**Australian Government**
**Australian Aged Care Quality Agency**

# Reconsideration Decision

**Esida RACS ID: 5958**

**Approved Provider: Queensland Rehabilitation Services Pty Ltd**

**Reconsideration of decision regarding the period of accreditation of an accredited service under section 2.19(1)(a) of the *Quality Agency Principles 2013*.**

| | |
|---|---|
| Reconsideration Decision made on | 23 April 2018 |
| Reconsideration Decision | An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 09 November 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 11 December 2015 to 11 August 2019. |
| Reason for decision | Under section 2.69 of the *Quality Agency Principles 2013*, the decision was reconsidered under 'CEO's own initiative'.<br><br>The Quality Agency is seeking to redistribute the dates for site audits for a number of services that have demonstrated consistent and sustained compliance with the Accreditation Standards to achieve a more level distribution of the timing of accreditation site audits over a three year period. More information is available on our website at http://www.aacqa.gov.au/publications/news-and-resources/redistribution-of-aged-care-accreditation-program.<br><br>The Australian Aged Care Quality Agency will continue to monitor the performance of the service including through unannounced visits. |
| This decision is effective from | 11 December 2015 |
| Accreditation expiry date | 11 August 2019 |

Australian Government

Australian Aged Care Quality Agency

# Carindale Court

RACS ID 5958
79 Foxglove Street
MOUNT GRAVATT EAST QLD 4122

Approved provider: Queensland Rehabilitation Services Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 11 December 2018.

We made our decision on 09 November 2015.

The audit was conducted on 07 October 2015 to 08 October 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

**Carindale Court 5958**

**Approved provider: Queensland Rehabilitation Services Pty Ltd**

## Introduction

This is the report of a re-accreditation audit from 07 October 2015 to 08 October 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

# Audit report

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 07 October 2015 to 08 October 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of three 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: | Paula Gallagher |
| Team members: | Anita Camenzuli |
| | Diane Parmagos |

## Approved provider details

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|---|---|
| Approved provider: | Queensland Rehabilitation Services Pty Ltd |

## Details of home

| | |
|---|---|
| Name of home: | Carindale Court |
| RACS ID: | 5958 |

| | |
|---|---|
| Total number of allocated places: | 78 |
| Number of care recipients during audit: | 75 |
| Number of care recipients receiving high care during audit: | 75 |
| Special needs catered for: | No |

| | | | |
|---|---|---|---|
| Street/PO Box: | 79 Foxglove Street | State: | QLD |
| City/Town: | MOUNT GRAVATT EAST | Postcode: | 4122 |
| Phone number: | 07 3343 1222 | Facsimile: | 07 3849 4897 |
| E-mail address: | carindale_court@hotmail.com | | |

## Audit trail

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

### Interviews

| | Number | | Number |
|---|---|---|---|
| Facility manager | 1 | Care recipients/representatives | 14 |
| Clinical and operational support | 1 | Physiotherapy assistant | 1 |
| Clinical management | 2 | Administration personnel | 1 |
| Registered nurses | 1 | Director of catering services | 1 |
| Assistant in nursing staff | 5 | Catering supervisor/chef | 1 |
| Quality and compliance manager | 1 | Director of housekeeping services | 1 |
| Operations manager | 1 | Housekeeping supervisor | 1 |
| Lifestyle co-ordinator | 1 | Maintenance personnel | 1 |

### Sampled documents

| | Number | | Number |
|---|---|---|---|
| Care recipients' files | 8 | Medication charts | 10 |
| Personnel files | 4 | | |

### Other documents reviewed

The team also reviewed:

- 'Share your experience' forms
- Activity evaluation sheet
- Allied health folder
- Audit tools, surveys and results
- Care recipients' incident reports and monthly analysis
- Cleaning tasks check lists
- Comments, complaints and compliments logs
- Continuous improvement documentation
- Contract and supply agreements
- Controlled drug registers
- Drinks and meal lists
- Duty lists and work logs
- Education plan and records of attendance
- Electronic clinical management system
- Fire and emergency 'resident' list
- Fire and emergency manual

- Fire equipment –system records of maintenance
- Food business licence and food safety supervisors certificates
- Food safety program and associated documentation
- Handbook – care recipient, staff and volunteer
- Housekeeping manual
- Medical officers' (doctors') folders
- Memoranda
- Menu (four weekly rotational)
- Minutes of meetings
- Newsletter
- Orientation checklist and information
- Pathology reports
- Plan for continuous improvement
- Policies and procedures
- Programed and reactive maintenance schedule and documentation
- Qualification report (mandatory education, police certification and registered staffs registrations)
- Reportable incidents and associated documentation
- Resources, guidelines and flowcharts
- Restraint assessment and authorisations
- Risk assessments
- Roster, daily staff coverage report and associated documentation
- Safety data sheets
- Self-assessment
- Staff communication folder
- Staff incident and accidents reports
- Temperature monitoring records (food and equipment)

### Observations

The team observed the following:

- Activities in progress
- Activity calendar on display
- Administration and storage of medications
- Brochures on display
- Charter of care recipients' rights and responsibilities on display
- Cleaning in progress
- Colour coded and personal protective equipment in use
- Directional signage

- Emergency exits, lighting and egress routes
- Equipment and supply storage areas
- Fire panel and evacuation plans on display
- Fire/smoke detection and firefighting equipment and inspection tags
- Hand washing facilities
- Interactions between staff and care recipients
- Internal and external living environment
- Meal and beverage service
- Menus on display
- Notice boards
- Notice of Re-accreditation visit on display
- Secure suggestion box
- Short group observation
- Staff assisting care recipients with meals
- Staff work practices
- The organisation's mission and values on display
- Visitor and contractor sign in/out registers

## 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

Carindale Court (the home) has a continuous improvement system that actively pursues continuous improvement across the Accreditation Standards. Care recipients/ representatives, visitors and staff are encouraged to contribute to the home's continuous improvement through the completion of a multi-purpose form 'Share Your Experience' (suggestion, compliment, complaint and feedback), meetings, case conferences, satisfaction surveys and one-on-one discussions. Management analyse results of audits, clinical incidents, hazard and incident reporting with improvement logs raised where results show deficits, to ensure actions are resolved and effectiveness is then evaluated in subsequent audits. Management log, investigate and action all continuous improvement initiatives while providing feedback to the originator as required. Results of continuous improvement activities and progress of actions taken are communicated to care recipients and staff through meetings, memoranda, bulletins and one-on-one communication with the originator. Management is open and responsive to improvement ideas and suggestions.

Examples of improvement initiatives related to Standard 1, Management systems, staffing and organisational development, implemented by the home include:

- In response to a review of the home's 'Tell Someone Who Really Cares' form that management t identified could be interpreted negatively, a new form called 'Share Your Experience' form was introduced. Management advised the new form sends a "more" positive signal to stakeholders about the process of providing feedback, suggestions and raising areas of concern. The new form was well received by staff, care recipients/representatives and is reported to be easier to use with less repetition. Management reported the form provides sections to record all details required to record and resolve complaints and suggestions.
- In response to a review of the home's model of care, management have implemented a graduate registered nursing program. The program supports graduate registered nurses (RN's) seeking to become specialists in the delivery of quality aged care. The RN's are provided with practical support for their development while working under the supervision of the clinical manager and clinical co-ordinator who monitor and mentor their best practice and time management skills. Management reported the program provides a platform for career development pathways for RN's in aged care leadership, management, education and quality while providing appropriately skilled and quality RN's to meet the home's requirements and care recipients' needs.

### 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

Regulatory compliance is monitored at an organisational level with the home's management informed as necessary of changes to relevant legislation, regulatory requirements, professional standards and guidelines. Management disseminates information on changes to staff and stakeholders through the orientation process, electronic message reminders, toolbox/education sessions, emails, meetings, and noticeboards. Where changes to legislation directly affect the day-to-day lives of the care recipients this is discussed at the care recipient meetings, documented in the newsletter, via internal memoranda and letters mailed out to representatives. Compliance with legislation is monitored through the audit process, staff appraisals/competencies and supervisor observation.

In relation to Standard 1, Management systems, staffing and organisational development, systems ensure care recipients/representatives are notified of re-accreditation audits, registered staff have appropriate qualifications and all staff, volunteers, students and contractors with unsupervised access to care recipients have a current police certificate which is monitored for expiry updates,

### 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 provides an education program for management and staff based on legislative and organisational requirements, mandatory topics, in response to audit findings and clinical trends, and in response to care recipients' changing health care needs. Recruitment and selection processes ensure staff have adequate skills and qualifications to perform their roles. All staff are required to complete a comprehensive induction and orientation program on commencement, mandatory training and other education/competencies specific to roles. New staff are accompanied on 'buddy' shifts with experienced staff for a period of time to ensure they are comfortable, competent and effective in their role. Self-directed learning packages, organisational and external educators are used to support staff in their learning and development. The home maintains individual staff education records to monitor and ensure qualifications and competencies are maintained. Staff are satisfied they have access to ongoing learning opportunities and are kept informed of their training obligations.

In relation to Standard 1, education has been provided on the home's electronic clinical system (E-case), the organisation's philosophy of care-mission, vision and values, use of new equipment – macerator and anti-bacteria wipes.

### 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 comments and complaints system that captures verbal and written complaints; compliments and suggestions from care recipients, representatives, staff and other interested parties. Processes are in place to ensure care recipients and/or their representatives have access to an internal and external complaint process including brochures, care recipient handbook, care recipient orientation process, posters, residential agreement, care recipient meetings and case conferences. Multi-purpose 'Share Your Experience' forms and a secure suggestion box are located throughout the home. The forms are collected routinely and entered into the complaints register, reviewed by management and actioned and resolved appropriately with feedback provided to the complainant as required. Complaint feedback is tabled for review and discussion at relevant meetings. Care recipients/representatives and staff are aware of the various forums to initiate a suggestion or raise a concern and are satisfied management is receptive to suggestions and responds to their requests or complaints in a timely manner.

### 1.5 Planning and leadership

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

**Team's findings**

The home meets this expected outcome

The organisation's vision, values, philosophy, objectives and commitment to quality are documented in care recipient and staff handbooks and displayed in the home. All staff are informed of the mission statement, ideal behaviours and code of conduct through the orientation program on commencement of employment.

### 1.6 Human resource management

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

**Team's findings**

The home meets this expected outcome

The home has a system to recruit appropriately skilled and qualified staff based on policies, procedures and legislative requirements. New employees complete an orientation program including mandatory education topics and self-directed learning packages and competency assessment and 'buddy' shifts. Management and senior staff monitor new employees during the probationary period to ensure they have sufficient support and skills. Duties lists, work logs and position descriptions are available to staff to outline roles, responsibilities and individual tasks. Staff skills and performance are monitored through observation of staff practice, incident analysis and performance development reviews. Rosters are planned in advance, which includes access to registered staff on-site 24 hours a day, seven days a week and key clinical personnel on site five days a week. Planned and unplanned leave is filled by part-time and casual staff members and/or agency staff as the need arises. Staff are satisfied they have sufficient time and appropriate skills to carry out their duties effectively

Care recipients/representatives are satisfied with the responsiveness of staff and adequacy of care and services.

### 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 monitor and maintain goods and equipment for delivery of care and services to care recipients. Management and key personnel assess the need for goods and equipment and monitor their ongoing suitability. Service equipment is selected for appropriateness, durability and compliance with standards and guidelines. Preventative and reactive maintenance programs ensure equipment is maintained and repaired as necessary. Staff are trained in use of existing and new equipment to ensure safety. Key personnel are responsible for the regular ordering of goods including food, continence aids, chemicals, linen, personal protective equipment, medical stores and other general goods from preferred suppliers. Perishable goods are checked on delivery, stored and rotated appropriately. Care recipients and staff are satisfied with the availability and appropriateness of the goods and equipment provided.

### 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 processes to enable staff and management access to sufficient and reliable information for appropriate decision-making. This information is stored securely either on computer files or in locked cabinets and offices with restricted access to authorised personnel. Electronic information is protected by individual passwords with restricted access depending on the role performed at the home. Electronic information is backed up daily to prevent loss of information. Staff indicated that the information necessary to enable them to perform their jobs is readily available and that regular staff briefings keep them informed on a range of relevant topics. Communication to staff is via meetings, message board, staff notice board via the home's electronic clinical system and individual correspondence. Care recipients/representatives are provided with information when moving into the home, in meetings, on notice boards, mail-outs, newsletters, and verbal reminders from staff. Files and information are archived and destroyed in accordance with organisational policy and procedures. Staff are satisfied they have access to sufficient information to perform their role.

### 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

Organisational processes ensure all externally sourced services are provided in a way that meets the home's service needs and service quality goals. The Quality and Compliance Manager is responsible for maintaining contact with external providers that outline relevant

legislation, guidelines and quality requirements, a performance measure review process and an ‘out-clause’, if non-compliance is unable to be addressed. There is an on-call system if repairs to equipment are required after hours or over the weekend. External contractors are required to sign in and out and report to the appropriate person upon entering the home. The performance of external service providers is monitored by management, staff and care recipients through meetings and auditing.

## 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 related to Standard 2, Health and personal care, implemented by the home include:

- As a result of consultation between the clinical manager and physiotherapist in response to care recipients' assessed care needs, the home has implemented the introduction of a physiotherapy aide. In conjunction with the physiotherapy aide the home has provided training for two care staff to provide seven day per week coverage to assist the physiotherapist with planned/targeted mobility exercises for care recipients with assessed need. As a result care recipients advise they are enjoying the exercise program with some care recipients reporting they have regained mobility and better use of their muscles. Management reported the program has improved independence and sense of well-being for most care recipients who participate in the program.
- In response to a general review of care recipients' nutrition and hydration in April 2015, the dietitian assessed individual care recipient's needs for supplement feeding. In consultation with the dietitian and medical officer a new product range of supplements was introduced with a higher energy value per serve. The new product is administered during medication rounds in a smaller volume resulting in a more streamlined process of administration. Management advised the smaller volume impacts less on care recipients' appetite and weight trending has shown a change from a downward trend in care recipients' weights to an overall stabilisation.

### 2.2 Regulatory compliance

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

**Team's findings**

The home meets this expected outcome

Refer to Expected outcome 1.2, Regulatory compliance for information about the home's systems and processes.

In relation to Standard 2, Health and personal care, systems ensure the reporting of unexplained care recipient absence, specified care and services are provided to care recipients and registered staff have appropriate qualifications and registration.

### 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 information about the home's systems and processes.

In relation to Standard 2, Health and personal care, education has been provided in relation to: prediction and prevention of pressure injuries, pressure stocking application and use, supplements – hydration and nutrition, Huntington's association, physiotherapy education on sitting and repositioning care recipients and passive exercise.

### 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 are assessed for their immediate needs on entry to the home; basic information is communicated to relevant staff and an interim care plan is formulated. Further assessment of care recipients' clinical care needs are ascertained through information gathered from medical officers, hospital discharge forms, assessment processes and discussion with care recipients/representatives. This information is translated into individual care plans to guide staff. Care plans are regularly reviewed for currency to reflect changing care needs. Changes in care recipients' needs are communicated through a variety of methods including via the care plan, progress notes, electronic message boards, and through handover processes. Care recipients are attended by a medical officer of their choice. A clinical manager reviews, trends and analyses clinical incidents and oversees clinical care delivery through regular review of care recipients. The effectiveness of clinical care is monitored through care recipient feedback, case conferences, incident analysis and auditing processes. Care recipients/representatives are satisfied care recipients receive appropriate clinical care.

### 2.5 Specialised nursing care needs

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

**Team's findings**

The home meets this expected outcome

Care recipients' specialised nursing care needs are identified and met by appropriately qualified staff. Assessment of specialised nursing care needs is conducted by registered nurses in consultation with care recipients/representatives, allied health professionals and the medical officer or treating specialist. Care plans and treatment directives outline and direct individual specialised nursing care requirements. Registered nurses oversee specialised nursing care and are on site 24 hours a day; a clinical manager and clinical coordinator are available for support and advice. Support can be accessed from external agencies who provide advice and education on complex care and new care procedures. Equipment and supplies are adequate to ensure effective management of specialised care needs. Care recipients/representatives are satisfied care recipients' specialised nursing care needs are met by appropriately qualified staff.

## 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 in accordance with their needs and preferences. On identification of the need for referral, staff coordinate appointments to appropriate health services in consultation with care recipients/representatives and their medical officer. Regular physiotherapy and occupational therapy services are available at the home and include pain management programs, mobility and dexterity assessment and exercise programs. External specialists visit the home on a regular and as needs basis. Care recipients can request to attend appointments outside the home and are assisted with the process; transport and escort can be organised as necessary. Documentation of health specialist visits are included in care recipients' files and registered staff incorporate directives into care plans as appropriate. Implementation of management strategies directed by health specialists are monitored and their effectiveness is evaluated. Follow up appointments are arranged as necessary. Care recipients/representatives are satisfied with the range and access to appropriate health specialists and the follow up care provided to care recipients.

## 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 needs are assessed on entry to the home and on an ongoing basis. Medications are managed using a packaged system and are administered by registered and care staff who have completed education and competency assessment. As required medications are administered by registered nurses after clinical review of the care recipient; evaluation of medication effectiveness occurs. Medications are stored securely including controlled and restricted medications which are housed in a locked safe; appropriate records are maintained. Emergency medication stocks (imprest) are available for commonly used antibiotics and palliative care drugs. Effectiveness of medication management is monitored through audits, incident reporting, medical officer and pharmacist reviews. Medication incidents are reviewed by the clinical manager and actioned appropriately. Care recipients/representatives are satisfied with the management of medications and with the assistance provided to care recipients by staff.

## 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 assessed on entry to the home and on an ongoing basis by nursing staff and the physiotherapist. Consultation with the care recipient, medical officer, nursing and care staff occurs to identify effective strategies for ongoing treatment and management of pain. Staff monitor the effectiveness of pain relieving strategies and report concerns regarding pain and discomfort to registered nurses. All new or poorly controlled pain is referred to the medical officer for review. A physiotherapist and massage therapist are engaged to assist with pain management through individual pain management programs for

care recipients who require intensive treatment. Ongoing unrelieved pain is referred to medical officers for further investigation, review and discussion of alternative options available. Care recipients/representatives are satisfied that care recipients' pain is managed effectively.

### 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

Through discussion with care recipients/representatives, end of life preferences are identified, documented and incorporated into care plans and personal files. Enduring power of attorney, authorised decision makers and advance health directives are filed in care recipients' records. Care recipients' families and significant others can be involved throughout the palliative phase with open visiting hours and the option of remaining with the care recipient should they wish. The home has its own palliative care equipment, stock medications and educational resources. Medical officers and palliative care specialists can be accessed to provide further advice and support in symptom management. Emotional, cultural and spiritual care is provided by care, nursing and lifestyle staff and visiting religious representatives as requested. Pain and comfort needs are managed in consultation with care recipients/representatives, medical officers and nursing staff to provide physical, psychological and emotional support to care recipients and their representatives.

### 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

Dietary requirements including likes, dislikes, special diets, meal size preferences and allergies are assessed on entry to the home; relevant information is provided to the catering staff and included in care recipient documentation to guide staff practice. Care recipients' body mass index is calculated and an acceptable weight limit is determined. Weights are regularly monitored and recorded with weight and dietary intake changes of concern reported. The clinical manager analyses unintended weight variations for causative factors. Introduction of special or texture modified diets, fortified meals, supplements, additional encouragement, assistance and referral to a medical officer, dietitian, speech pathologist and/or occupational therapist is implemented as required. Strategies from health professionals are incorporated into plans of care with changes communicated to the catering department. Care recipients are assisted with meals and fluids as necessary, assistive devices are available to maximise independence with eating and drinking. Care recipients/representatives are satisfied with the provision of food and fluids and the support of staff to meet care recipients' nutrition and hydration needs.

### 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' skin integrity is assessed on entry to the home and interventions to maintain and promote skin integrity are included in plans of care. Staff observe skin integrity and condition during care delivery; changes and/or concerns are reported to registered staff to enable implementation of treatment and intervention strategies. Preventative strategies utilised by the home include pressure relieving devices, use of emollients, repositioning regimes, limb protectors, massage and equipment assisted manual handling. Wounds and skin tears are reported; assessment, treatment and monitoring of wounds are completed by registered nurses. Wound pathways and photographs are utilised to monitor and evaluate wound healing progress. Wound management and product usage are driven by the clinical manager. Medical officers and a specialist wound care consultant provide advice and assistance for ongoing skin issues and complex wounds. Care recipients/representatives are satisfied with the care provided to care recipients in relation to skin integrity.

### 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 needs and preferences are assessed on entry to the home and on an ongoing basis. Assessment processes identify continence issues and care recipients' strategies to manage continence. A continence management plan is formulated with input from the care recipient/representative and staff taking into account assessment results. Staff interventions and strategies utilised to promote and manage care recipients' continence levels include scheduled toileting programs and appropriate use of continence aids. The level of assistance required for toileting is included as well as consideration for maintaining privacy and dignity. Staff complete daily bowel monitoring records; registered staff are alerted if changes in care recipients' continence patterns occur to allow for implementation of processes to address constipation. Bowel management strategies may include dietary intervention, exercise and, following medical officers' directive, regular and as required medication. Care recipients/representatives are generally satisfied care recipients' continence needs are met and staff support privacy and dignity.

### 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

Challenging behaviours are managed effectively. Information relating to care recipients' challenging behaviours and management strategies is gathered through review of medical history, discussion with representatives and medical officers. Behaviour assessment charts are used to capture episodes of challenging behaviours to assist in identification of triggers and effective management strategies. Information gathered is translated into care plans which guide staff in possible behavioural triggers and management strategies to minimise events. External dementia and mental health specialists can be accessed to assist in advice

and management of complex behaviours and provide support for staff. Regular medical officer and medication review is completed. Care and lifestyle staff support care recipients in maintaining their abilities and interests as well as providing distraction and one-on-one support; the environment is kept clutter free with noise levels monitored. Restraint is utilised when necessary to facilitate safety and is authorised and reviewed regularly. Staff are aware of their reporting responsibilities in the event of a behavioural incident. Care recipients/representatives are satisfied the home manages challenging behaviours in an effective manner.

### 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

Mobility and dexterity needs and preferences are assessed on entry to the home by registered nurses and a physiotherapist. A care plan is formulated which includes mobility and transfer needs and any equipment required. A physiotherapist and occupational therapist are on site regularly and are supported by physiotherapy aides and lifestyle staff who assist care recipients with group and individual exercise and walking programs. Mobility aids and specialised assistive devices are provided to maintain and enhance mobility; walkways are clear and handrails are provided in hallways. Care recipients' falls are monitored and a registered nurse, physiotherapist and/or medical officer review falls; interventions are implemented to prevent recurrence. Staff are provided with training and skills assessments in manual handling techniques. Care recipients/representatives are satisfied with care recipients' ability to maintain optimum levels of mobility and dexterity and the assistance provided by staff.

### 2.15 Oral and dental care

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

**Team's findings**

The home meets this expected outcome

Care recipients' oral and dental needs and preferences for daily routines are assessed on entry and on an ongoing basis. Individual care needs and the level of assistance required to maintain oral and dental health is identified and included in plans of care. Staff monitor care recipients' ability to self-manage their oral care and encourage and assist as necessary. Mouth care equipment and products are supplied and replaced on a rotational basis. Increased frequency of oral care and specialised equipment is available for palliating care recipients and those requiring additional care. Oral and dental issues are referred to medical officers or dentists as required. A dental clinic and denture technicians visit the home as needed and care recipients' can have their dental needs attended on site. Care recipients/representatives are generally satisfied with the assistance provided by staff to maintain 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 needs and deficits are assessed and identified on entry and as changes occur. Care plans are developed in consultation with care recipients, including care, maintenance, labelling and storage of assistive devices. A referral system is in place with audiology and optometry services available. Staff assist care recipients to manage assistive devices such as spectacles and hearing aids. Consideration and assistance is given to care recipients who have sensory impairments to enable them to access activities and the environment. The home utilises strategies including large print books, a large print activity calendar and large print menu display to assist care recipients with sensory loss. Care recipients/representatives are satisfied with management strategies and assistance provided by staff to support care recipients with identified sensory loss.

### 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

Assessment processes capture information regarding care recipients' usual sleep and settling behaviours. Care plans outline individualised sleep requirements, settling routines and preferred wake and sleep times. Care recipients are encouraged to bring in their favourite pillow, bedspread and other bedding to assist with the change of environment. The physical environment is monitored at sleep and rest times with use of minimal lighting and noise and temperature regulation. Evening and night time food and beverages are available from the on-site kitchen if required. Provision is made for care recipients who need or prefer to have a rest during the day. Sleep disturbances are investigated and referred to the medical officer if interventions are considered to be ineffective; pharmacological strategies are utilised as prescribed. Care recipients/representatives are satisfied with interventions to manage care recipients' sleep.

## 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 related to Standard 3, Care recipient lifestyle, implemented by the home include:

- In response to a review of the lifestyle program and hours in July 2015, management have increased allocated hours to enable the lifestyle program to operate seven days per week with social exercise such as group exercise, fine motor exercise through plasticine and colouring and gross motor skills through balls games and quoits. The additional hours have enabled staff to enhance the weekend activities and offer greater variety of choice for care recipients to encourage socialisation and stimulation while improving their overall wellbeing.
- In response to a request from care recipients the home has introduced a weekly happy hour in the activity room. During happy hour care recipients can access beverages (alcoholic and non-alcoholic) with snacks while socialising with family and other care recipients. Care recipients reported they find the weekly event relaxing and fun. Management and staff advised happy hour has increased socialisation and provides increased opportunities for communication and interaction amongst care recipients.

### 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 information about the home's systems and processes.

In relation to Standard 3, Care recipient lifestyle, systems ensure records relating to care recipients' privacy, security of tenure and reporting of alleged and suspected abuse are completed and maintained.

### 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 information about the home's systems and processes.

In relation to Standard 3, Care recipient lifestyle, education has been provided in relation to: privacy and dignity, team charter – consider others feelings and positive comments, customer service, person centred care and compulsory reporting of elder 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

Care recipients/representatives are offered tours, visits and information about the home prior to and on entry. On the day of entry, care recipients/representatives are guided around the home, introduced to staff and shown areas of interest. Orientation is given relating to call bells, meal times, outdoor areas, the coffee shop, activities and communal areas. Introductions to others who reside in the home occurs and care recipients are encouraged to personalise their rooms with their own furniture, paintings and mementos. Family members are welcomed and an open visiting policy is in place. Lifestyle and care staff encourage and support care recipients to participate in the activities program and the general life in the home. Staff identify and report increased emotional need to registered staff who monitor the need for additional support and refer care recipients to their medical officer as necessary. Counselling and psychology services are available if requested or as the need is identified. Care recipients/representatives are satisfied with the support care recipients receive during their settling in period and with the ongoing support provided by management and staff.

### 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

On entry to the home, care recipients' preferences in relation to maintaining independence for care, lifestyle and clinical decisions is identified. All care recipients are assessed by a registered nurse and physiotherapist on entry and a care plan is formulated that promotes independence. Maximum independence is encouraged; staff assist and facilitate as required to help care recipients to maintain their choices and preferences following entry. Staff assist care recipients with activities they are unable to manage unaided. Regular one on one and group exercise and walking programs assist care recipients to maintain strength and balance. Equipment such as mobility aids and modified cutlery are provided to support independence. Outdoor and garden areas are furnished with outdoor furniture to promote gathering with families and friends. Care recipients/representatives are satisfied with

interventions to maintain care recipients' independence and the assistance they receive from staff.

### 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

The home has processes in place to maintain care recipients' privacy and dignity. Information is provided to care recipients/representatives about care recipients' right to privacy and confidentiality via the care recipient handbook. Consent is obtained from care recipients/representatives prior to release of information and staff are informed of their responsibility to respect care recipients' privacy and dignity and to maintain confidentiality via orientation and the staff handbook. Care recipients are provided with single or double rooms with shared ensuite. Privacy is maintained during personal hygiene needs. In shared rooms privacy curtains are installed. The home has a variety of areas, both internal and external, where care recipients can receive and entertain visitors. Care plans include information on care recipients' preferred forms of address; staff ensure care recipients consent before entering rooms and bathrooms. Information management and storage systems are in place to ensure personal information is secure. Verbal handover and discussion regarding care recipients' needs is conducted in private areas. Care recipients/representatives are satisfied privacy and dignity is maintained and care recipients are treated in a respectful manner.

### 3.7 Leisure interests and activities

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

**Team's findings**

The home meets this expected outcome

Assessment and collection of information relating to care recipients' past and current interests and social profile are gathered on their entry to the home. An activity program is formulated with input from care recipients and a calendar is printed and distributed to inform care recipients of upcoming activities. The activity program is placed on the organisation's website each month to allow families to check activities and plan visits. Group and individual activities form part of the program as well as theme days, outings and one on one visits. Staff support and assist care recipients to participate in activities of their choice. Activities are held in the home and in the co-located sister home. Regular newspaper reading is held to inform care recipients of current events in their city, country and the world. Activities are monitored and evaluated through individual feedback, care recipient meetings, surveys and consideration of participation rates. Care recipients/representatives are satisfied care recipients are able to choose from a range of individual and group activities and that staff assist them to be involved in activities of their choice.

### 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' specific cultural and spiritual customs and beliefs are identified through initial and ongoing assessment processes. A care plan is developed to guide and direct appropriate spiritual and cultural care and informs staff regarding needs and preferences. Regular church services and singing are conducted in the home by various denominations and groups. Care recipients are assisted to attend religious observances according to their preference; communion is offered weekly. Religious representatives visit care recipients at their request according to their beliefs and wishes. The home celebrates special events and days of cultural and spiritual significance with appropriate food, music and decorations provided on these occasions. Resources and interpreter services can be accessed as necessary. The lifestyle coordinator works with care recipients, representatives and local ethnic communicates to enhance communication opportunities for non-English speaking care recipients. Care recipients/representatives are satisfied that care recipients' cultural and spiritual needs are respected and supported.

### 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

Care recipients are involved in decision-making in relation to their individual care and are enabled to exercise lifestyle choices. Care recipients are provided with opportunities to exercise choice and decision-making in the provision of care and aspects of the home's activities and their environment. Where a care recipient's decision-making abilities are impaired, staff involve representatives in care planning and decision-making. Representatives are consulted in relation to care and services provided. Input and feedback is sought from care recipients/representatives through participation in care recipient meetings, one on one discussion, surveys, suggestions and complaints processes. Care recipients retain the right to refuse care and medication and to choose their preferred area to have meals. The opportunity to exercise civic rights through voting is made available at the appropriate time. Care recipients/representatives are satisfied with the choices offered in matters relating to the care and services at the home.

### 3.10 Care recipient security of tenure and responsibilities

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

**Team's findings**

The home meets this expected outcome

Care recipients and/or their representatives are provided with a care recipient handbook upon commencement, which is explained verbally and includes information in relation to accommodation, grounds for termination and their rights and responsibilities. Care recipients and/or their representatives are provided with an agreement and information regarding the

terms and conditions of tenure, fees and charges, complaints process, care recipients' rights and responsibilities and the home's responsibilities. Management and key personnel are available to answer any questions. Care recipients are able to remain in the home as their needs increase. If care needs change and/or movement to another room would better meet the level of care and support required, relocation within the home is undertaken after consultation with the care recipient and/or their representative. Care recipients/representatives are aware of their rights and responsibilities and are satisfied that care recipients' tenure at the home is secure.

## 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 about the home's continuous improvement systems and processes.

Examples of improvement initiatives related to Standard 4, Physical environment and safe systems, implemented by the home include:

- As the old laundry was no longer in use, management identified it as a refurbishment opportunity. Refurbishment took place to create a new lounge with tea/coffee making facilities and a view of the local neighbourhood. New furniture was provided and the piano moved into the new room. The development of the lounge has provided additional space while improving a natural light source through the front windows. The lounge allows care recipients and their families to view life as it continues within the neighbourhood. Management advised care recipients, family and visitors using the room have stated they enjoy the view and opportunity to see events at street level.
- Through review of storage areas in the process of planning renovations, management identified the need for new laundry storage rooms. The old laundry was too distant from point of use so two areas were developed that provide separate lined storage rooms for dirty linen trolleys and for clean personal laundry returned from the off-site laundry and awaiting distribution. The laundry storage areas are now located closer to point of use and have reduced the potential of hazards as the trolleys are no longer wheeled through the home during the daytime.

### 4.2 Regulatory compliance

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

**Team's findings**

The home meets this expected outcome

Refer to Expected outcome 1.2, Regulatory compliance, for information about the home's systems and processes.

In relation to Standard 4, Physical environment and safe systems, there are systems to ensure a food safety program is in place, a food safety supervisor is available, a preventative and reactive maintenance program is in place, fire training is provided to staff, a fire safety advisor is available, infection control training is provided, staff are provided with and use personal protective equipment appropriately, processes are in place for monitoring work health and safety requirements with site work health and safety delegates available and , safety data sheets are available for chemicals used in the home.

### 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 information about the home's systems and process.

In relation to Standard 4, Physical environment and safe systems, education has been provided in relation to: hazard identification, meal time delivery and service, food safety and fire evacuation.

### 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 is actively working to provide a safe and comfortable environment consistent with care recipients' needs. The environment incorporates and provides safe access to well-maintained internal and external communal areas with handrails and appropriate furniture sufficient for care recipients' needs. Care recipients are accommodated in single and/or shared rooms with shared ensuites and are encouraged to personalise their rooms with items of significance. The environment offers a variety of internal and external seating areas accessible to care recipients and their families. The living environment and equipment are maintained through a preventative and reactive maintenance program, cleaning schedules, incident and hazard reporting, with external contractors being utilised as appropriate. External entrances are secured each evening with security checks conducted regularly during the night; staff have access to emergency telephone numbers in the event of a security breach. Care recipients/representatives have input into the environment through meetings, surveys and one on one discussion with staff and management. Where the need for restraint is identified, policies and procedures are in place to guide staff in safe implementation and monitoring. Care recipients/representatives are satisfied management is working to provide a safe and comfortable environment.

### 4.5 Occupational health and safety

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

**Team's findings**

The home meets this expected outcome

Management is actively working to provide a safe and secure working environment that meets regulatory requirements. The home is supported by work health and safety committee delegates and governed by work health and safety policy in order to provide a safe and secure working environment for staff. Staff are introduced to safe working practices initially through a comprehensive induction and orientation program, during their buddy shifts, through observation of supervisory staff and during annual mandatory training programs. Work health and safety is a standard agenda item at all meetings to monitor incidents/accidents and hazards and to plan and implement improvement strategies.

Chemicals are stored securely with safety data sheets available to guide staff practice as required. Staff are satisfied with the incident, hazard and maintenance reporting systems and management’s response to safety issues.

### 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

Management and staff are actively working to minimise fire, security and emergency risks. External providers maintain fire systems, equipment and signage. Evacuation plans are clearly displayed; emergency exits are clearly marked, free from obstruction and are suitable for the mobility level of the care recipients. A fire and emergency manual is available to guide management and staff in emergency situations. A fire and emergency ‘resident’ list and emergency contact numbers are maintained. All staff are provided with mandatory education in fire safety and evacuation procedures on commencement of employment and annually. Regular fire drills are conducted and staff have knowledge of the home’s emergency procedures and assembly points. Care recipients are provided with information regarding sign in/out procedures and fire safety and evacuation procedures. Formal ‘lockdown’ protocol and security procedures facilitate security (day and night) of the buildings, care recipients and staff at the home. Care recipients/representatives are satisfied with staff knowledge and ability in the event of an emergency.

### 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 which identifies infection control as everyone’s responsibility. All staff practice under the direction and supervision of the clinical manger. Care recipients with infections are reviewed by their medical officer and monitored by registered staff with appropriate treatment implemented. There are processes to collect and analyse infection data of care recipients and identify trends. To minimise the risk of infections, the home has a food safety plan, regular cleaning programs, pest control measures and a vaccination program for staff and care recipients. Staff receive training in relation to infection control measures. Personal protective equipment is available and hand washing facilities, hand sanitisers, sharps containers, outbreak kits, spill kits and infection guidelines are available. Cleaning practices are monitored to ensure infection control guidelines are followed and food is handled in accordance with the food safety plan. Staff are aware of infection control measures, including the appropriate use of personal protective equipment, hand hygiene procedures and precautions to be taken in the event of an outbreak.

### 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

Care recipients' dietary, nutrition and hydration requirements and preferences are assessed and documented on entry to the home and reviewed with changing needs. Information pertaining to their allergies, likes, dislikes and dietary needs is provided to the kitchen and included in the care recipient's plan of care to guide staff. Catering services operate according to a four-week rotating menu that is developed in conjunction with a dietitian and care recipients. All meals are cooked fresh on site with alternative meal items available for individual care recipients on request, and specific food, drinks and snacks are provided according to care recipients' preference and clinical needs. Cleaning services are provided according to cleaning schedules to ensure the environment is cleaned in accordance with the home's health and hygiene standards. All laundry services are completed off-site at a commercial laundry six days per week using specialised equipment and practices that minimise risk of cross infection. The home encourages care recipients/representatives to label all clothing to minimise lost clothing, labelling services are available through the home. Hospitality staff use colour coded equipment and personal protective equipment is readily available. Care recipients/representatives are satisfied with hospitality services and the opportunity to provide feedback through meetings and on a one to one basis. Staff are satisfied with their working environment.