William Cape Gardens

RACS ID 0767
40 Pearce Road
KANWAL NSW 2259

Approved provider: William Cape Gardens Pty Limited

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 10 August 2019.

We made our decision on 21 June 2016.

The audit was conducted on 10 May 2016 to 12 May 2016. 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 care recipients, 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:

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.

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: Care recipient lifestyle

Principle:

Care recipients 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 Care recipient security of tenure and responsibilities	Met

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.

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

Audit Report

William Cape Gardens 0767

Approved provider: William Cape Gardens Pty Limited

Introduction

This is the report of a re-accreditation audit from 10 May 2016 to 12 May 2016 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 10 May 2016 to 12 May 2016.

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:	Ruth Graham
Team member/s:	Nehad Saleh

Approved provider details

Approved provider:	William Cape Gardens Pty Limited

Details of home

Name of home:	William Cape Gardens
RACS ID:	0767

Total number of allocated places:	121
Number of care recipients during audit:	117
Number of care recipients receiving high care during audit:	106
Special needs catered for:	Dementia

Street/PO Box:	40 Pearce Road
City/Town:	KANWAL
State:	NSW
Postcode:	2259
Phone number:	02 4392 4111
Facsimile:	02 4392 4311
E-mail address:	Nil

Audit trail

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

Interviews

Category	Number
Director of care services	1
Clinical care manager	1
Clinical care coordinator	1
Client relations manager	1
Registered nurses	5
Physiotherapists	2
Leisure and lifestyle coordinator	1
Recreational activity staff	1
Administration staff	2
Care recipients/representatives	5
Care recipients	9
Care staff	5
Team leader	1
Catering staff	1
Laundry staff	1
Cleaning staff	1
Property services officer	1

Sampled Documents

Category	Number
Care recipients' files	17
Summary/quick reference care plans	18
Resident agreements	8
Medication charts	12
Personnel files	10

Other documents reviewed

The team also reviewed:

- Care and registered nurses handover folder

- Care recipients' lifestyle documentation - care recipients' social profiles and care plans, activity calendars, participation records and activity evaluations

- Catering services documentations including: Menu and menu review, care recipient dietary information, temperature control records, food safety program, food safety licence, sanitizing records

- Cleaning and laundry services documentation including : cleaning schedules/task sheet, cleaning signing sheets, destroyed linen record, housekeeping product chart

- Comments and complaints documentation including: Complaint and compliment register and documentation, trend and graphs

- Continuous improvement documentation including: Continuous improvement plan, feedback form 'My thoughts', self-assessment tool, audit schedule, audits, clinical indicators, survey results, incident and accidents

- Clinical care assessments - specialised nursing care, continence, dietary needs/preferences, nutrition and hydration, pain, communication, skin integrity, mobility and transfers, behaviours, sensory, sleep, oral and dental care

- Clinical care observations, monitoring and treatment charts including bowels, specialised care check charts, blood pressure, temperature, weight, pressure area care, wound charts, urinary catheter care, behaviours, pain, food and fluid records, supplement administration charts and summary care plans

- Communication systems - memorandums, diaries, communication books for medical staff and the computerised communication system

- Complaints and compliments folders, forms, mystery shopper reports

- Care recipient information packs, resident handbook, consent forms

- Education documentation including: Education calendar, attendance records and evaluation, orientation records and buddy shift checklist, competency assessments, mandatory training register

- Emergency and fire safety documentation including: annual fire safety statement, electrical testing and tagging record, care recipient evacuation folder, fire safety system maintenance and inspection records, fire safety officer certificate, emergency evacuation documentation with care recipients' details and identification tags, fire and emergency procedures, emergency contact numbers, key register

- General practitioners and specialists' lists

- Human resources documentation including: Staff roster, allocation sheet and staff replacement sheet, new staff information pack and handbook, staff performance appraisal forms and letters to staff, confidentiality agreement, position descriptions and duty lists, visa status monitoring list, nurses call response time report

- Infection control documentation including: Infection statistics and trends, outbreak management information kits and resources, care recipient and staff vaccination records, infection control manual, pest control service records

- Information system documentation including: policy and procedures manuals, electronic staff messages, handover record, meeting minutes

- Maintenance, stock management and external services documentation including: clinical and non-clinical stock management documentation, legionella testing record, contractors agreements, contractor handbook and induction checklist, planned programmed maintenance program and records, corrective maintenance log (electronic) and hazard and risk assessment records (electronic), external service providers insurances and other statutory requirements details (electronic), approved supplier/contractors list

- Medication records - medication identification charts, medication charts, pathology reports, medication incident forms, medication refrigerator temperature records, medication reviews, schedule eight (S8) register, and nurse initiated medication charts

- Meeting minutes - registered nurses, care recipients meeting, care recipients and their representatives, medical advisory committee and staff

- New employee pack, employee handbook

- NSW Food Authority report, food safety program, food and equipment temperature records, kitchen cleaning schedules, resident dietary preference forms, menu and dietician review

- Regulatory compliance documentation including: Compulsory reporting documentation, professional registrations, criminal history checks register, statutory declaration regulatory updates from peak body and governmental departments, forms

- Restraint authorisation forms

- Surveys - resident/relative satisfaction

- Vision statement, goals and organisational chart forms

- Work Health and Safety (WH&S) system records: including incident and accident, hazard and risk reports, summaries and trend data, WH&S audits, safety data sheets (SDS), manual handling risk assessment , risk assessments, testing and tagging record, WH&S committee members list, WH&S manual

Observations

The team observed the following:

- Activities in progress including storytelling and participating in exercise classes and bus outings

- Australian Aged Care Quality Agency re-accreditation audit notices displayed

- Brochures and posters - external complaints and advocacy services, various others

- Care recipient, contractor and visitor sign in/out books

- Charter of residents' rights and responsibilities displayed

- Chemical storage, safety data sheets

- Cleaning trolley and cleaning in progress

- Daily activity program displayed

- Daily menu and servery list of care recipients menu choice

- Dining environments during lunch and beverage services with staff assistance, morning and afternoon tea, staff serving/supervising, use of assistive devices for meals and care recipients being assisted with meals in their rooms

- Feedback forms, suggestion box

- Emergency evacuation kit and fire alarm procedures on display

- Evacuation diagram and evacuation chairs

- Hairdressing salon

- Indoor and outdoor living environment with courtyards, balconies, with seating areas and private lounges, care recipients' rooms

- Infection control resources - outbreak kits, spills kits, contaminated waste bin, personal protective equipment, colour coded equipment, sharps containers, sanitising gel, hand washing facilities

- Interactions between staff, care recipients and visitors

- Mobility and lifting equipment, manual handling and mobility aids in use and storage

- Medication rounds and storage of medications including in the fridge

- Noticeboards, whiteboards - care recipients/relatives, staff

- Newsletter

- Notices informing care recipients, representatives and staff of the re-accreditation audit

- NSW Food Authority certificate on display

- Personal protective equipment in use, kits, spills kit, hand washing facilities – signs and hand sanitiser dispensers, infection control resource information, outbreak kit, waste disposal systems (including sharps containers, contaminated waste bins and general waste bins), colour coding charts

- Nurse call system and response by staff

- Pressure relieving equipment

- Sign in/out books

- Suggestion box and feedback forms 'My thoughts' and envelops

- Supply storage areas

- Secure storage of care recipient and staff information

- Security systems, including closed circuit television

- Short observation in the dementia secure unit at meal time

- Staff work areas, staff clinical areas, utility rooms, education room

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home implements a system that facilitates the identification of opportunities for improvement and the planning and implementation of improvement initiatives. A number of avenues are used to identify these opportunities including stakeholders' feedback, management observation, results of audits, and monitoring of key clinical indicators.

Initiatives are documented and communicated to relevant stakeholders and their outcomes are evaluated to assess their effectiveness. Continuous improvement forms part of staff orientation process and is discussed in relevant meetings. Feedback forms were observed at a number of locations within the home as well as a suggestion box. Care recipients, representatives and staff reported that they are aware of how to provide feedback and are satisfied with the home's response to their input.

Examples of improvement initiatives provided by management in relation to Accreditation Standards One include:

- The home revised the internal audit package and schedule which was implemented in September 2015 with audits covering the four Accreditation Standards and the different areas of care and services. Results of audits are communicated to relevant staff and discussed in relevant meetings, and management advised that the results are reviewed and analysed, areas for improvements are identified and actions to address them are implemented. They reported that the revised system enhances the monitoring of the home's performance against the Accreditation Standards, facilitates the planning and delivery of quality care and services and supports the improvement activities.

- The home introduced scheduled face to face fortnightly meetings between Property Services & Director of Care Services, and Executive Chef & Director of Care Services to provide feedback and track progress of planned improvements. Management advised that the meetings also discuss maintenance issues, plan new purchases and repairs, monitor preventative maintenance and review feedback on catering services. They reported that the initiative facilitates a coordinated approach across these functional areas and promotes continuous improvement.

- Management identified room for improvement in the documentation relating to attempts to replace staff due to unplanned leave after hours. A staff replacement form was

developed to track and manage the process which includes details such as date, time of call, staff to be replaced, shift to be filled, reason, staff contacted and outcome of communication. Registered nurses in charge were provided with examples on how to complete the form and the form was discussed in the registered nurses meeting. Management advised that the form has been used consistently to record staff replacements and the evaluation has been positive as it made the process easier, efficient and more structured.

- The home implemented a process for the collection, monitoring, trending and analysis of monthly clinical indicators and incident data. This includes infection rates, falls, pressure area injury, skin tears, medication incidents and unplanned weight loss. The results of the process are discussed in relevant meetings and actions to manage identified issues/trends are developed. Management advised that this data is used to inform decision making when evaluating care, reviewing resource allocation, managing performance and planning education. They reported that the initiative assists in identifying and monitoring care recipients at risk and facilitates the identification of continuous improvement activities.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. A membership to an industry peak body provides regular updates on changes in relevant regulatory requirements. The executive management receives information on legislative changes from a range of government agencies and industry and professional bodies. Identified legislative and regulatory changes are discussed at relevant meetings and necessary updates to policies, procedures and forms are carried out as required. This information and updates are communicated to staff through in-services, meetings, memoranda, electronic messaging system, noticeboard, the orientation program and policies and procedures. Compliance with relevant regulatory requirements is monitored through audits, observations, comments and complaints and monitoring of key performance indicators. Staff interviewed display knowledge and understanding of regulatory requirements applicable to their roles and report that they receive information when changes occur.

Examples of regulatory compliance relating to Accreditation Standard One include:

- The home has systems and processes to ensure staff have current criminal history certificates.

- The home ensures that information is readily accessible to care recipients and representatives on internal and external complaints mechanisms.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home has a system to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. A range of tools are used to identify training needs including assessment of care recipients' needs, feedback, results of audits, performance reviews, observation of staff practices and changes in regulations and work practices. An education program is developed and coordinated by the clinical care manager to meet these needs through a variety of delivery modes. The program includes a number of mandatory topics and the home evaluates the effectiveness of delivered training and monitors staff attendance at mandatory sessions. There is a process for the orientation of new staff and the home assesses staff in a number of competencies consistent with their roles. Care recipients and representatives express satisfaction with the knowledge and skills of staff and staff interviewed state they have access to a range of training and development opportunities relevant to their needs.

Examples of education and staff training relating to Accreditation Standard One include; Orientation, electronic information management system and leadership and management training days.

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

The home has a system in place to provide care recipients, their representatives and other interested parties with access to internal and external complaint mechanisms. Information about the complaint management process is communicated to care recipients/ representatives through discussion with management on entry to the home, care recipient information pack and handbook, agreement and information displayed at the home.

Management advised that care recipients/ representatives are encouraged to raise any concerns through meetings, feedback forms, emails and the home's open door policy. Reported complaints are documented, investigated and dealt with in formal and informal manners as appropriate. The team observed feedback forms, a suggestion box and brochures about the external complaint mechanism –in different languages- available at the home along with the Charter of Care recipients' Rights and Responsibilities. Care recipients/ representatives report they are aware of and have access to feedback and complaint mechanisms and are satisfied with management response. Staff display knowledge and understanding of the complaint management process and of their role in assisting care recipients in raising issues if required.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation's vision statement is documented and on display throughout the home along with the Charter of Care recipients' Rights and Responsibilities. These documents as well as the organisation's goals, values and commitment to continuous improvement are made available to care recipients and representatives on entry to the home and are accessible through the home's webpage and included in the care recipient information pack. The organisation's vision and values statements, goals and commitment to continuous improvement form part of staff orientation program and are included in staff handbook and policies and procedures. Staff interviewed state that they are aware of and have access to these documents.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has a system in place to ensure there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with the Accreditation Standards and the home's philosophy and objectives. The home implements a human resources management system including a recruitment and selection process that aims to achieve the best possible match between candidates and the requirements of the roles.

Management reported that staff numbers and skill mix in each area are based on care recipients' care and lifestyle needs, workload, level of experience and supervision required and stakeholders' feedback. Staff allocated hours are regularly reviewed and adjusted as required to ensure care recipients' needs are effectively being met. New staff attend an orientation program and are buddied up with experienced staff. The home implements an education program, assesses a range of competencies and conducts staff performance reviews. There is a process in place for monitoring the currency of staff criminal record checks and professional registration. Staff report they have access to training the opportunities and that they generally have sufficient time to perform their duties. Care recipients/representatives expressed satisfaction with staff skills, numbers and attitudes.

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 a system to ensure the availability of stocks of appropriate goods and equipment for quality service delivery. Management reported that new equipment is purchased in response to identified needs, to replace or upgrade existing ones as required and through feedback from stakeholders. There are processes for reporting faulty and broken equipment, testing and tagging of electrical equipment, preventative and reactive maintenance to ensure that equipment is in safe working order. Maintenance requests and hazard reports are logged into a computerised system and the home employs a property services officer and uses the service of a number of external contractors for the maintenance of systems and equipment. The home has a process for regular ordering of supplies and staff reported that they are provided with sufficient supplies of equipment and goods to provide care and services to the care recipients and that their requests for repairs are answered in a timely manner. Care recipients/ representatives express satisfaction with the level of equipment and supplies available at the home.

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 information management systems to provide its stakeholders with information relevant to them. The home implements electronic information management systems which cover a variety of areas including clinical management, legislative requirements, human resources management, business processes, quality improvement and staff communication. The home's communication system also includes handbooks, meetings, handovers, newsletters, messages, noticeboards, training sessions and open door policy. These communication channels are used to disseminate information and to collect feedback. There is a privacy policy in place, staff are required to sign a confidentiality statement and there is a process for obtaining privacy consents from care recipients/ representatives. Confidential information is kept in secured storage and management advised that access to information stored electronically is password protected and data are backed-up regularly. Stakeholders report that they receive and have access to relevant information consistent with 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

The home has a system in place to ensure that externally sourced services are provided in a way that meets the home's needs and quality goals. Management advised that external

services are selected on the basis of their suitability to provide quality services and according to their efficiency and effectiveness in meeting service needs of the home. Service agreements and preferred supplier list are in place as well as a process to ensure external service providers comply with statutory and other regulatory requirements. There is a policy and procedure for contract management, and a process for the induction of contractors. The performance of external service providers is evaluated regularly and identified performance issues are discussed with relevant contractors to address them. Staff expressed satisfaction with current external services

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

Examples of improvement initiatives provided by management in relation to Accreditation Standards Two include:

- The home identified that an improved diet list was required for each section to assist staff, especially new and agency staff, to easily identify diet requirements for care recipients when serving meals. Copies of care recipients' dietary needs forms were forwarded to the Kitchen and a copy placed in a folder in each servery area for easy access and reference during food service. Management and staff advised that the initiative ensured the availability of care recipients' dietary requirements and preferences and that they are provided with correct serving size and meal consistency in a timely manner.

- The home identified an increase in staff incidents involving resident aggression during personal care being attended, which indicated a likely knowledge gap in responding to residents with potential aggression. Dementia Care Essentials training was held throughout November 2015 to address this. Management advised that staff provided positive feedback on the program as it enhanced their knowledge and skill in this area. They reported that since the program, the number of these types of incidents has decreased.

- The home implemented a new electronic clinical management system to replace previous system that was outdated. Management advised the web based clinical, care and lifestyle information management system provided a user friendly interface for clinical care and sharing of information. Data only needs to be entered once and key details are linked throughout the program consequently reducing administration time. They reported care plans are generated from assessment data which ensures consistency of accurate information and built in alerts and prompts throughout the program have improved accountability and clinical governance. The system also has a built in messaging function to convey information to staff across all levels. Staff provided positive feedback on the system and reported that it has enhanced their ability to provide quality care to care recipients, improved communication and access to information and increased efficiency.

- Management introduced a specific care staff meeting as a mechanism for consultation, feedback and information sharing related to clinical care. Daily morning meetings on weekdays between the clinical management team and director of care services were

also introduced to identify potential clinical issues and review incidents. Management and staff reported that the meetings enhanced care recipient care as they promoted a risk management approach and facilitated the timely and effective flow of information and feedback.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home's systems.

Examples of regulatory compliance with Accreditation Standard Two include:

- Ensuring there is a process for monitoring professional registrations for registered nurses and allied health professionals.

- Having a system in place to meet the reporting requirements for missing care recipients in accordance with relevant protocols.

2.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education and staff training relating to Accreditation Standard Two include: Oral health, pain management, dementia care essentials and professional development day for registered nurses and team leaders.

2.4 Clinical care

This expected outcome requires that "care recipients receive appropriate clinical care".

Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients receive appropriate clinical care. A summary care plan is developed when a care recipient moves into the home to guide staff during the initial period. A comprehensive assessment process follows to determine care recipients' physical and social needs. Information collected from this process together with information

gained from the care recipients and/or representatives and other health providers is used to generate individualised care plans. Care plans are reviewed by the registered nurses regularly. The provision of care at the home is monitored via audits, surveys, monitoring of incidents, the comments and complaints mechanisms and observation of staff practices. Staff receive training relating to care recipients care and where appropriate consultants are accessed to support staff and provide advice regarding specific care issues. Care staff have a sound understanding of the care recipients' individual needs as well as current care practices. Care recipients/ representatives expressed satisfaction with the clinical care that the care recipients receive.

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 directed and supervised by the clinical care coordinator and registered nurses in consultation with medical officers and other relevant health specialists. Management strategies and treatment regimes are in place to address care recipients' specialised nursing care needs. Specialised nursing needs include diabetes management, catheter care, oxygen therapy, complex wound management, pain management and care of percutaneous endoscopic gastrostomy tube. Registered nurses are on duty 24hours a day and trained to deliver specialised care and are provided with ongoing education as required. The home has sufficient clinical equipment to support specialised nursing on site. Care recipients/ representatives 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 needs and preferences. Care recipients requiring referral to other health services are identified through assessments which are completed during entry processes and monitored ongoing. Wherever possible, the services of other health professionals such as a physiotherapist, dietician, speech pathologist, mental health specialists, dentists or dental technicians are arranged for consultation on site or accessed from the community. Recommendations from health specialists and services are incorporated into the care recipients' care plans. Care recipients' requirements and changes are reported to staff through the handover systems. Care recipients/representatives are satisfied with the referrals made to other health and related services and the care provided to support care recipients' needs.

2.7 Medication management

This expected outcome requires that "care recipients medication is managed safely and correctly".

Team's findings

The home meets this expected outcome

The home has processes and systems to ensure care recipients' medications are managed safely and correctly. The home uses a system of blister packed medications. Liaison with the supplying pharmacy ensures medications, including new or changed medications, are supplied in a timely manner. Medications are appropriately stored in locked rooms and trolleys. Medication is checked prior to administration and is overseen by the registered nurses. Some care staff who have completed medication administration training and competency assessments also administer some medications. The home uses internal audits, medication reviews and incident reporting to monitor the various aspects of the medication system. Observation showed staff administering medications according to the correct procedures. Care recipients/ representatives interviewed said care recipients receive medication correctly and in a timely manner.

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

The home has systems to ensure care recipients are as free as possible from pain. Care recipients are assessed for pain during the entry process and on an ongoing basis and assessment tools used for care recipients who are unable to verbalise their pain. Information gathered from assessments is used to develop a pain management plan that is regularly reviewed. Strategies used in the management of care recipients' pain include a range of prescribed medications and physical therapies such as massages, repositioning and gentle exercise. The effectiveness of pain management is monitored each day through feedback from care recipients and staff. Care staff described their role in pain management, including ongoing identification and reporting of care recipients' pain or discomfort. Care recipients/ representatives said they are satisfied with the care recipients' pain management treatment and with staff responses to care recipients' needs.

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 ensure the comfort and dignity of terminally ill care recipients is maintained and there is support for their families. Consultation is undertaken with the care recipients and/or representative regarding care recipients' end of life needs and preferences. Staff have knowledge and understanding of the special needs of care recipients receiving end of life care. The clinical care coordinator monitors and reviews palliative care recipients to ensure care recipients' pain is managed and their comfort and dignity are maintained. The

home has access to consultants and the palliative care team if required. Members of the clergy are contacted for spiritual care and additional emotional support to the care recipient or their representatives as needed. Lifestyle staff are also involved in providing emotional support for the care recipient and their representatives. The clinical care coordinator stated a representative who had a family member receiving palliative care at the home said they were satisfied with the care and support received.

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

There are processes to ensure care recipients receive appropriate nourishment and hydration including assessment of care recipients' needs and ongoing observation of intake and weight variations. Care plans and meals monitoring charts provide staff with details of care recipients' preferred or required meals and drinks. Texture modified foods and fluids and supplements are served in accordance with the assessed needs of the care recipient.

Care plans are regularly reviewed and evaluated by the registered nurses and the medical practitioner is notified of weight loss. Care recipients identified as having changes in swallowing, intake or weight are monitored closely and referred to relevant health professionals as needed. Staff assist care recipients with meals as needed and there are sufficient supplies of modified cutlery and equipment for care recipients to use as required. Care recipients/ representatives are satisfied with the home's management of care recipients' nutritional requirements and are satisfied with the provided meals.

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

The home has processes to ensure care recipients' skin integrity is consistent with their general health. The condition of a care recipient's skin is assessed on entry to the home including potential for impairment. Individual care plans are developed and contain strategies to meet identified needs including consideration of each care recipients' hygiene, continence, mobility and nutrition and hydration needs. The home has a range of pressure relieving devices and products to assist in maintaining and promoting skin integrity. Accidents and incidents including wounds, infections and skin tears are monitored and the home acts appropriately on trends identified. Wound care is provided by the registered nurses and wound charts reviewed show evidence of regular treatments and reassessment. Access to a wound consultant is also available. Care staff described the process of identifying changes in skin integrity and procedures for maintaining good skin integrity. Care recipients/ representatives are satisfied with the care recipients skin treatment provided.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients' continence needs are managed effectively. Continence management strategies are developed for each care recipient following an initial assessment of urinary and bowel patterns. Strategies include scheduled toileting or assistance with toileting, continence aids, appropriate fluids and sufficient dietary fibre and juices are provided. Care recipients' bowel patterns are monitored daily and prompt action is taken to address irregularities. The home has access to a consultant supplying incontinence aids as needed. Urinary tract infections are recorded monthly and where indicated preventive strategies are implemented. Staff confirmed there are always sufficient supplies of continence aids to meet care recipients' needs. Care recipients/representatives stated they are satisfied with the continence care provided to the care recipients.

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

The home has processes to effectively manage the needs of care recipients with challenging behaviours. Care recipients' behaviour management needs are assessed on entry to the home and on an ongoing basis. The assessments include information obtained from care recipient's representatives and previous specialist's reports. Clinical records and observations using behaviour charts aim to identify the triggers for the behaviours. Referrals to the psychogeriatric team are made in consultation with the care recipient's medical officers and their representatives when necessary. The care recipients requiring restraints are referred to the general practitioner for review and consultation with their representatives. We observed staff to manage care recipients in a friendly and caring manner. Care recipients/ representatives interviewed expressed satisfaction with the home's management of care recipients who have challenging behaviours. Staff interviewed explained how they managed care recipients with behaviours as per the care recipient's care plans.

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

The home's mobility program is tailored to individual care recipient's needs and preferences. Assessment information is used to formulate individualised care plans with strategies to achieve optimal levels of mobility and dexterity. All new care recipients are assessed by a physiotherapist and a care plan is developed which is regularly reviewed. The physiotherapist is employed by the home five days a week. Physiotherapist liaises with staff, care recipients and relatives to organise appropriate mobility aids and specialised equipment. Activities staff

conduct gentle exercise classes and passive exercises are undertaken by care staff and care recipients are assisted to walk to maintain their mobility. Falls risk assessments are undertaken and action plans created as required. All care recipients have beds that can be fully lowered to floor level if needed and falls mats are used as required. An incident reporting system includes analysis and trending of falls and assists in implementing strategies to reduce falls. Care recipients/representatives said they are satisfied with assistance given to care recipients with their mobility.

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

The home has systems to ensure care recipients' oral and dental health needs are maintained. This includes an assessment and the formulation of a care plan with strategies to meet dental care needs. Care recipients are encouraged and assisted as required to clean their own teeth at preferred times. Care recipients can access dentists of their choice in the community or see the visiting denture specialist at the home. Staff interviewed have a good understanding of care recipients' dental care needs. Care recipients said they are supported by staff to maintain their dental care independently or are assisted by care staff as required.

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

The home has processes to identify and effectively manage care recipients' sensory losses. Assessment is undertaken when the care recipients move into the home and an individualised care plan is developed and regularly reviewed. Staff members assist care recipients to manage aids and equipment such as hearing aids and glasses. The home supports the care recipients with sensory impairment through the use of large print books, white boards and activities equipment, digital video discs (DVDs), and music players.

Activities are planned to stimulate the five senses and are designed to ensure participation of care recipients with identified sensory loss. A safe, uncluttered environment is provided for all care recipients with good lighting and hand rails on walls. Staff were observed to be aware of care recipients who have impaired senses. Care recipients/representatives confirmed they are satisfied with the home's approach to assisting them with their sensory losses.

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

The home ensures care recipients are able to achieve natural sleep patterns. Initial and ongoing assessments include identification of night care requirements and preferences, and sleep patterns during the day. A care plan is developed and evaluated regularly. Sleep disturbances are documented and reported and the cause of the disturbance identified.

Strategies to promote sleep include a quiet environment, offering of a warm drink or refreshments, change of position, pain management, appropriate continence management and night sedation if prescribed. Care recipients in their own rooms said having their own room is very conducive to a good night's sleep and the home is usually quiet at night.

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 about the home's continuous improvement systems and processes.

Examples of improvement initiatives provided by management in relation to Accreditation Standards Three include:

- A qualified Leisure & Lifestyle Coordinator was appointed in October 2015 and additional Leisure and Lifestyle hours were introduced to provide a structured activity program for care recipients on alternate Saturdays. Management advised that this has facilitated the review of the activity calendar to improve the diversity and range of activities on offer across the home to meet care recipients' needs. Recent additions to the activity program include Montessori, Glamour Shots, Laughter Yoga, Family Feud, Namaste, and expansion of the dementia specific program. Leisure and lifestyle hours were redistributed to enable coverage later in the day for specific activity programs in the dementia unit and additional resources for the leisure and lifestyle activities have been purchased. Management reported that the venues where activities are held are now rotated throughout the facility to accommodate different care recipient groups their cognitive and physical abilities.

- The home hosted a morning tea for carers with a speaker from the Carer Support Unit at Central Coast Local Health District. Information and resources were provided to carers regarding support services available and suggested strategies for purposeful and meaningful activities when visiting their loved ones.

- The activity calendar was redesigned to a weekly format in late 2015 to accommodate the larger volume of activities on offer and to reflect the venues for each activity. The new design was made with larger font text and layout making it easier to read for those residents with impaired vision.

- The home introduced mandatory customer service training for all staff to support them in ensuring that interaction with care recipients and representatives consistently occur in a supportive and consultative manner. Management advised that observational audits of staff/care recipients' interaction are conducted on regular bases and feedback is provided to staff and any identified issues are effectively managed. Care recipients and representatives interviewed provided positive feedback in relation to staff interactions with them.

3.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home's systems.

Examples of regulatory compliance with Accreditation Standard Three include:

- There is policy and procedure for the reporting of alleged or suspected care recipient assault.

- Resident agreements are offered to care recipients.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education and staff training relating to Accreditation Standard Three include: compulsory reporting of elder abuse, sexuality and the older person, the new resident transition to a new way of life and customer service.

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

Staff at the home assist new care recipients and their representatives to adjusting themselves to the home. Care recipients and representatives are introduced to other care recipients and staff and are oriented to their physical environment. Management ensures they understand the care and services provided. Interviews, assessments and a social profile identify any specific needs relating to emotional support for individual care recipients. Staff provide continuing support to care recipients by facilitating their participation in activities and events while also respecting their independence. Care recipients are encouraged to bring their furniture and personal items such as photographs and sentimental items into the home. Representatives

and visitors are encouraged to visit and made welcome. Care recipients/ representatives are satisfied with the support provided by the home.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home has processes which encourage care recipients' independence and participation in community life. Care recipients level of independence and their need for assistance are assessed on entry to the home and reviewed as needed. Care recipients are encouraged to achieve optimal independence in activities of daily living, health choices and lifestyle. The home provides an environment in which representatives, family, and community groups are encouraged and welcomed. The home promotes care recipients' links with the external community by facilitating care recipients with bus trips and inviting school groups and community groups to visit the home regularly. Care recipients/representatives said they are satisfied with the way in which the home encourages care recipients to maintain their independence and their involvement with life both in the home and the community.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Care recipients' rights to privacy, dignity and confidentiality are recognised and respected by staff at the home. On entry to the home care recipients are provided with information on privacy and confidentiality which is also included in the care recipient's handbook. Consent forms relating to the disclosure of health and other personal information are also provided.

Staff are required to sign a confidentiality agreement at the time of their appointment and staff practices promote the privacy and dignity of care recipients. Staff address care recipients in a courteous and polite manner, only enter care recipients' rooms with permission and ensure the privacy of care for recipients who require assistance with personal care. Care recipients' notes are stored securely. Care recipients/representatives reported staff treat care recipients well and respect their privacy, dignity and confidentiality.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The care recipients are encouraged and supported to participate in a wide range of interests and activities both within the home and the wider community. Care recipients' specific needs,

preferences, leisure interests and activities are assessed on entry to the home. A social profile care plan is formulated and is regularly reviewed. Leisure and lifestyle staff develop a monthly activities program using knowledge of care recipients' preferences from the social histories, care recipients' feedback, general discussions, and analysis of attendance records. The activities program which respects care recipients' cultural and spiritual needs covers a wide variety of group, one-on-one and community activities. Activities include exercise sessions, concerts, bus outings, games, movies, cooking and special events. The program is evaluated monthly to ensure the program continues to meet care recipients' needs and preferences. Care recipients/representatives expressed satisfaction with the type and range of recreational activities provided to care recipients.

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 promote care recipients individual interests, customs, beliefs and cultural needs. Care recipients language and specific religious and cultural practices are identified on entry to the home and care plans are created to meet these needs. The home has provisions for care recipients who do not speak English to help staff to communicate with them. All religious and other significant dates are celebrated including standard Easter and Christmas, Anzac day, Mother's and Father's day. Church services for a variety of denominations are held in the home and clergy are also available to visit care recipients.

Care recipient's birthdays are acknowledged and celebrated. Care recipients/ representatives are satisfied with the support provided for care recipients' cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home has processes to acquire and record care recipient's preferences in relation to their care, activities, and day to day routine. Care recipients and their representatives are consulted regarding care recipients' needs and preferences on entry to the home and on an ongoing basis. Mechanisms to support this include activities planning meetings, feedback forms and through direct feedback to staff and management. Care recipients are provided with choices concerning their personal care regimes, waking and sleeping times, and choice of medical officer. Choices are also available regarding meals, personalisation of rooms and participation in activities. Care recipients/representatives are satisfied with their involvement in the decision making process.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has a system to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. Relevant information about security of tenure, fees, care, services and residents' rights and responsibilities is provided to prospective care recipients/representatives through pre- admission interviews. Care recipients/ representatives are provided with a handbook and information packs and are offered an agreement that includes information about security of tenure, complaint mechanisms and residents' rights and responsibilities. Management advises that, if the need arises, care recipients and their representatives are consulted prior to care recipients moving rooms. The Charter of Residents' Rights and Responsibilities and information about complaint mechanisms are on display at the home. Care recipients/representatives did not raise any concerns about their rights or the security of tenure at the home.

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

Examples of improvement initiatives provided by management in relation to Accreditation Standards Four include:

- Results of a family and friends survey and feedback from a representative as well as observation identified that cleaning schedules required a review. The home conducted a cleaning audit, reviewed the cleaning schedules and identified areas for improvement. Cleaning schedules were revised and relevant education was provided to cleaning staff. Revised schedules were implemented and management and relevant staff advised that the new schedules provide clear directions on tasks and promote greater accountability. Management advised that staff feedback, observation and improved results of subsequent audits indicate the initiative is effective.

- New winter and summer menus were introduced in mid-2015 to provide consistency in meals and improved quality of meals served to all areas. This included the addition of fresh baked morning tea items and a home cooked hot meal option in the evening to replace frozen and party food type items previously served. Menu review by an accredited dietician was completed in 2015 to ensure residents' nutritional requirements were met and following this review additional salad/vegetable serves have been added to the evening hot meal. Management advised that in the initial period there was mixed feedback to the revised menu but following further refinement in response to resident suggestions and comments there has been positive feedback. They reported that the home continues to closely monitor resident satisfaction with the menu and meal choices, and observational audits and spot checks are conducted to observe meal service and assess food appearance and presentation.

- Refurbishment of Daffodil wing, the dementia specific area at the home, was carried out during 2015 to improve the living environment and create a relaxed, warmer and more homely feel. Management advised that improvements included paint work, rearrangement of lounge and dining areas to allow for a larger living room area and intimate areas for visitors to sit and chat. Other items were included in the refurbishment to facilitate care recipients' involvement in everyday tasks, diversional and reminiscence activities, for example clothes line, nostalgic artwork and homeware items. Management reported that the refurbishment provided a safer area for care recipients to wander around and promoted their engagement in recreational activities.

- Food Authority verification inspection identified maintenance and cleaning issues. To address identified issues, a number of actions were implemented. Management advised that these include the purchasing of new trolleys and containers, repairing and repainting of kitchen doors, allocating the tasks of refilling and dating containers to late shift kitchen staff, allocating additional cleaning hours to bring servery cleanliness up to

the standard and implementing a revised cleaning schedule. They reported that the implemented actions ensure that there are systems in place for the safe food preparation and delivery to care recipients. The process is being evaluated to ensure effectiveness.

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 home has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home's systems.

Examples of regulatory compliance with Accreditation Standard Four include:

- A current annual fire safety statement is on display.

- A current NSW Food Authority food safety certificate is on display.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education and staff training relating to Accreditation Standard Four include: Food safety, infection control, fire safety and evacuation and 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 care recipients' care needs".

Team's findings

The home meets this expected outcome

The home's management actively works to provide a safe and comfortable environment consistent with the care recipients' care needs. The home provides care and accommodation for 121 care recipients in single and shared rooms with ensuite including a dementia specific section. There are lounge, dining and outdoor areas with appropriate furnishing for the use of care recipients and their visitors. Processes for preventative and reactive maintenance, hazard

reporting, incident reporting and management, cleaning and for conducting environmental audits are in place. Care recipients have access to a nurse call system and response time to calls is monitored by management. Care recipients receive information in relation to the living environment, services and safety procedures and are encouraged to personalise their rooms. A number of care recipient rooms were observed to be decorated with personal belongings and memorabilia and we observed the living environment to be clean, free from clutter and malodour with comfortable temperature. Care recipients express satisfaction with the living environment and report that the home is comfortable and that they feel safe.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has systems in place to provide a safe working environment consistent with regulatory requirements. There are processes for risk assessment, reporting of hazards and incidents and the development of necessary actions to mitigate identified risks. A preventative and reactive maintenance process is in place and management advised that staff are consulted on the purchase of new equipment and that training is provided in safe operating procedures as required. There is a work health and safety committee (WH&S) with representatives from different sections of the home. Workplace health and safety issues are reported and discussed at the committee meetings and WH&S is an agenda item in other meetings. The organisation has workplace health and safety policies and procedures and utilises an external service provider for staff injury management and return to work.

Workplace health and safety and manual handling form part of staff orientation and are included in the training calendar. Environmental audits are conducted and material safety data sheets as well as personal protective equipment are readily available throughout the home. Staff interviewed displayed an understanding of the home's workplace health and safety practices and of their role in maintaining a safe working 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's management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Examples of fire and safety measures implemented at the home include a fire safety system and equipment, a closed-circuit television system (CCTV), a nurse call system, a secure dementia unit, designated smoking area and spill kits. Fire and emergency equipment inspections, emergency procedures, smoking policy and risk assessments, audits, testing and tagging of electric equipment, secure storage of chemicals and preventative and reactive maintenance are also in place. Fire safety forms part of staff orientation and is included in the home's mandatory training. Sign in books for visitors and contractors are in place and emergency contact numbers and evacuation diagrams were observed at the home. The home maintains an emergency evacuation kit including care recipients' list and details which is updated regularly as well as identification tags. Staff displayed knowledge of emergency procedures and

confirmed that they attend fire safety training. Care recipients advised they feel secure at the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an infection control program to identify, minimise, and manage infections. The program is coordinated by the clinical care manager and includes infection control policies and procedure, infection data collection, a food safety program, cleaning process, staff education, and the use of colour coded and personal protective equipment. The home collects information in regards to infections, and collected information is documented, analysed and discussed in relevant meetings. There is a vaccination program for care recipients in consultation with their medical officers as well as a staff vaccination program.

Infection control is included in the home's orientation and education program and hand washing assessments are completed annually. Hand washing and sanitising facilities, sharps containers and outbreak management kits were observed at the home and external providers are used for pest control and waste management services. Staff interviewed displayed understanding and knowledge of infection control practices.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home has a system in place to provide hospitality services in a way that enhances care recipients' quality of life and the working environment for staff. Feedback on hospitality services is sought through meetings, comments, suggestions and complaints as well as surveys and direct communication to staff and management.

The home has a fresh cook facility that provides a variety of meals to meet care recipients' needs and preferences. There are processes in place for the identification of these needs and preference on entry into the home and as care recipients' needs change. This information is communicated to kitchen staff who prepare care recipients' meals accordingly. The home has a four week seasonal rotational menu that has been reviewed by a dietician and implements a food safety program. Care recipients expressed satisfaction with the quality, quantity and variety of meals.

Cleaning schedules for routine and full cleaning are in place, and environmental audits are undertaken on a regular basis. Observations indicate that colour coded cleaning equipment, material safety datasheets and supplies of chemicals are available at the home. Cleaning staff demonstrate knowledge of the home's infection control practices and the team observed the home to be clean and free from malodour. Care recipients express satisfaction with the cleanliness of the home.

Care recipients' personal clothing and linen are laundered on site. There is a process for the washing, folding and delivery of care recipients' personal clothing and for ensuring compliance

with laundry infection control standards. The team observed adequate stocks of linen and staff indicated linen is replaced as required. Care recipients/representatives are satisfied with the hospitality services provided.