



Aged Care
Standards and Accreditation Agency Ltd

Salamander Bay Aged Care Facility

RACS ID 0551

4 Muller Street

SALAMANDER BAY NSW 2317

Approved provider: The Uniting Church in Australia Property Trust
(NSW)

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 16 April 2015.

We made our decision on 17 February 2012.

The audit was conducted on 17 January 2012 to 18 January 2012. 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

Site Audit Report

Salamander Bay Aged Care Facility 0551

Approved provider: The Uniting Church in Australia Property Trust (NSW)

Introduction

This is the report of a site audit from 17 January 2012 to 18 January 2012 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 a site 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

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 17 January 2012 to 18 January 2012

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. 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 1997.

Assessment team

Team leader:	Barbara Knight
Team member/s:	Marion Cohen

Approved provider details

Approved provider:	The Uniting Church in Australia Property Trust (NSW)
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Details of home

Name of home:	Salamander Bay Aged Care Facility
RACS ID:	0551

Total number of allocated places:	60
Number of residents during site audit:	59
Number of high care residents during site audit:	38
Special needs catered for:	Residents living with dementia

Street/PO Box:	4 Muller Street	State:	NSW
City/Town:	SALAMANDER BAY	Postcode:	2317
Phone number:	02 4916 0888	Facsimile:	02 4916 0811
E-mail address:	chris.truscott@uchunter.org.au		

Audit trail

The assessment team spent 2 days on-site and gathered information from the following:

Interviews

	Number		Number
Care service manager	1	Volunteers	2
Clinical care coordinator	1	Catering staff	2
General practice liaison nurse	1	Laundry staff	1
Care staff including lifestyle officers	8	Cleaning staff	1
Residents/representatives	14	Maintenance staff	1
Regional staff including nurse educator, property manager, human resources, quality, return to work coordinator	5		

Sampled documents

	Number		Number
Residents' files electronic and hard copy including assessments, care plans progress notes	12	Primary medication charts and signing sheets	10
Summary/quick reference care plans	8	Personnel files	6

Other documents reviewed

The team also reviewed:

- Activities documentation including assessments and evaluations
- Advanced care directives
- Annual fire safety statement, fire equipment inspection and service records
- Audit schedules and results, surveys and questionnaires 2011
- Catering temperature and calibration charts and cleaning schedules
- Cleaning program check list - daily, weekly and periodical cleaning
- Clinical incidents reporting process
- Complaints register, suggestions/complaints and complaints management forms
- Continuous quality improvement logs and quality improvement register
- Diabetic management plans
- Dietary preference forms
- Disaster management plan
- Education records – education calendar, training evaluation sheets, competency testing, orientation program and staff handbook and skills audits
- External services – allied health contracts and service agreements, criminal record checks. licensing and insurance records
- Human resources – orientation checklist, confidentiality agreements, performance development tool, position descriptions, staff appraisals, staffing rosters and replacement details
- Information system – communication books and diaries, electronic care planning and documentation program, information management register, residents and staff,

newsletters, notices for staff and residents, resident admission resource package and resident handbook

- Laundry equipment temperature checks
- Mandatory reporting register
- Material safety data sheets (MSDS) at point of use
- Medication management documentation including policies and procedures, training and assessment guidelines and resources
- Meeting minutes including staff, resident, occupational health and safety/infection control/quality improvement
- Memorial folder
- Mission, vision and values on display and documented in various corporate publications
- NSW Food Authority audit "A" rating
- Observation charts including weight, blood sugar levels, blood pressure
- Outbreak management documentation
- Pest control records
- Policies and procedures
- Preventative and additional maintenance registers
- Regulatory compliance – criminal record checks and spreadsheet of expiry dates, credentialing of professional staff, contracts and service agreements with allied health professionals, mandatory reporting logs, privacy policy and consent by residents/representatives for the release of information and residential agreement
- Residential care admission process flowchart, 35 day admission guidelines
- Residents' information package and surveys
- Safe work practices manual with hazards, risk assessment and control
- Self medication assessment
- Staff memoranda
- Warm water temperature records and legionella testing results
- Wound charts

Observations

The team observed the following:

- Activities in progress and activities monthly calendar on display
- Aged care investigation scheme and advocacy services brochures on display, feedback forms and suggestions box
- Archive room
- Call bell system
- Care staff handover at change of shift
- Charter of residents rights and responsibilities
- Collection box for residents' mail at reception
- Disaster management kit
- Equipment and supply storage areas
- Fire panel, mimic panels in each wing, fire equipment, evacuation plans, emergency flip charts
- Fire safety instructions in residents rooms
- Hand washing facilities and hand sanitisers, personal protective equipment located throughout home
- Interactions between staff, residents/representatives
- Kitchen whiteboard with individual resident requirements listed
- Living environment internal and external
- Lunch time meal service
- Manual handling charts in resident rooms
- Medication round and storage of medication
- Menu for the day displayed on dining room whiteboards
- NSW Food Authority license

- Outbreak kit and back up storage area
- Residents' smoking area
- Sharps containers, spills kits, clinical and other waste disposal
- Sign in and out books
- Staff room with information board, rosters and education calendar

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

Salamander Bay Aged Care Facility implements systems and processes which link to the organisational quality framework that has mechanisms and information systems for identifying opportunities for improvement across all management and service areas. Systematic and proactive assessment through internal and external audits, key performance indicators and reporting processes, as well as the collection and analysis of clinical data, further supports the program. Sustainability is ensured through monitoring, evaluation and longer term review of the effectiveness of implemented changes. Mechanisms such as regional forums, meetings, surveys, feedback processes and consultation encourage all stakeholders, especially staff, residents and their representatives, to have active involvement in the continuous improvement processes.

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

- The home uses a computerised system for care planning and it was found that a comprehensive review of each resident’s care could be improved. Care staff and leisure and lifestyle staff are able to add relevant information into the evaluation section which is perused by the manager and the care plan updated accordingly.
- There are currently two computerised systems in use; one for care planning and a different one for incident management. The organisation is working towards linking the two systems.
- The organisation recently overhauled their quality management system with regional forums formalising all local audits and audit forms. While these are being trialled, residents/representatives and staff are requested to provide feedback.
- In the months prior to accreditation, staff were provided with quizzes on each expected outcome. This became a competition and staff were rewarded with a points system and prizes. Resident and staff newsletters kept everyone informed of progress

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

Organisational and facility based systems ensure the identification and implementation of changes in legislation, regulatory compliance, professional standards and guidelines. Information is sourced in a variety of ways including subscriptions to a legislative update service, through industry related newsletters, from peak bodies, from State and Commonwealth government departments, from statutory authorities and the internet. Changes to legislation are disseminated to the home’s staff via the intranet, through memos,

meetings and education sessions. Policies and procedures are reviewed and updated in line with new legislation. Auditing by external regulatory authorities, internal and external auditing processes, surveys, quality improvement activities and monitoring work practices ensure that work practices are consistent and compliant with legislative requirements. The following examples illustrate regulatory compliance pertaining to Accreditation Standard One:

- Changes under the *Aged Care Act 1997* effective from January 2009 have been implemented in regard to notification of missing residents to the Police Department and Department of Health and Ageing. The critical incident reporting mechanisms at the home ensure senior management of the organisation receive this advice in a timely manner.
- Mandatory reporting guidelines regarding elder abuse are in place at the home. A critical incident reporting system and consolidated records of reportable incidents are maintained. These support notification, investigation and actions taken for alleged or proven elder abuse. Where discretion not to report is exercised, records are also maintained.
- Prospective employees' criminal records are checked prior to engagement and there is a process for reviewing the currency of this status every three years, Volunteers assisting at the home and contracted service personnel are also required to complete criminal police record checks.
- Re-accreditation site audits are discussed at residents' meetings, residents' representatives are advised by mail, information is included in the home's newsletter and notice of impending audits are displayed prominently throughout the home. Residents and representatives interviewed during the audit were aware of the process.

1.3 Education and staff development:

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

Team's findings

The home meets this expected outcome

There are systems to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. Training needs are identified through various processes including legislative change, review of industry issues, performance development discussions, surveys, observation of work practices, results of audits, monitoring of incidents and feedback from stakeholders. From these sources, annual centralised and home specific schedules are developed. Responsive in-service education is also conducted by other externally sourced professionals. There is a site specific orientation program for new staff. Competency assessments and skills audits are conducted to ensure that relevant staff skills are maintained. Compulsory training is provided in fire safety and evacuation, manual handling, infection control and mandatory reporting in relation to elder abuse. Records of attendance are maintained and there is a system to monitor attendance at compulsory training. The organisation is looking to provide staff with self directed, interactive learning packages via the internet which they will be able to access at home. If they choose to do this in the workplace, laptops will be available for them to access. The organisation provides scholarships to selected staff who wish to access additional qualifications, for example, Certificate 1V in enrolled nursing, Certificate 1V in business administration. Existing staff can access traineeships and the organisation is planning to expand these to include school based Certificate 111 Aged Care traineeships.

Interviews with staff and review of education records highlighted the following examples provided in relation to Accreditation Standard One:

- Bullying and harassment
- Elder abuse
- Reportable assault
- Orientation to Salamander Bay Aged Care Facility

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

Brochures and information explaining the internal and external complaints' mechanisms are on display in the foyer of the home. Information is also available regarding aged care advocacy services. The processes for feedback are contained in the residents' handbook and residential agreement. These are also discussed with residents and their representatives as part of the entry process. A register is in place and audits and reporting mechanisms track and trend comments and complaints. A review of these demonstrates that issues are investigated, analysed and responded to in a timely manner. There is a system for making confidential complaints and for complimenting staff. Annual general surveys of service satisfaction are conducted and the results used as a basis for quality improvements. At interview residents and their representatives confirm an awareness of the mechanisms by which they may make comments, complaints or suggestions. Staff interviews demonstrate knowledge of their role in the process for management of complaints from residents and their representatives.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The vision, mission and values of the organisation are documented in various organisational publications such as the staff and residents' handbook and the residential agreement and are on display at the home. These are also included in the new staff's orientation program. Staff adherence to these philosophies is acknowledged through values awards. These are handed out quarterly to staff and volunteers who have been nominated by their peers, residents/representatives for recognition of courage, integrity, compassion, respect, community and growth. All managers have attended workshops during 2011 on the organisation's commitment to their philosophy and principles for inspired care. The organisation's five year strategic plan will be reviewed in 2012 and a new plan implemented.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

There are systems and processes in place to ensure that the home has sufficient appropriately skilled and qualified staff to provide services in accordance with the Accreditation Standards and the home's philosophy and objectives. Policies, procedures and

forms that guide the human resources practices are accessible to all staff in hard copy and on the intranet. Staff recruitment includes criminal record and reference checks, orientation and buddy shifts at the home. Annual performance reviews through an appraisal and competency assessment program are in place. Grievance processes are documented. Position descriptions have been developed for all positions and are regularly reviewed. A rostering system assists staff management. Relief arrangements include permanent part time and casual staff. Rosters are developed fortnightly in advance and a review of rosters confirmed that absent staff are usually replaced. Staffing levels are flexible and are monitored in line with residents' specific care needs and related dependencies. Skills mix review data, observation of work practices; auditing and clinical indicators and stakeholder feedback further inform this process. An employee assistance program is in place for the support of staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Management and staff interviews and observation during the site audit confirm that there are adequate levels of goods and ready access to equipment for the delivery of quality services at the home. Budgeted processes and regional procurement systems ensure that goods and equipment are suitable for the purpose and meet the specific needs of residents. There are ordering processes and stock rotation systems for consumable and perishable items. Specific staff members have been allocated responsibility for monitoring stocks and ordering necessary supplies. Monitoring processes include risk assessments, hazard reports, environmental and workplace audits. Preventative and reactive maintenance programs ensure service delivery supports a safe living and working environment. Chemicals are stored within easy access of material safety data sheets. Electrical tagging is conducted. New equipment is trialled prior to purchase and staff are trained in the use. Review of documentation and interviews with residents and staff indicate that all maintenance is prioritised and responded to in a timely manner.

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. Policies and procedures are available on the intranet and are regularly reviewed. Confidential files are stored securely and systems promote the effective archiving and destruction of records. Review of residents' files and care planning documentation indicates that clinical care plans are evaluated regularly. There is a system for consultation with residents and their representatives. A schedule of organisational forums and locally convened meetings ensures relevant information is available in a timely manner to all stakeholders. Information is disseminated through secured password protected emails and the intranet, on notice boards, through a resident newsletter, memoranda, staff handovers, formalised feedback mechanisms and informal lines of communication. External and internal audits, surveys and the collection of data relating to the quality of care and services inform processes of assessment and continuous improvement. Document control processes are implemented. Residents/representatives interviewed are generally satisfied with their access to information which assists them to make decisions about care and lifestyle.

1.9 External services

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

Team's findings

The home meets this expected outcome

All externally sourced services are provided in a way that meets the home's requirements for quality service goals. The organisation has a list of preferred service providers and suppliers. Service providers must produce evidence of licensing, safe work method statements, public liability and other insurance, are required to have criminal checks and adhere to appropriate behaviour if interacting with residents. Service agreements and contracts with external providers are negotiated, managed and monitored in a variety of ways which include audits and inspections and feedback from residents and staff. Supervision of the contracted clinical services by the home's manager and quality co-ordinator and observation of the work practices of contractors are important in ensuring contractual arrangements are being met. Poor performance may lead to cancellation of the contract. External contracts include, but are not limited to, pharmacy services, physiotherapy, podiatry, hairdressing, waste management, grease trap cleaning and pest control.

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

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

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

- A comfort box has been provided to residents undergoing palliative care or those facing extended illness. Included in the box are soothing oils, a Bible, a CD player, a night light, creams, lip balm and soft blankets.
- The home is planning to introduce a similar comfort box for relatives in February 2012.
- A liaison nurse accompanies a medical officer from a large local practice each Monday morning to review the health of any resident whose care is managed by that practice. This ensures a large proportion of residents are seen frequently. The residents' own medical officer visits on other days.

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 accreditation' team's observations, interviews and review of documentation demonstrate that the home has an effective system to manage regulatory compliance in relation to health and personal care. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

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

- Authorities to practice credentials for registered nurses are sighted and maintained by the home.
- Contracted allied health services managed by the organisation are also required to provide evidence of registration. These include, but are not limited to, attending medical officers, the pharmacist, the physiotherapist, the dietician and the podiatrist.

- The managers, as registered nurses, are responsible for the care planning and assessment processes and specialised nursing services implemented for all residents receiving high levels of care in the home.
- The home ensures high care residents are provided with services, supplies and equipment as required under the *Quality Care Principles (1997)*. These entitlements are advised to residents and/or their representatives in writing when their care levels change.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for sources of evidence and a description of the organisational system.

Examples of education and training provided in relation to health and personal care include:

- Certificate 1V in Aged Care
- Continence management
- Dementia care
- Diabetes management
- Provide physical assistance with medication (and competencies)
- Palliative care
- Sensory management
- Stoma therapy

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

There are systems and processes at Salamander Bay Aged Care Facility to ensure that residents receive appropriate clinical care. Care information is obtained pre entry and on entry to the home and initial care needs are identified. A summary care plan is generated to guide staff in a resident’s immediate care needs. Using the home’s “35 day assessment guidelines” a comprehensive suite of assessments is undertaken and a care plan developed in consultation with the resident and family members. Care plans are regularly reviewed and updated. Review of resident files and discussions with the clinical care coordinator and the staff demonstrate that residents’ physical, psychological, emotional and lifestyle needs are identified during the assessment period and strategies implemented to ensure individual wishes and preferences are recognised and respected. The liaison registered nurse (RN) from the local general practice provides a direct link between the home and the medical practitioners. One member of the medical practice and the liaison nurse visit the home weekly. The liaison nurse is also a valuable resource that supports the care team. Observations of practice and staff interviews demonstrate that all staff are aware of, and are empathetic with residents’ care needs. Residents/representatives interviewed state that they are involved in the care planning processes and are very satisfied with the care provided.

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

At Salamander Bay Aged Care Facility 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. The clinical care coordinator provides guidance and direction for needs such as catheter and stoma care, complex wound management, diabetic management and oxygen therapy. The liaison RN assists with referrals to specialist care services such as the palliative care team for advice and support for residents’ individual needs. Residents/representatives state that staff are aware of and meet residents’ specialised nursing care needs.

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 including resident files, demonstrates that appropriate referrals are made to health specialists including medical and allied health practitioners, such as dietician, speech pathologist, podiatrist and optometry and audiology services. There is access to other specialist services such as palliative care and psychogeriatric and behavioural management teams. Referrals are made in consultation with the resident, family members and the resident’s medical practitioner. The home has a close liaison with the medical practitioners through the liaison nurse and residents’ specialised needs are promptly identified and addressed. Providers of specialised services will visit the home or alternatively residents are assisted to attend external appointments. Residents/representatives advised the team that residents have access to specialised services as required.

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

Salamander Bay Aged Care Facility can demonstrate that residents’ medication is managed safely and correctly. This includes the prescription, dispensing, storage and administration of medications. Medications are administered by care staff using a blister packaging system. Should a resident wish to self medicate they must be assessed as competent to do so by the home and their medical practitioner. The team observed a medication administration round and noted staff carry out appropriate checking procedures in accordance with medication management policy and are aware of and respond to individual need such as time to ingest, or breaking of medications. The clinical nurse educator advised the team that medication management has been reviewed across the organisation and a comprehensive training and assessment program is in place. Care staff stated that they undertake annual updates with competency assessment. Medications are stored appropriately within a secure environment. Inappropriate administration of medication identified through medication incident reports is addressed in a timely manner. A medication advisory committee meets on a three monthly basis. Residents are satisfied with the management of their medications and provided the

team with examples of the way in which staff meet their individual needs for medication administration

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

Residents at Salamander Bay Aged Care Facility are assessed at entry and on an ongoing basis to ensure they are as free from pain as possible. There is a holistic approach to managing pain with consultation between staff, residents/representatives, allied health and medical practitioners. Verbal and non verbal indicators of pain are considered and interventions are monitored and evaluated on a regular basis. The clinical care coordinator consults with the resident, the liaison RN and general medical practitioner regarding analgesia and alternative methods of pain management. Documentation shows strategies to prevent and manage residents’ pain include attendance to clinical and emotional needs, alternatives to analgesia such as gentle exercise, massage, repositioning, heat packs and pressure relieving devices. The palliative care team is available to provide advice and support with pain management issues. Residents advise that staff are aware of and understand their individual pain management issues and provide analgesia and other therapies to keep them as free from pain as possible.

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

Residents who are terminally ill are enabled to remain at Salamander Bay Aged Care Facility where the processes in place ensure that their comfort and dignity can be maintained. On entry to the home residents and family members are provided with information regarding advanced health care planning, and are given the opportunity to indicate any specific instructions in relation to palliative and terminal wishes. Specialised equipment including electric beds, lifters and pressure relieving devices is available, and staff have received training in end of life care. Associated therapies such as massage, music and aromatherapy may be utilised. The liaison RN is a trained palliative care practitioner and, together with the local palliative care team, provides advice and support as necessary. A pastoral care team provides support if required and there is provision for family members to stay overnight if they wish. Staff interviewed are knowledgeable about, and empathetic with, palliative care processes.

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

Residents’ nutrition and hydration status is assessed on initial entry to the home to ensure their intake needs will be adequately met. Documentation demonstrates that assessments include the need for special diets, food preferences, physical limitations such as swallowing difficulties, oral and dental deficiencies, sensory loss and mobility and dexterity issues. Resident needs and preferences are identified and communicated to the catering staff who maintain records and note any changes. Residents’ weights are monitored monthly or more

frequently if significant weight gain or loss is identified. Residents may be referred to the dietician and/or speech pathologist as necessary. Use of dietary supplements, extra fluids and other modifications to food and fluid intake are actioned as recommended. Modified crockery and cutlery is provided to enable residents to maintain their independence at meal times. Residents and their representatives interviewed are complimentary about the size, choice and variety of meals provided.

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 moving into the home through the initial assessment process. Staff monitor residents’ skin as part of daily care and report any changes in skin integrity to the clinical care coordinator for assessment, review and referral as appropriate. Limb protectors may be used for residents identified at risk of skin tears. Staff state that they have access to adequate equipment and supplies to meet resident needs; for example continence products and pressure relieving devices, and receive training in care and the use of specialised equipment such as lifting devices to maintain skin integrity. Incidence of skin tears is monitored and reported and care plans adjusted as necessary. The clinical care coordinator oversees more complex wound management and consults with the liaison RN and medical practitioner as necessary. A podiatry service visits the home regularly, hairdressing services are available on site and hand and nail care is provided on a regular basis. Residents/representatives are satisfied that their skin care needs are met.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Salamander Bay Aged Care Facility can demonstrate that its’ processes ensure residents’ continence is managed effectively. There are initial and ongoing assessments and individualised care plans are developed. Staff are trained in continence management including scheduled toileting, the use of continence aids, the assessment and management of urinary tract infections and bowel management strategies, which include daily monitoring. Additional support and education is available through the supplier of continence products. Data on urinary tract infections are collected and included in the home’s quality clinical indicators. Staff ensure residents have access to regular fluids, appropriate diet and medications as ordered to assist continence. Residents are satisfied that their continence is well managed and that their privacy and dignity is maintained.

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 behaviours of concern. Initial and ongoing assessments identify residents’ behaviour management needs and care plans are developed and implemented. Behaviour management strategies include identification of the triggers that initiate behaviours of concern and activities to avoid their onset. Residents may be referred to external services such as a psychogeriatrician and/or the Specialist

Mental Health Services for Older People for expert advice and support. Staff are aware of underlying causes of behaviour management concerns, such as pain and urinary tract infections, and advised the team of methods they would use to exclude these issues. Staff interviewed have a good knowledge of residents' individual behaviours and provided the team with examples of the triggers for such behaviours and the strategies they use to manage them. During the two days of the visit the home, including the secure unit, was noted to have a calm and peaceful atmosphere and staff were observed to employ diversional strategies to manage individual behaviours.

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

Systems and processes at Salamander Bay Aged Care Facility ensure that each resident is assessed on entry and regularly thereafter and that plans of care are developed to ensure optimum levels of mobility and dexterity are achieved and maintained. A falls risk assessment is undertaken for those residents identified as having a high risk of falls and a physiotherapist is available for advice and support. Hi/lo beds and bed sensors are provided to minimise the risk of falls particularly in the secure dementia unit. All falls are investigated and strategies to prevent further occurrences implemented. The use of hip protectors is encouraged for at risk residents and advice on suitable footwear is provided. Exercise classes are held to promote strength and balance and improve mobility and walking programs encouraged. Assistive devices such as walking frames enable residents to maintain their independence and modified crockery and cutlery is available for those with reduced dexterity. Residents report they are encouraged to participate in activities to maintain their mobility and dexterity.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

The oral and dental health of residents is assessed on entry to the home and regularly thereafter. Staff assist residents to maintain oral and dental health through mouth and denture care and observe any associated pain and/or discomfort. Particular emphasis is given to the oral care of those residents in the terminal stages of life. Residents may be referred to a dental practitioner and a dental technician will attend the home. Residents/representatives advised the team they are satisfied with the oral and dental care provided and residents are assisted to attend dental appointments.

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

On entry to the home residents' sensory losses are identified and included in the care planning process. Referrals are made as necessary to specialist services including speech pathologist, optical and audiology services. Staff ensure that resident's sensory aids are well maintained. Large print books are available in the library. Lifestyle staff stimulate touch taste and smell in their activities programs. Taste and smell is enhanced as food is cooked fresh

on site and the kitchen is located adjacent to dining room and sitting areas. Residents/representatives are satisfied that sensory needs are identified and managed.

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

Resident sleep patterns are assessed on entry to the home including preferred sleeping times and any history of night sedation. Barriers to natural sleep including pain, continence, hunger, emotional state are considered when planning care. As residents are accommodated in individual rooms with their own bathroom, disturbance by noise or other residents’ activities is minimal. Bed sensors are provided for those residents identified at risk of wandering. Residents are able to determine their retiring times and opportunities to watch television and/or listen to music as they prefer. Alternatives to sedation for promoting sleep include appropriate temperature and lighting, warm drinks and/or snacks and management of pain. Residents/representatives are satisfied that they are able achieve natural sleep patterns.

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

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

Some examples of the improvements made to resident lifestyle are outlined:

- The leisure and lifestyle forum researches and designs the implementation of new ideas to support residents living with dementia. Recently a group of residents with dementia, accompanied by a leisure and lifestyle officer attended a circus performance. This activity had very positive feedback from residents and staff.
- The Oasis room has been set up to provide foot spas, aromatherapy, foot and hand massage and the use of a massage chair to the accompaniment of relaxing music.
- A small booklet compiled for relatives after their loved one has died includes detailing activities they had enjoyed, photos of special events celebrated and inclusion in the home’s “garden of friendship” memorial.
- The Aged Care Rights Service visited the home during 2011 to inform residents of their services. The home plans to invite the service to visit again in 2012.

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

The results of the team’s observations, interviews and review of documentation revealed the home has an effective system to manage regulatory compliance in relation to resident lifestyle. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

- All residents are issued with a residential agreement which incorporates clauses required by law such as a 14 day cooling off period, reference to the *Users Rights Principles (1997)* and the provision of specified care and services. The agreement is regularly reviewed to ensure that legislative requirements are met.
- The documents displayed and stored on site to inform of relevant legislation and regulatory compliance include The Charter of residents rights and responsibilities and the residents’ handbook.

- In the privacy legislation, residents or their representative are requested to sign releases in relation to the disclosure of health information and the publication of personal information and photographs. Staff are advised of their role in relation to the *Privacy Act 1988* and the *Privacy Amendment (private sector) Act 2000* and all staff sign confidentiality agreements.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for sources of evidence and a description of the organisational system for monitoring education and staff development. Examples of training and education provided in relation to resident lifestyle include:

- Inspirational leadership – modelling our mission, vision and values
- Leisure and lifestyle forums
- Education days for leisure and lifestyle staff
- Guardianship – the person responsible
- Privacy and dignity

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 has systems to ensure each resident receives support in adjusting to life in the home and on an ongoing basis. This includes assessments, care planning, management's availability and support, visiting clergy and lay staff, staff support and recreational activities. New residents are also assisted to settle into the home through the information provided on entry to the home including the resident handbook and the residential agreement. Management, care staff and recreational activity staff interviews demonstrate ways they provide new and ongoing residents with emotional support. Examples include identifying the residents' likes and dislikes, providing new residents with an orientation to the home, introducing new residents to other residents, reassurance and one to one support. Volunteers and visitors from the community also assist in the emotional support of residents. Resident/representative interviews confirm they are satisfied with the way the home assists residents to adjust to life in their new home and with the ongoing care and support provided.

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

Residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home according to their personal preferences and general health. Processes to include this include the assessment of residents' abilities and staff practices to assist residents to maintain their independence. The home provides an environment in which relatives and community groups are welcome to

visit. For example, relatives and community representatives are invited to join residents at special events celebrated in the home. Residents' independence is also fostered through having personal items in their rooms, access to telephones, the provision of equipment to support independent living and newspaper deliveries. Management advise that support is provided for residents who wish to vote and representatives from the Electoral Commission provide voting opportunities within the home. The recreational activities program includes regular bus outings. Church services and communion are offered regularly at the home for residents who wish to access these. Residents are assisted to attend funerals in the community if they desire. Residents/representatives interviewed expressed satisfaction with the ways the residents are assisted to achieve maximum 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 identifies and respects each resident's right to privacy, dignity and confidentiality through assessments, care planning and staff practices. For example, assessments include the identification of residents' preferred names. Each resident and/or their representatives are provided with the home's privacy policy and are requested to provide written consent for the collection and use of personal information. Staff interviewed confirm they have been informed of the need to maintain the confidentiality of residents' information and described strategies for ensuring the residents' privacy and dignity is maintained. The home has systems for the secure storage of residents' files and the destruction of confidential information. The living environment fosters the residents' privacy through providing single room accommodation and lockable drawers. Processes are in place to support the dignity of residents receiving palliative care. Residents/representatives interviewed are satisfied with the way staff respect and maintain residents' privacy, dignity and confidentiality.

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 encourages and supports residents to participate in leisure interests and activities through assessment and care planning processes, providing recreational activity programs, bus outings, sing-a-longs, one to one support and the celebration of special events. Leisure and lifestyle officers are employed to provide recreational activities five days per week and residents have access to recreational activities at the weekends, including jigsaw puzzles, videos and DVDs, the internet, movies and cards. The recreational activity program includes a wide range of activities, for example, musical activities, art, craft, beauty care, foot spas, massage, cooking, games, reminiscence, news reading, arm chair exercises, gardening and shuffle board games. Local school children visit and present singing as well as one to one interaction with the residents. Activities cater for people with varying levels of physical and cognitive abilities. Staff report that residents who, initially, were isolating have found activities they enjoy and this has increased their sense of satisfaction. The home has processes for monitoring and evaluating the suitability of the activities provided, including residents' attendance at activities and residents/representatives feedback through meetings and surveys. Residents/representatives are informed of recreational activities through the recreational activity programs on display, flyers and verbal announcements. Residents/representatives interviewed are generally satisfied with the activities provided.

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 value and foster residents' cultural and spiritual needs through the identification and documentation of residents' individual interests, customs, religions and culturally diverse backgrounds. The home celebrates special events, for example Australia Day, Mothers Day and Fathers Day, Anzac Day, Daffodil Day, St Patrick's Day, Melbourne Cup Day, Christmas and Easter. Residents' birthdays are acknowledged and celebrated. Catholic, Anglican and other clergy visit the home regularly to provide services and communion and are available for residents to access individually if they desire. Residents/representatives interviewed feel their cultural and spiritual needs are met.

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 and/or their representatives are enabled and encouraged to participate in decisions about the care and services provided. Processes to achieve this include information provided prior to entry to the home, assessment and care planning processes, comments and complaints' mechanisms, surveys, resident/representative meetings, provision of annual reports and opportunities to give feedback direct to management. Information that outlines the residents' rights in relation to choices and decision making is provided in the resident handbook, the residential agreement and The Charter of residents rights and responsibilities on display. Management, staff and resident interviews and documentation reviews demonstrate ways in which residents participate in decisions about the care they receive including choice of participation in decisions regarding activities, choice of doctor, choice of clothing, shower times, waking times and bed times. Resident/representative feedback indicates that residents are able to exercise choice and control their care and lifestyles and have opportunities for input into the home's service delivery.

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

Relevant information about security of tenure and residents' rights and responsibilities is provided and discussed with prospective residents and their representatives prior to and on entering the home. Information about care and services, residents' rights and feedback mechanisms is outlined in the residential agreement and the residents' handbook. Any room changes within the home involve consultation with residents and/or their representatives. Ongoing communication with residents/representatives is through meetings, a regularly updated information folder and notices on display. Residents interviewed by the team feel secure of residency within the home and confirm awareness of their rights and responsibilities.

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 sources of evidence and additional information including a description of the overall system of continuous improvement.

The home has made planned improvements relating to the physical environment and safe systems including:

- The home’s gutter guards in current usage require unscrewing and cleaning every two years. Management plans to include the instalment of permanent gutter guarding in the next budget.
- The following new equipment has been purchased and is currently being installed: dining room chairs, dishwasher, glass fronted refrigerator and carpets. For residents’ rooms there are new bedside chests of drawers, curtains and bedspreads.

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

The results of the team’s observations, interviews and review of documentation revealed an effective system to manage regulatory compliance in relation to the physical environment and the implementation of safe systems. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

Evidence that there are effective systems to identify and ensure regulatory compliance related to the physical environment and the safe system include:

- The annual Fire Safety Statement certifying that fire equipment is appropriate and suitably serviced is current and on display.
- The NSW Food Authority licence, under the regulation governing food services to vulnerable persons is current and on display.
- The home has occupational health and safety staff representatives who have completed health and safety consultative education. All manager have been informed of changes to occupational health and safety legislation which became effective on 1 January 2012.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for sources of evidence and a description of the organisational system for monitoring education and staff development.

Education sessions and activities that relate to this standard include:

- First Aid certificates
- Chemical awareness training
- Fire awareness and evacuation training
- Follow basic food safety practices
- Infection control
- Manual handling

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

Salamander Bay Aged Care Facility can demonstrate that it is actively working to provide a safe and comfortable environment consistent with residents' care needs. The home is situated in a bushland area with attractive gardens and paths for walking. Internally the home is light and bright with well furnished communal areas and smaller sitting areas and quiet rooms. There is a library with internet access, chapel and hairdressing salon. Residents are accommodated in single rooms with ensuites equipped with hand rails and call bells. There is a secure unit for residents living with dementia which has its' own courtyard area with walking paths and raised garden beds. Air conditioners maintain comfortable temperatures. There is a preventative and reactive maintenance program, regular environmental inspections are undertaken and daily and periodic cleaning schedules are in place. Residents may personalise their rooms with items from their previous home and advised the team they are very satisfied with their individual and communal 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

Systems and processes enable Salamander Bay Aged Care Facility to demonstrate that management and staff are working together to provide a safe working environment that meets regulatory requirements. There is a combined occupational health and safety (OH&S) and infection control committee which meets regularly and considers and makes recommendations on the results of audits, incident/hazard reports, falls and infection control issues. A regional return to work coordinator supports local staff in the management of work related injuries. There is an electronic system for the reporting, investigation and management of accident/incidents, hazards and risks. Risk assessments are conducted pre purchase of clinical equipment, and staff provided with education in the use of equipment

such as lifters. Chemicals are appropriately stored and material safety data sheets and personal protective equipment are available at point of use. There is compulsory education for all staff in manual handling and infection control. Staff demonstrate knowledge and understanding of OH&S issues and responsibilities, and the team observed safe practices in operation.

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 has established practices to provide an environment and safe systems of work that minimise fire, security and emergency risks. The home is locked at 5pm and a contracted service provides night time security checks of the building and perimeter fencing. There is regular testing of external security lighting. Fire evacuation plans and exit signs are located throughout the home. Monitoring and maintenance of all fire equipment is undertaken and reports provided. Fire safety and evacuation training is included in the orientation program and there are mandatory annual updates. Simple instructions to follow in the event of an emergency are located in each resident's room. A disaster plan is in place which has been developed at regional and local level. This includes procedures for a major emergency with relocation of residents, and local contingency plans. A disaster management kit is easily accessible and includes torches, batteries, water, first aid kit and other supplies for use in case of power loss or other emergency. Resident evacuation lists and identification tags are maintained and updated as changes occur. Staff interviewed state that they are aware of and understand their responsibilities in the case of fire and other emergencies.

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

Salamander Bay Aged Care Facility has established policies and practices that support an effective infection control program. There is a designated infection control coordinator, the clinical care coordinator, who is also a qualified immunisation nurse. Staff receive training at orientation both at regional and local level, and on an ongoing basis. Hand washing facilities and hand sanitisers are located throughout the home and visitors are encouraged to use the hand sanitising agent. The system includes auditing and reporting mechanisms, cleaning, maintenance and food safety programs, linen handling procedures, disposal of waste and use of spills kits. A vaccination program is in place for staff and residents. The home follows State and Federal guidelines for the management of influenza and gastroenteritis outbreaks. There is a program for appropriate stock rotation of food in the kitchen and temperature checks are in accordance with regulatory guidelines for food and equipment. All equipment is appropriately colour coded. Data on infections are collected, analysed, discussed with staff and reported at meetings. All staff interviewed demonstrate a sound knowledge of the systems, and the team observed that staff comply with infection control practices including the use of personal protective equipment.

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

Catering

Residents' dietary needs and choices are assessed and documented on entry to the home and relayed to the catering staff who maintain details of food preferences, size of portions, special diets including supplements or modified meals, and other relevant information. All food is cooked fresh on site and the kitchen is adjacent to the dining room which enables any meal issues to be addressed immediately. There is a food safety program in place and, the home achieved an "A" rating from the recent NSW Food Authority audit. The team observed food preparation areas and service and noted all staff are aware of and practice according to appropriate guidelines including infection control and hazard analysis critical control point (HACCP) requirements.

Cleaning

The home presents as clean, fresh and well cared for. There are daily, weekly and periodical cleaning schedules. High cleaning is undertaken by maintenance staff. All equipment is colour coded and chemicals securely stored. Staff are trained in the use of equipment, infection control and outbreak management procedures, and manual handling. Staff interviewed demonstrate a good knowledge of infection control and manual handling requirements and provided the team with examples of the ways in which they maintain residents' privacy and dignity when carrying out their duties.

Laundry

Laundry services provided on site include the laundering of all linen and of residents' personal clothing. The large laundry with separate clean and dirty areas has commercial grade washing machines and driers, a labelling machine, and store room for additional stocks of bed linen and towels. Should residents wish to launder personal items a separate laundry with automatic chemical dispensing is available. Linen is transferred to the laundry in colour coded bags and there are machines in dirty utility rooms for the sluicing of soiled linen before it reaches the main laundry. Laundry staff confirmed that they receive training in infection control, manual handling and safe work practices.

Residents and representatives interviewed expressed a high level of satisfaction with the hospitality services provided at the home. Comments included "the food is lovely", "we have lots of choices", "the place is kept beautifully clean", "my clothes are very well looked after by the laundry".