



Australian Government

Australian Aged Care Quality Agency

St Laurence's Court Nursing Home

RACS ID 6779
56 High Street
GRANGE SA 5022

Approved provider: Anglicare SA Inc

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 20 April 2018.

We made our decision on 03 March 2015.

The audit was conducted on 27 January 2015 to 28 January 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



Australian Government

Australian Aged Care Quality Agency

Audit Report

St Laurence's Court Nursing Home 6779

Approved provider: Anglicare SA Inc

Introduction

This is the report of a re-accreditation audit from 27 January 2015 to 28 January 2015 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, care recipient lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Quality Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 27 January 2015 to 28 January 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of two registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 2014.

Assessment team

| | |
|---------------------|-----------------|
| Team leader: | Anthea Le Cornu |
| Team member: | Melanie Hulme |

Approved provider details

| | |
|---------------------------|------------------|
| Approved provider: | Anglicare SA Inc |
|---------------------------|------------------|

Details of home

| | |
|----------------------|----------------------------------|
| Name of home: | St Laurence's Court Nursing Home |
| RACS ID: | 6779 |

| | |
|--|---|
| Total number of allocated places: | 62 |
| Number of care recipients during audit: | 59 |
| Number of care recipients receiving high care during audit: | 59 |
| Special needs catered for: | People with dementia or related disorders |

| | |
|------------------------|--|
| Street: | 56 High Street |
| City: | GRANGE |
| State: | SA |
| Postcode: | 5022 |
| Phone number: | 08 8305 9500 |
| Facsimile: | 08 8305 9541 |
| E-mail address: | admin@anglicare-sa.org.au |

Audit trail

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

Interviews

| Category | Number |
|----------------------------------|--------|
| Management site / corporate | 7 |
| Clinical / care staff | 5 |
| Hospitality / environment staff | 5 |
| Care recipients/representatives | 7 |
| Lifestyle / administration staff | 3 |

Sampled documents

| Category | Number |
|---|--------|
| Clinical and lifestyle care recipients' files | 12 |
| Medication charts | 7 |

Other documents reviewed

The team also reviewed:

- Activities programs and evaluations
- Allied health referrals
- Care recipient agreements
- Care recipient dietary information
- Cleaning schedules and checklists
- Clinical recourses
- Comments and complaints data
- Contractor and visitor sign in/out register
- Contractor/supplier induction
- Dangerous drugs licence and storage
- Duty statements
- Electrical testing and tagging records
- Emergency procedure manual

- Environmental swabbing records
- Events and activities evidence folder
- External contractor agreements
- Feedback forms – internal and external
- Food safety plan, dietitian review and audit report
- Gastro outbreak plan
- Hazard reports and hazard register
- Incident reports
- Infection register and analysis
- Maintenance service reports
- Mandatory reporting register
- Memoranda and emails
- Menu and recipes
- Missing clothing log
- Missing persons register
- Monthly activities calendar
- Performance appraisals
- Pest control schedule and service records
- Plan for continuous improvement
- Police clearance register
- Preventative and reactive maintenance documents
- Professional registrations
- Regulatory registration folder
- Risk assessments and risk assessment guidelines
- Safety data sheets
- Staff orientation documents
- Swabbing records
- Temperature monitoring charts

- Training attendance and evaluation records
- Triennial fire safety certificate – letter of compliance
- Various audit and survey results
- Various clinical monitoring charts
- Various meeting minutes
- Various policies and procedures
- Work instructions

Observations

The team observed the following:

- Activities in progress
- Care recipients produce garden
- Care recipients and visitors using the cafe
- Charter of residents' rights and responsibilities
- Chemical spills kit
- Clean, uncluttered internal and external living environment
- Cleaning in progress
- Comments and complaints information on display
- Communication room
- Equipment and supply storage areas
- Fire suppression equipment and fire panels
- Information notice boards
- Interactions between staff, care recipients and representatives
- Locked suggestion boxes
- Meal service in various locations
- Medication round
- Outbreak kit
- Personal Protective equipment in use
- Resident dog and aviary

- Short structured observation in the secure unit lounge
- Smoking areas for care recipients and staff
- Storage of medications

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

St Laurence Nursing home is owned and operated by Anglicare SA. The General Manager Active Living is responsible for six residential aged care services and several other business functions that support and enhance residential care services including allied health, loss and grief, admissions and a recently introduced project portfolio. Systems and processes are consistent across all six homes.

A comprehensive, organisation wide governance framework underpins St Laurence’s commitment to continuous improvement and compliance with the Accreditation Standards. The organisation’s Quality, Safety and Risk advisory group supports this commitment, and key processes including, internal and external audit, evaluation and review and benchmarking are continuously used to source opportunities for improvement. Results confirm care recipients and other stakeholders have input into the feedback and continuous improvement processes and take an active role in the review and evaluation of improvement opportunities. Identified improvements are recorded on a plan for continuous improvement detailing input, actions planned, responsibilities, outcomes and evaluation. Progress is tracked through all departments and care recipient meetings are monitored by the site and residential managers. Care recipients and staff said they are actively involved in the home’s continuous improvement process and are satisfied the home acts upon their suggestions for improvement and feedback.

Examples of improvement initiatives implemented by the home over the past 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- In response to staff survey feedback regarding the request for more training and the ability to drive personal development on an individual basis, the organisation introduced the Aged Care Channel to complement existing training strategies. In consultation with staff the home develops and provides them with individual learning plans to identify training opportunities and individual goals. Designated training time of up to an hour onsite after staff meetings is in place and staff can access the Aged Care Channel modules anywhere, including at home. This enables the home to support staff while managing continuity of care due to not having to remove and or replace staff on shifts. The site has evaluated the initiative through informal staff feedback which has been positive. Staff have reported feeling supported and able to tailor their own professional development. An organisational evaluation is planned for May 2015.
- In June 2014, feedback from staff highlighted the recent increase in care recipient care needs had resulted in increased workloads. The home requested additional hours in the budget, which were approved, and rostered additional care staff and enrolled nurse hours to support staff and ensure care recipients’ care needs were met. Staff have reported they have more time to complete their work and more time to spend with care recipients. The home has found the extra enrolled nurse hours, in particular, of benefit to the home. Increased ability to monitor care staff practices as well as a decrease in signature omissions on medication charts has been evidenced.

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

A corporate services function identifies changes to relevant legislation, regulatory requirements, professional standards and guidelines. Updates are monitored through the Department of Social Services and various professional and statutory bodies. Changes are tabled at network management meetings and circulated to the executive, board and sites as required via a monthly legislative update. Care recipients, staff and representatives are kept informed about changes that affect them through meetings, training, formal communications and changes to policy and work practices. Results show that compliance with change is monitored by Quality, safety and risk advisory group members, using key processes that include internal and external audit, evaluation and review. Care recipients and staff said they are kept informed about changes to legislation.

Examples of how the home ensures compliance in relation to Standard 1 Management systems, staffing and organisational development include:

- Police certificate checks are completed for all staff and volunteers.
- Care recipients and representatives are informed of the re-accreditation audit via individual letters and notices were displayed.

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 organisations business leaders have system and process in place to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. All staff have access to the Anglicare SA training planner via an electronic matrix and mandatory training plans are developed for each specific role. Further opportunities for development are identified through performance appraisals, verbal feedback, changes to systems and processes and observation of staff practice. These opportunities are documented in individual development/improvement plans with progress monitored by the site manager. Commencing employees undertake mandatory corporate induction. Care recipients and representatives said staff have the skills and knowledge to deliver care that meets their individual needs.

Examples of education conducted over the past 12 months in relation to Standard 1 Management systems, staffing and organisation development include:

- TECH 1 Finance System training
- Fair Treatment, Values and Behaviour training for managers
- Buddy Training

1.4 Comments and complaints

This expected outcome requires that "each care recipient (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".

Team's findings

The home meets this expected outcome

Results show the organisation has a comments and complaints mechanism that is accessible to care recipients and other interested parties. Care recipients/representatives are advised on entry to the home of the internal and external mechanisms available to them should they wish to raise a concern. Further information is also provided within the care recipients' agreement, resident information booklet, notice boards, and meetings and at various suggestion box locations around the home. Management log and act upon both verbal and written complaints and number each entry to assist with the tracking of follow-up, outcomes, evaluation and the analysis of trends. Results show the effectiveness of the comments and complaints process is monitored via audits and satisfaction surveys. Care recipients and representatives are satisfied with access to comments and complaints processes and the approachability and responsiveness of management and staff.

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 has documented its commitment to quality residential care through the organisation's vision, purpose and values. The general manager active living is responsible to a chief executive officer and the Board. The executive management team have business partner responsibilities for the sharing of information and the provision of support to achieve quality goals across the organisation in relation to planning and leadership. Staff described a shared understanding of the organisations values and behaviours and care recipients said they are currently satisfied with the planning and leadership of the organisation.

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 organisation has processes to ensure there are sufficient numbers of appropriately skilled and qualified staff to deliver care and services in line with the organisations recently reviewed values and behaviours. Commencing employees are chosen to enhance the organisations workplace culture and are provided with an organisational and site specific induction to reinforce standards and expectations. The organisation's people and culture business partner has oversight of staffing levels, skill mix, performance management, training and development and workplace culture. Training is identified at staff meetings, performance appraisals and in response to changes in care recipients' needs and to systems and processes. Police certificates and professional registrations are monitored corporately and agency staff use is lower at St Laurence than the organisational key performance indicator. Staff are guided in their roles by job descriptions, duty statements, guidelines, policies and procedures and through senior staff supervision. Results show and care recipients agree the home is staffed appropriately and maintains a high quality of service to care recipients and that services are delivered in accordance with the Accreditation Standards.

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 processes to identify, purchase and maintain goods and equipment for the quality delivery of services to care recipients. New equipment, additional goods and additional maintenance requirements are identified through maintenance requests, incident/hazard reports, complaints, staff and care recipient meetings, and improvement forms. These are risk

assessed, prioritised and addressed through local and capital purchase programs that are regularly reviewed. Results show that appropriate stocks of goods are kept and equipment is clean, well maintained and adequate to meet care recipient and staff needs. Staff said the home maintains and provides access to adequate stock levels and equipment that meets their needs. Care recipients and representatives are satisfied care recipients have access to appropriate equipment and goods.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has effective information management systems in place. The home has processes to provide management and staff with access to sufficient accurate and appropriate information to support them in meeting the requirements of their roles. The home communicates relevant information to staff, care recipients and representatives through activities programs, noticeboards, handbooks, newsletters, email, staff and care recipient meetings. Shift handover, communication diaries, policy, procedure and work instruction manuals and training support staff communication processes. Care recipients are assessed on entry to the home and care plans are developed from this information. Monitoring processes include feedback forms, resident and staff meetings, audits, surveys, incident and hazard reporting. The home has processes for the effective storage, archiving, disposal and management of information. Care recipient files are kept in nurses' stations with access restricted to appropriate staff, medical officers and allied health professionals. Computers are password protected and data is backed-up nightly. Results show there is an effective information management system in place to manage, provide access to and disseminate information. Staff, care and representatives said they are provided with, and have access to, information relevant to their needs.

1.9 External services

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

Team's findings

The home meets this expected outcome

Externally sourced services are provided in a way that meets the residential care service's needs and quality goals. There are corporate systems in place, including selection processes, contracts and service agreements for externally sourced services and approved external providers undertake various work within negotiated organisational expectations and key performance indicators. Service agreements are maintained at corporate office and key staff monitor service provision. Contractors are required to sign in on arrival and report to appropriate personnel at the home before commencing duties. Results show that records of contractor activities at the home are maintained and regular reviews are conducted on the quality and appropriateness of work undertaken. Corporate management review major external service contracts quarterly with input from key personnel. Staff, care recipients and representatives are satisfied external services are effectively managed to maintain care recipients' needs and service requirements at the home.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for information on the home's continuous improvement systems and processes.

In relation to Standard 2 Health and personal care, the home identifies improvements from care recipients, representatives and staff feedback. Other sources of feedback include, comments and complaints, audits, incidents and care reviews. Care recipient incidents are monitored, including falls, wounds, infections, behaviours and medication errors. Care recipients and staff are satisfied the home supports them to provide feedback and suggestions.

Examples of improvement initiatives implemented by the home over the past 12 months in relation to Standard 2 Health and personal care include:

- The Care manager identified directions for nurse initiated medications were sometimes unclear for staff and only a generic list of medications was available. The home implemented, in consultation with all medical officers who service the home, a project to ensure that nurse initiated medications are outlined by the medical officer for individual care recipients. This ensures care recipients are provided with medication that meets their individual needs and staff have clear guidelines for medication administration and management. Staff feedback has been positive with staff stating they feel more informed and the directives save time as they do not have to ring the medical officer to seek clarification. An evaluation was conducted and as a consequence the initiative has been implemented across all Anglicare sites.
- In July 2013, a suggestion from staff to move the physiotherapy services to the high care area of the home was implemented. A wellness room was identified as not being utilised and was designated as the new office for physiotherapy services. This has enabled easier access for care recipients who now get real time assessments when mobility issues arise and care recipients self-direct their care by approaching physiotherapists directly. Staff have reported a stronger relationship with the physiotherapists onsite due to more visibility and impromptu education sessions.

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 additional information relating to the home’s systems and processes for monitoring regulatory compliance.

Examples of how the home ensures compliance in relation to Standard 2 Health and personal care include:

- A record is kept of the current registration of registered nurses.
- The home has a current licence for storage and possession of Schedule 4 and Schedule 8 drugs.
- Specialised nursing care is carried out by qualified staff according the Quality of Care Principles.

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 additional information relating to the home’s systems and processes for education and staff development.

Examples of education conducted over the past 12 months in relation to Standard 2 Health and personal care include:

- Medication Competency
- Drug calculations
- TENNA training
- Aged Care Channel module on Medication Management

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Care recipients receive clinical care that is appropriate to their individual needs and preferences. Clinical care needs are identified by initial and ongoing assessment and review and evaluation processes. An initial assessment and interim care plan are completed on entry to the home then comprehensive clinical assessments are conducted over the following weeks in consultation with care recipients/representatives and other health care providers.

An extended care plan is then developed using assessment information. Registered staff monitor health care requirements and conduct formal six monthly care evaluations using prompts in the electronic care system. Any changes to care are in consultation with care recipients and representatives and the care recipient’s choice of doctor. Results show care recipients’ clinical needs are monitored using data from various clinical monitoring charts, care reviews, specialist and allied health review, accident and incident data and clinical audits. Changes are communicated to staff via handover and through updated care plans. Care recipients are referred to allied health, clinical specialists and mental health services as required. Information provided by staff is consistent with care recipients’ care plans. Care recipients and representatives said they are satisfied with the health and personal care provided.

2.5 Specialised nursing care needs

This expected outcome requires that “care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s findings

The home meets this expected outcome

Care recipients’ specialised nursing care needs are identified and actioned by appropriately qualified nursing staff. Assessment, care planning and review is completed by registered staff and allied health professionals. Nursing staff are trained in continence care, wound care, pain management and palliative care processes and a variety of other specialised clinical care needs. Medical officer directives are used to guide staff practice and individualised nurse initiated medication directives result in swifter care delivery. Results show specialised care is documented and monitored through care plan reviews, audits, feedback from staff, care recipients and through observation. Staff said they have access to all the equipment and education required to carry out specialised care as is required. Care recipients and representatives said they are satisfied with the specialised nursing care provided.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Care recipients are referred to appropriate health specialists according to their assessed needs and preferences. Care recipients are referred to a variety of health services, including podiatry, behaviour management specialists, speech pathology, counselling, mental health services, hearing, vision and dietary. These referrals are completed on entry and on an ongoing basis as required. Changes to care recipients’ needs are documented in progress notes and care plans are updated to reflect these changes. Physiotherapy services are now located on site enabling ‘real time’ assessment when changes occur and one-on-one training for staff. Monitoring processes include audits, care reviews and consultation with care recipients and representatives. Results show all care recipients are assessed by a physiotherapist within the first 48 hours after entry and are attended bi-monthly by a visiting podiatrist. Staff described how care recipients are assisted to access and where required, to attend external appointments. Care recipients and representatives said they are satisfied they have access to health specialists according to care recipients’ needs and preferences.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Care recipients’ medication is managed safely and correctly in accordance with relevant legislation, regulatory requirements and professional standards and guidelines. Care recipients’ medication needs are identified on entry to the home and every care recipient has a medication chart with administration instructions and special considerations. Medications are pre-packaged, administered by qualified staff and are stored securely. New medical directives are provided to guide staff and monitoring processes include care reviews, incident reporting and pharmacy audits. Results show that random auditing of medication charts and the use of ‘as required’ medication supplement those conducted by the external pharmacist and assist to maintain best practice. Clinical staff said they have access to a corporate medication manual that guides their practice. Care recipients and representatives said they are satisfied with the level of consultation and management of care recipients’ medication.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Care recipients’ pain is managed to ensure they are as free as possible from pain. Care recipients’ pain is managed through initial and ongoing assessment and review processes. This information is used to develop individualised care plans in consultation with medical officers and other health professionals including the physiotherapist. Pain monitoring tools are

used to assess all care recipients, including those with cognitive deficits, and staff have been trained to detect the non-verbal signs of pain. In addition to medication, the home uses interventions such as massage, pressure relieving mattresses, 'Bio' heat packs and exercise programs to assist in managing care recipients' pain. Monitoring processes include care plan reviews, observations and audits. Results show care recipients' pain is identified, assessed and evaluated with referrals made to pain management specialists as appropriate. Staff said sleep disturbance, poor appetite and changes in functional capacity are also non-verbal signs of pain and described various strategies used to relieve pain for individual care recipients. Care recipients and representatives said they are satisfied care recipients' pain is managed according to their individual needs and preferences.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

The home has processes to maintain the comfort and dignity of terminally ill care recipients. Care recipients' palliative care wishes are identified on entry to the home. This information is used to develop individualised care plans. The home has links with external palliative care services and can access specialist equipment as required. Pastoral and volunteer services are available to provide emotional and spiritual support to care recipients and representatives. A site chaplain can arrange pastoral visitors from various religions and is also personally available to provide service where required. Monitoring processes include observation, clinical review and feedback from representatives. Results show care recipients' palliative care wishes are documented and implemented as required. Relevant staff interviewed said the care plan is updated with palliative care strategies as required. A care recipient said they were satisfied with the care provided to a relative during the end stages of their life.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

Care recipients receive adequate nutrition and hydration according to their individual needs and preferences. Initial and ongoing assessment and review processes identify and manage care recipients' nutrition and hydration needs and preferences and the information is used to develop individualised care plans. Drink supplements and fortified meals are provided as required and people with impaired swallowing or who are at risk of weight loss are referred to allied health professionals for assessment. Monitoring processes include monthly weighs, audits and care plan reviews. Results show care recipients' dietary needs are accurately documented and reviewed. Registered staff said they are responsible for updating care recipients' nutrition and hydration care plans and for communicating these changes to kitchen staff. Care staff were observed assisting care recipients with their meals and drinks in a dignified manner. Care recipients and representatives said they are satisfied care recipients' nutrition and hydration needs and preferences are met.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Care recipients are provided with care that maintains skin integrity consistent with their general health. Initial and ongoing assessment and review processes identify and manage care recipients’ skin care needs and skin assessment tools are used to assess the level of risk. This information is used to develop individualised care plans that document preventative strategies including arm and leg protectors, slide sheets, emollient creams, compression bandages and repositioning. Wounds are assessed, managed and reviewed by registered nursing staff and wound specialists consulted as required. Monitoring processes include care plan reviews, observations, audits and incident reporting. Results show that all breaches of skin integrity including pressure areas are now recorded as an incident in the incident and accident reporting mechanism. Staff interviewed said they have been provided with training to manage care recipients’ skin integrity. Care recipients and representatives said they are satisfied care recipients’ skin integrity is maintained.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Care recipients’ continence is managed effectively. Initial and ongoing assessments and review processes identify care recipients’ continence needs and this information is used to develop individualised care plans that identify the continence aids, assistance and strategies required to manage continence. Monitoring processes include, bowel charts, toilet schedules, care plan reviews, observations and clinical audits. Results show clinical staff use the promotion of hydration, high fibre diets, prune juice, fresh fruit, exercise programs and mobility maintenance to promote bowel management. Staff said they have access to, and do not run out of, appropriate continence supplies. Care recipients and representatives said they are satisfied continence needs are managed effectively.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

Care recipients with challenging behaviours are generally managed effectively according to their individual needs and preferences. Initial and ongoing assessment and review processes identify and manage care recipients’ challenging behaviours. Behaviour management plans are developed from this information and strategies to assist staff are identified. The effectiveness of behaviour management strategies is monitored through incident reporting, care plan reviews and audits. Referrals are made to mental health services and behaviour management specialists as required. Results show care recipients’ behaviours are monitored,

documented and reviewed and that a recent restraint minimisation program has been effective in the elimination of its use. Staff said the recent introduction of a new lifestyle program has reduced behaviour related incidents. Care recipients and representatives said they are satisfied with the home's proactive approach to managing challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

Care recipients receive care that optimises their mobility and dexterity. Initial and ongoing assessment and review processes by qualified allied health professionals identify care recipients' mobility and dexterity needs. An on site physiotherapy service ensures that individual exercise programs are developed for care recipients to assist prolong their mobility. Low beds, sensor mats, mobility aids and specialised cutlery are also available to assist care recipients to maintain their independence, mobility and dexterity. Manual handling training is provided annually to support staff manage care recipients with mobility needs safely. Monitoring processes include incident reporting, care plan reviews, clinical audits and physiotherapy reviews. Results show care recipients' mobility, dexterity and rehabilitation is optimised. Staff said the new onsite physiotherapy service provides an opportunity for 'real time' review of changes to mobility status and one-on-one training. Care recipients and representatives said they are satisfied the care provided optimises care recipients' mobility and dexterity.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

Care recipients' oral and dental health is maintained according to their individual needs and preferences. The home has initial and ongoing assessment and review processes to identify and manage care recipients' oral and dental needs and this information is used to develop individualised care plans. A tooth brush is provided to all new care recipients in the home's

'welcome pack' and all toothbrushes are replaced seasonally. An oral and dental care information resource provides staff with information about individual oral and dental care needs and instruction on how to provide required care. Monitoring processes include care plan reviews, audits and observations. Results show dental equipment is replaced seasonally and a variety of cleaning products are provided as required. Staff said they have access to oral and dental hygiene education. Care recipients and representatives said they are satisfied the care provided maintains care recipients' oral and dental health.

2.16 Sensory loss

This expected outcome requires that “care recipients’ sensory losses are identified and managed effectively”.

Team’s findings

The home meets this expected outcome

Care recipients’ sensory losses are identified and managed effectively. A range of allied health professionals contribute to initial and ongoing assessment and review processes that identify care recipients’ sensory needs for all five senses. A range of sensory assistance is provided including, sensory garden areas, large print books, large screen televisions, resident dog and uncluttered living spaces. Lifestyle staff develop a range of activities and social programs that provide a wide range of sensory stimulation in all five senses. Care recipients are supported to care for their hearing aids and prescription glasses where appropriate. Monitoring processes include care plan reviews, audits and feedback. Results show care recipients’ sensory needs are documented and reviewed. Staff said they assist care recipients and representatives with referrals to optometrists and hearing services. Care recipients and representatives said they are satisfied care recipients’ sensory losses are identified and managed effectively.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Care recipients are provided with care to assist them to achieve natural sleep patterns. Initial and ongoing assessments and review processes identify and manage care recipients’ sleep patterns. This information is used to develop individualised care plans that identify care recipients’ sleep preferences, including preferred settling and rising times. Non-pharmacological measures such as heat packs, pillow positioning, night caps, warm drinks and late night snacks assist restive sleep. Monitoring processes include care plan reviews, incident reporting, audits and feedback. Results show external health providers are consulted when care recipients have trouble achieving natural sleep and pharmacological strategies may also be implemented as required. Staff are able to describe strategies to promote natural sleep patterns. Care recipients and representatives said they are satisfied the care provided assists care recipients to achieve natural sleep patterns.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for information on the home’s continuous improvement systems and processes.

In relation to Standard 3 Care recipient lifestyle, the home identifies improvements from activity evaluations, care recipient meetings, satisfaction surveys and the comments and complaints process. Staff encourage and support care recipients and representatives to provide feedback and suggestions. Care recipients and staff said they are satisfied the home supports them to provide feedback and suggestions.

Examples of improvement activities and achievements relating to Standard 3 Care recipient lifestyle include:

- The home implemented the use of Montessori resources across the site in March 2014 in response to a suggestion from staff. Lifestyle and Care staff attended training sessions on the new materials and in September 2014 the training was extended to all staff onsite. A student placement staff member undertaking research into the area assisted with implementation and conducted an evaluation with positive results. Staff feedback has been positive with staff stating they have more time to spend with care recipients and a greater understanding of how to relate to care recipients with dementia. Another Anglicare site has held further training sessions for interested staff.
- In response to feedback from a resident, the home conducted a carols by candlelight evening in September 2014. The home has several members of the community volunteer to help and to give performances. A community choir also gave a performance. Families and care recipients attended as well as staff. An evaluation was conducted by lifestyle staff and feedback from care recipients, families and staff was very positive and care recipients requesting it become an annual event. The home has implemented this on the lifestyle calendar and is currently planning the 2015 evening.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for additional information relating to the home’s systems and processes for monitoring regulatory compliance.

Examples of how the home ensures compliance in relation to Standard 3 Care recipient lifestyle include:

- A mandatory reporting register is electronically maintained
- Care recipients are informed of their rights regarding security of tenure in line with legislative requirements

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 additional information relating to the home’s systems and processes for education and staff development.

Examples of education conducted over the past 12 months in relation to Standard 3 Care recipient lifestyle include:

- Montessori training
- Protecting Older Persons from Abuse

3.4 Emotional support

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

Team’s findings

The home meets this expected outcome

Each care recipient is supported to adjust to life in the home and is provided with ongoing support. Care recipients are assessed on entry for a period of one month by ‘lifestyle enhancers’ in relation to their emotional needs and ongoing support is provided as required to assist them settle into their new environment. Initial assessment, ongoing review, counselling, observations and one-to-one discussions identify care recipients’ emotional support needs and personal preferences and this information is used to develop individualised care plans. The home monitors care recipient satisfaction with emotional support through comments and

complaints, lifestyle / care reviews and surveys. Results show care recipients receive ongoing emotional support in a variety of ways, including through volunteer support, pet therapy, programed activities and by maintaining links with families, friends and community groups. Staff said new care recipients are introduced to other like minded people and are welcomed by a designated care recipient who likes to welcome new arrivals and reassure them that they will enjoy their new home. Care recipients and representatives said they are satisfied that care recipients receive emotional support on entry and on an ongoing basis.

3.5 Independence

This expected outcome requires that "care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".

Team's findings

The home meets this expected outcome

Care recipients are assisted to achieve maximum independence, maintain friendships and participate in their community. Care recipients' lifestyle preferences, interests and abilities are identified during the assessment and care planning process. Physiotherapy assessments and mobility aids, budgeting assistance, a petty cash system, individual phones, foam wedges for artists, voting facilities, WIFI connectivity, onsite hairdresser, resident meetings and maintaining connections to community are all designed to support independence.

Weekly planners ensure staff accompany and/or assist care recipients to attend appointments. Representatives and community groups are encouraged into the home and care recipients are supported to access, lawyers, social workers and external health providers. Monitoring processes include care and lifestyle reviews, comments and complaints, meetings and surveys. Results show the home's processes are effective in identifying care recipients' preferences and abilities. Staff described strategies to assist care recipients to achieve maximum independence. Care recipients and representatives said they are satisfied the home assists care recipients to maintain their independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Care recipients' right to privacy, dignity and confidentiality is recognised and respected. Care and lifestyle plans identify care recipients' privacy and dignity needs and requests and confidentiality agreements are agreed prior to entry. Care recipients have their own room, and some couple choose to share. There are also various private lounges and outdoor areas available for use. The central Café can be booked for private functions as can the courtyards and other activity areas. Staff have been trained in respectful behaviour and support care recipients' privacy, dignity and confidentiality by knocking on doors and ensuring care recipients' information is stored securely. Monitoring processes include comments and complaints, meetings and surveys. Results show confidential information can only be accessed by authorised people, via the corporate privacy officer. Staff are able to describe how they promote care recipients' privacy and dignity. Care recipients and representatives said they are satisfied that care recipients' privacy, dignity and confidentiality is recognised and respected.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a range of interests and activities of interest to them. Relevant social history information is gathered from care recipients and/or representatives soon after entry and care and lifestyle assessments further identify care recipients' interests, abilities and preferences. This information is used to develop group activity programs and individualised lifestyle choices for each care recipient. Monthly activity calendars are displayed on noticeboards around the home and copies are provided to each care recipient in large print. Activities include but are not limited to, painting, gardening, weaving, shopping trips, various cultural annual events, walking groups and other assorted activities of interest. Lifestyle plans are evaluated on a six monthly basis through reviewing activity participation and consultation with care recipients and/or representatives.

Comprehensive evaluation summaries provide holistic lifestyle information about each care recipient with this information being used by staff to improve care and lifestyle outcomes. The lifestyle program is monitored using participation records, feedback at meetings and surveys. Staff described positive changes to care recipients' lives as a direct result of the lifestyle program. Care recipients and representatives said they are satisfied with the support provided to participate in group and individual interests and activities.

3.8 Cultural and spiritual life

This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".

Team's findings

The home meets this expected outcome

Care recipients' individual interests, customs, beliefs and cultural backgrounds are valued and fostered. Initial and ongoing assessments develop care plans that identify individual cultural and spiritual preferences. Care recipients are assisted to maintain religious and spiritual support through pastoral visits, and church services at the home or in the community. The home celebrates significant spiritual and cultural days such as Christmas, Easter, Anzac Day, Mothers' and Fathers' Day, football finals, the royal show and birthdays and a variety of cultural programming. Carols by candle light was recently attended by many care recipients, their families and staff and is now an annual event at the home. Monitoring processes include care and lifestyle reviews, comments and complaints, audits, surveys and meetings. Result shows care recipients cultural and spiritual preferences are documented and evaluated. Staff said they have access to the cultural traditions and diets of each care recipient. Care recipients and representatives agreed that care recipients' cultural and spiritual needs are identified, fostered and respected.

3.9 Choice and decision-making

This expected outcome requires that "each care recipient (or his or her representative) participates in decisions about the services the care recipient receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".

Team's findings

The home meets this expected outcome

Each care recipient or their representative participate in decisions about the services the care recipient receives and care recipients are enabled to exercise choice and control over their lifestyle while not infringing on the rights of other people. Care recipients are engaged from entry to exercise choice and lifestyle assessments assist identify their preferences for activities of daily living, leisure and lifestyle choices, civic interests and advocates. This information is used to develop individualised care plans and changes are made to reflect different choices as they occur. Monitoring processes include care and lifestyle reviews, comments and complaints, meetings and surveys. Brochures for external advocacy services are displayed in the home. Results show information about care recipients' rights and responsibilities are included in handbooks and care recipients' choices are respected and encouraged. Staff said care recipients' rights to make informed choices are respected and care recipients and representatives said they are satisfied their right to exercise choice is respected.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Care recipients and their representatives are satisfied with the amount of information provided to them prior to entry and that this information assists them to understand their security of tenure. The home's policies and procedures support care recipients' right to safe and secure tenure and staff responsibilities to protect these rights. The residential care service agreement and information handbook provided for care recipients contain information about care recipients' rights and responsibilities, fees and charges, security of tenure and care recipient decision making forums. Interviews with staff confirm they are aware of care recipients' security of tenure rights. Care recipients and representatives state they are satisfied with the information provided and processes used to assist them understand their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for information on the home’s continuous improvement systems and processes.

In relation to Standard 4 Physical environment and safe systems, the home monitors the safety and comfort of the home through workplace inspections, incident and hazard data, comments and complaints processes, maintenance records and audits. Care recipients, and staff said they are satisfied the home supports them to provide feedback and suggestions.

Examples of improvement activities and achievements relating to Standard 4 Physical environment and safe systems include:

- In response to monitoring of the use of restraint across the site and results indicating the over-use of restraint mechanisms, the home implemented a restraint minimisation project. In consultation with individual care recipients and their representatives, the home reduced the types and amount of restraints that were in use, including physical and pharmacological. Alternative strategies were implemented and training sessions for staff were delivered in areas such as recognition of behaviours and the use of distraction techniques. Feedback from staff has been positive and the home conducted an evaluation and results show there is currently no restraint being used in the home.
- In response to staff suggestions, the hairdressing room was revamped to provide care recipients with a better quality facility and improved ambiance. Discussions with care recipients and staff were held and an old movie theme was chosen. A competition among care recipients was held to name the facility, care recipients’ opinion was sought on the decorations and colour scheme and a cocktail evening was held to open the revamped salon. Care recipient feedback has been positive with care recipients reporting they enjoy the old time movie theme and it reminds them of when they were younger.

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 additional information relating to the home’s systems and processes for monitoring regulatory compliance.

Examples of how the home ensures compliance in relation to Standard 4 Physical environment and safe systems include:

- Current food safety council audit
- Documented food safety plan
- Triennial certificate
- Minister’s 76 Specifications

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 additional information relating to the home’s systems and processes for education and staff development.

Examples of education provided to staff in the past 12 months in relation to Standard 4 Physical environment and safe systems include:

- Work Health Safety training for managers
- Manual Handling
- Fire and Evacuation training

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home has systems to ensure it provides a safe, clean and comfortable environment that is consistent with care recipients' care needs. The home has a mixture of single and shared rooms with ensuite and shared bathroom facilities and includes a secure memory support unit. The home provides clean, safe and well maintained communal living, which consists of several dining areas, quiet indoor lounge areas and outdoor areas where care recipients and their families can relax. Each room has individual air conditioners, care recipients are able to furnish their own rooms with personal furniture and sentimental items and rooms are lockable via keys to ensure security. The safety and comfort of care recipients is guided by policy and procedures in consultation with the care recipient and/or representative, clinical staff and medical officers. The living environment is monitored through workplace inspections, incident and hazard reporting, recording and trending of data, audits, preventative and corrective maintenance and observation. Results show internal and corporate audits are conducted on a regular basis and identify areas requiring action and staff are informed through a robust system of meetings and information dissemination, including a designated communications room. Staff said they are aware of their roles in assisting to maintain a safe and comfortable environment and the processes and procedures to report hazards or incidents. Care recipients and representatives said they are satisfied with the safety and comfort of the home and competency of staff.

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

An organisational, integrated risk management approach supports various systems and processes to ensure a safe working environment that meets regulatory requirements. Work health and safety (WHS) meetings are held at St Laurence regularly and relevant WHS issues are discussed at all staff and care recipient meetings. Mandatory training is given to all staff on induction and annually and compliance is monitored via competencies, audits, supervision of work practice, performance review and the monitoring of incident data.

Monitoring of work health and safety is conducted through regular workplace safety inspections, trending of incident and hazard data and feedback is sought through the meeting structure and designated communication room. Results show staff have input into the home's work health and safety system through reporting mechanisms and work safety is discussed at staff meetings. Staff interviewed are aware of safe work practices, receive training and contribute to creating a safe work environment.

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 processes for detecting and acting on fire, security and other emergency risks and incidents. An external fire contractor regularly maintains fire systems with deficits monitored by the site maintenance supervisor and corporate property and facilities department. Site-specific emergency procedures are in place to guide staff and fire and evacuation plans are displayed throughout the home. Emergency exits are clearly marked, free from obstruction and are suitable for various mobility levels. Results show that monitoring of fire safety systems occurs through audits and inspection by the local fire authority. Mandatory fire safety training is provided to staff at orientation and annually and appropriate records are kept to ensure mandatory training, is attended by all staff. An automated external door locking system is enhanced by staff security checks and an external contractor overnight. Results show equipment is well maintained and emergency contingency plans are in place. Staff complete annual fire safety, emergency training and fire drills and are aware of procedures in the case of an emergency. Care recipients' said they know what to do on hearing an alarm and feel safe in their 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 maintains an infection control program that meets Australian government infection control guidelines. There are processes for outbreak management, care recipient and staff vaccination, pest control and safe food handling. Care recipient infections are identified by clinical staff and appropriate interventions implemented. Licensed external service providers manage waste management and pest control. The home has an audited food safety plan and has processes to manage infectious outbreaks. The infection control program is monitored through internal and external audits, incident reporting and workplace inspections. Results show all staff attended their annual training in infection control and staff said they have access to appropriate protection equipment and access to an annual flu vaccination program provided by the home. Care recipients and representatives are satisfied with staff practice at the home to minimise the incidence of infection.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Hospitality services are provided in a way that enhances care recipients' quality of life and staff working environment. A four weekly rotating menu is reviewed by a dietitian and offers variety to meet care recipients' individual dietary needs and preferences. Meal alternatives are

available at care recipients' request or if changes to their health status require it. Care recipients' dietary requirements, food allergies and preferences are identified and communicated to the kitchen. When dietary requirements change clinical staff provide written confirmation and the hospitality team leader and first cook are responsible for updating all relevant hospitality documentation. The hospitality team leader monitors temperature records throughout the home. An audited food safety plan guides kitchen staff practice. Care recipients' rooms and numerous communal areas, the kitchen and laundry are cleaned according to schedules and dedicated laundry staff provide most laundry services in-house. Catering, cleaning and laundry services are monitored through feedback, consultation, cleaning schedules and audit processes. Results show hospitality services and systems in place are effective and meet care recipient and staff needs. Staff said they have access to appropriate training and the services provided by the home are effective. Care recipients' are complimentary of the catering, cleaning and laundry services provided by the home and stated they feel confident to provide feedback.