked fresh on-site. Residents have a choice of meals including a salad bar and all attempts are made to cater for individual requests. Residents' dietary information and likes

and dislikes are recorded on moving into the home, held in the kitchen and satellite kitchens and updated regularly. Cleaners follow a set daily schedule which ensures all residents' rooms and common areas are cleaned regularly. Personal laundry is undertaken in the home's laundry with clear definition of clean and dirty separation. Labelling of residents' clothing is undertaken by the home. Staff are trained in the use and storage of equipment and chemicals and there are procedures for cleaning and laundry management if an outbreak should occur. Residents and their representatives said the home is always clean, their personal requests are addressed promptly and laundry services are satisfactory.