



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Killara Gardens Aged Care RACS ID: 2430

Approved Provider: Pathways Aged Care Pty Limited

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 6 March 2018

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 8 September 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 14 October 2015 to 14 September 2019.

Reason for decision Under section 2.69 of the *Quality Agency Principles 2013*, the decision was reconsidered under 'CEO's own initiative'.

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>.

The Australian Aged Care Quality Agency will continue to monitor the performance of the service including through unannounced visits.

This decision is effective from 6 March 2018

Accreditation expiry date 14 September 2019



Australian Government

Australian Aged Care Quality Agency

Killara Gardens Aged Care

RACS ID 2430
17 Greengate Road
KILLARA NSW 2071

Approved provider: Pathways Aged Care 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 14 October 2018.

We made our decision on 08 September 2015.

The audit was conducted on 28 July 2015 to 30 July 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

Killara Gardens Aged Care 2430

Approved provider: Pathways Aged Care Pty Limited

Introduction

This is the report of a re-accreditation audit from 28 July 2015 to 30 July 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 28 July 2015 to 30 July 2015.

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

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

Assessment team

Team leader:	Diane Sanderson
Team member/s:	Mark Chapman

Approved provider details

Approved provider:	Pathways Aged Care Pty Limited
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Details of home

Name of home:	Killara Gardens Aged Care
RACS ID:	2430

Total number of allocated places:	105
Number of care recipients during audit:	103
Number of care recipients receiving high care during audit:	99
Special needs catered for:	N/A

Street/PO Box:	17 Greengate Road	State:	NSW
City/Town:	KILLARA	Postcode:	2071
Phone number:	02 9498 7409	Facsimile:	02 9498 5684
E-mail address:	admin@killaragardens.com.au		

Audit trail

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

Interviews

	Number		Number
Executive manager	1	Care recipients/representatives	23
Operations and quality manager	1	Lifestyle and wellbeing officers	3
Quality care & services manager	1	Executive chef	1
Administration assistant	1	Laundry staff	1
Clinical supervisors	2	Cleaning staff	1
Registered nurses	3	Maintenance staff	1
Pain management/well-being registered nurse	1	Exercise therapist	1
Care staff	9	Physiotherapist	1
Visiting medical officer	1		

Sampled documents

	Number		Number
Care recipients' files including assessments, care plans, forms/charts, progress notes and medical notes	10	Care recipients' agreements	4
Medication charts	15	Personnel files	4
Summary/quick reference care plans	10		

Other documents reviewed

The team also reviewed:

- Accident/incident documentation: incident reports, indicator monthly benchmarking reports and data analysis, incident summary registers
- Activity programs; care recipients' profiles, care plans; activity calendars and records, activity reviews and leisure/wellbeing reports to quality meetings
- Allied health and specialist reports and treatment plans including reports of exercise therapist, physiotherapist, dietician, dental and podiatrist
- Care recipient handbook, information package and newsletter
- Care recipient lists
- Care recipients' clinical documentation including electronic clinical care system; clinical assessments; diabetic management, blood glucose records, bowel charts, vital observation records, pain monitoring, care complex health care plans, weight monitoring, wound assessment and treatment records; palliative care pathway documentation, and clinical indicator monitoring
- Catering documentation: food safety program and refrigerator temperature records, menu

- Cleaning schedules
- Comments and complaints records
- Continuous improvement documentation including continuous improvement tools and log, action plan, special project plans, audit and survey results
- Desk diaries – registered nurses and care staff; care plan review schedules
- Education calendar and education records
- Evacuation maps, fire and emergency manual, fire equipment checking records
- Hazard alert folder
- 'HOPE u Care' program behaviour assessment notes, activity plans and records
- Human resource management documentation: job descriptions and duty lists, staff handbook, staff rosters
- Infection control folder and monthly infection surveillance reports, infection data summaries and analysis.
- Maintenance service reports from external contractors, maintenance log, preventative maintenance program
- Medication refrigerator temperature monitoring records, schedule eight medication record books, ordering documentation and medication regime reviews
- Memoranda
- Minutes of meetings for care recipient's, staff and management
- Policies and procedures
- Privacy consent forms, media consent forms, privacy collection statements
- Quality management system documentation: policies, procedures and forms, manage your issues and actions log (plan for continuous improvement), audit folders including schedules and results
- Re-accreditation application self-assessment
- Regulatory compliance documentation: registered nurse registrations, police check register, records of reportable and non-reportable assaults
- Self-assessment tool for re-accreditation

Observations

The team observed the following:

- Activities in progress, activity programs on display
- Annual fire safety statement, fire and emergency evacuation plans, emergency exits, and emergency flipcharts
- Charter of Residents' Rights and Responsibilities, suggestions/feedbacks information displayed
- Chemical supplies
- Cleaning in progress, supplies and wet floor signage in use
- Duty statements available to staff
- Emergency and firefighting equipment, evacuation pack and contents, sprinkler systems

- Equipment and supplies in use and in storage such as lifting equipment, manual handling aids, mobility equipment, clinical equipment and pressure relieving aids in use and in storage
- Feedback mechanisms including internal feedback forms, catering communication book and external agency complaints and advocacy brochures available
- Hairdressing salon
- Handover between shifts
- Infection control support: personal protective equipment (PPE) and infection control practices in place, sharps containers, general and contaminated waste disposal systems, outbreak kits and spill kits, hand washing equipment and hand sanitising facilities throughout the home
- Interactions between care recipients, representatives, volunteers and staff
- Key pad security on doors
- Living environment - internal and external areas
- Lunch and beverage services, daily and rotating menus on display
- Manual handling information charts on display, mobility equipment in use
- Medication administration rounds and storage of medications
- New South Wales Food Authority Licence on display
- Notice boards – care recipient and staff areas
- Nurse call system and staff response times
- Policies and procedures available to staff
- Re-accreditation notices on display
- Safety data sheets
- Secure storage of care recipient and staff files
- Short group observation of HOPE u care program, Level 2
- Sign in/out book – care recipients, visitors and contractors
- Snacks and water jugs available to care recipients
- Specialised pressure relieving mattresses; ‘crash mats’
- Staff work areas: administration utility areas, kitchen, laundry, nurses’ stations, treatment rooms, staff room and cleaners’ and maintenance areas
- Vision and values on display
- Visiting medical officer

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

Management at Killara Gardens actively pursues continuous improvement across the four Accreditation Standards. The home's quality program to identify improvement opportunities includes feedback and complaint mechanisms, scheduled audits, surveys, incident and clinical indicator reporting and feedback from meetings. The effectiveness of the continuous improvement system is monitored through the home's quality and other committee meetings by reviewing data from audits, incidents and clinical indicators and through feedback. Care recipients/representatives and staff stated they have opportunities to make suggestions for improvement and are aware of improvements undertaken in the home.

Examples of recent improvements implemented in relation to Accreditation Standard One include:

- Following a management initiative care recipients/representatives now receive emailed updates on what's happening at the home. The emails include a monthly care recipient activities calendar and quarterly newsletter. Feedback confirms this has proven to be popular as it provides care recipients/representatives with snapshots of any changes or events occurring at the home.
- Care staff from non-English speaking backgrounds have been identified as potentially benefitting from participating in a program which improves speaking, writing and comprehension skills. This has led to improved confidence and language skills when communicating with care recipients and other care staff at the home. The participants expressed great enthusiasm for the program.
- As a result of a gastroenteritis outbreak a procedure for the administrative staff at the home was introduced. The procedure clarifies procedures and tasks for administrative staff in the event of an outbreak. The procedures include signage, an email information template for relatives, volunteers and allied health providers that attend the home and a stock ordering template to ensure adequate resources are available.
- In response to an identified need at the corporate level to consolidate communication and collaboration between the three homes in the group, executive managers and the group operations manager now meet bi-monthly. Feedback from the executive team since the meetings were introduced has been positive.
- In response to a review of the national Lesbian, gay, bisexual, transgender and intersex (LGBTI) ageing and aged care strategy the organisation developed a new 'inclusive practice' policy in April 2015. The policy is now available to guide staff practices in being inclusive of care recipients of all genders and sexual orientations. The organisation is still developing care recipient information documentation to convey the organisation's inclusive practices.

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 all relevant legislation, regulatory requirements, professional standards and guidelines. The organisation subscribes to an independent information service and is a member of an industry body which provides ongoing information about industry issues and regulatory changes. The management team monitors the home’s adherence to regulatory requirements through audit processes, competency assessments and observation of staff practices. Changes in policies and procedures are communicated to staff via meetings, memoranda, notice boards and staff education programs.

Examples of regulatory requirement undertaken in relation to Accreditation Standard One include:

- Procedures to monitor criminal history checks for staff, volunteers and contractors.
- Procedures to ensure any staff working at the home are holding current visas.
- Procedures to check the currency of external contractors’ registrations and insurances.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

There are systems to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. The recruitment process clearly identifies the knowledge, skills and education required for each position. There is an orientation program for all new staff. The education program, including topics covering the four Accreditation Standards, is developed with reference to management assessment of training needs, performance appraisals and staff input. Records of attendance at training are maintained, the training is evaluated and the effectiveness of the training is monitored through performance appraisals and competency assessments. Management and staff reported they are supported to attend relevant internal and external education and training. Care recipients/representatives interviewed were of the view staff have the skills and knowledge to perform their roles effectively.

Examples of education and development attended by management and staff in relation to Accreditation Standard One include:

- Stress management
- Conflict resolution

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 policy and procedures for complaints management. All stakeholders are encouraged to provide feedback on the services provided through meetings, brochures, notices and surveys. Care recipients and/or their representatives are informed of the internal and external complaints mechanisms on entry to the home. This is documented in the handbook provided. Feedback forms for comments, complaints and suggestions are accessible for stakeholders. Information on the external complaints scheme and advocacy services are on display. Care recipients/representatives and staff stated management is approachable and responsive regarding any issues or concerns.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home has documented its vision, values, philosophy, objectives and commitment to quality. This documentation has been made available and communicated to all stakeholders in the home through policies and procedures manuals, care recipient and staff handbooks and is on display in the home. In addition, staff are made aware of the home's vision, values, philosophy, objectives and commitment to quality through its staff recruitment, induction and education processes, staff meetings and other communication.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

There are systems and processes for the home to have skilled and qualified staff, to provide services in accordance with the Accreditation Standards and the home's philosophy and objectives. The home has processes for recruitment and orientation for new staff, training and staff development, supervision, performance appraisals and a range of competency skills assessments. Staffing levels are adjusted based on care recipient needs, reviewing clinical indicators, observations and staff and care recipient feedback. Management are committed to providing ongoing education to all staff as evidenced by the education program. Care recipients/representatives expressed satisfaction about the staff and the care they provide. They also said the staff are knowledgeable and have a caring attitude towards the care recipients.

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 purchasing systems and stocks of goods and equipment appropriate for quality service delivery are available. The majority of goods in regular use are ordered through established approved service suppliers. Stock levels are managed and maintained by designated staff. The maintenance officer oversees corrective and planned preventative programs and testing and tagging of electrical equipment is undertaken annually. Management monitors the inventory and equipment system through inspections, review of incident and hazard forms, audits and requests from stakeholders. Care recipients/representatives and staff stated and observations indicated there are adequate supplies of goods and equipment available for use in 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

There are systems for the creation, storage, archiving and destruction of documentation within the home. We observed that confidential information such as care recipient and staff files are stored securely. Information is disseminated through emails, meetings, notice boards, newsletters, memoranda, diaries, handover reports and informal lines of communication. The computers at the home are password protected and there is a process for backing up the system. The home has a system of internal audits to ensure compliance with their policies and procedures. Staff are positive about the quality and quantity of information they receive which keeps them informed and up to date with daily activities at the home. Care recipients/representatives stated they receive sufficient information when they enter the home and are satisfied with the ongoing information provided.

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

There are systems and processes to ensure external services are provided to meet the home's care and service needs and quality goals. Service contracts with a range of external providers and service suppliers are established and are regularly reviewed. The home has an approved supplier/contractor listing available for staff. External suppliers of goods and services are required to provide evidence of their insurance, workplace health and safety obligations, license or business registration details and criminal history certificate as required. Contractors sign a register when working at the home and are overseen by the maintenance officer. All work performed is monitored for quality and effectiveness of service through inspections, audits, surveys and feedback. A range of allied health professionals provide on-site care and services for care recipients. Care recipients/representatives and staff are satisfied with external services provided at the home.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for an overview of the home's continuous improvement system.

Examples of recent improvements implemented in relation to Accreditation Standard Two include:

- Following feedback from care staff a care recipient movement program (Mingle and Move) has been introduced. The program provided by an exercise therapist is delivered in small classes to improve overall function and strength of care recipients. The program is very popular with care recipients and will be subject to on-going evaluation.
- Management identified the need for a review of external allied health providers. A new podiatrist has been sourced resulting in a more reliable and prompt service for all care recipients. Staff gave positive feedback regarding the improved service for care recipients.
- Following a suggestion from care staff a number of new flavours for thickened fluids for care recipients with swallowing difficulties have been introduced. Care recipient feedback has been positive with care recipient fluid intake increasing in some cases.
- In response to care staff identifying the benefits to care recipients of the existing pain clinic physiotherapy services have been increased. As a result of the increased services feedback from care recipients and care staff state that care recipients with chronic and/or complex pain are improving their mobility and independence. The results from the clinic will be subject to ongoing evaluation.
- In 2013, the home introduced a 'HOPE u Care' program. This program's objectives are to ensure care, especially behaviour management, is delivered with compassion; the quality of the care recipient's life is improved and meaningful activities are developed and provided. A nurse trained in the 'HOPE u Care' program is rostered seven days per week on level two of the home and now an extra nurse one day per week on level one of the home. The 'HOPE u Care' nurse works with a small group of care recipients who have previously displayed challenging behaviours/behaviours of unmet needs. As part of the quality improvement processes at the home the program was reviewed in 2015. Enhancements were made to the content and approach to the training and to the working documentation. The new approach to the training and the enhanced documentation further assists staff in understanding the individuality of each care recipient and of the emotions/unmet needs they may be displaying. As a result of the enhancements it has been noted behaviour management strategies and interventions are more specific to each care recipient's personality and needs. The 'HOPE u Care' training was previously only provided to staff who were identified as suitable to be rostered as the 'HOPE u Care' nurses. However the home's analysis of staff incidents resulting from care recipient aggression to staff identified a higher incidence of aggression towards staff who had not received the 'HOPE u Care' training. All new employees now have this education in the first two weeks and existing staff who have not had the training are being scheduled to have the training.

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:

- Implementing a system to ensure registered nurses and other health care professional registrations are maintained.

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

The home has systems to ensure staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The home uses these systems to identify and implement a range of educational measures relevant to Accreditation Standard Two.

Examples of recent education and training attended by staff in relation to Accreditation Two include:

- Medication management
- Palliative care
- Pressure ulcers and skin tears.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Killara Gardens has systems, processes, policies and procedures to ensure care recipients receive appropriate clinical care. A broad range of assessments, observations, the care recipient’s medical history and consultation with care recipients/representatives provide information for individualised care planning. Care plans are regularly reviewed and updated in line with any changes in a care recipient’s condition or care needs. Staff training addresses issues relating to care recipient’s care. Where needed consultants are accessed to support staff and provide advice regarding specific care issues. Accidents/incidents are monitored and followed up with interventions implemented to reduce the risk of reoccurrence. Results show individualised care plans which reflect the care provided by staff. Care recipients/representatives are satisfied with both the quality of the care and the manner in which the care is provided. Representatives also said they are kept informed of changes in care recipients’ care needs and health conditions.

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

There are systems in place to care recipients’ specialised nursing care needs are identified and met by appropriately qualified staff. Where possible specialised nursing/complex needs are identified prior to a care recipient’s entry to Killara Gardens. This ensures the staff are educated if a required strategy is unfamiliar to them and the home has the required equipment. Registered nurses undertake the initial and ongoing assessment, care planning and monitoring of specialised nursing care. External specialist nursing care services are accessed when additional support is required. Referrals to local area health service are made when needed, in consultation with the care recipient’s medical officer and their family. The home has appropriate resources and well maintained equipment to provide specialised nursing care. 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. The home provides referral to appropriate specialists and other health care professionals according to care recipients’ needs and preferences. The registered nurse oversees referrals and follows up after appointments to ensure changes in care are provided and care plans updated. An exercise therapist and a physiotherapist visit the home regularly to assess, plan and provide treatment for new and existing care recipient with an emphasis on mobility and pain management. Other health professionals including a podiatrist, dietitian and speech pathologist and other services such as optical, hearing and dental service either visit care recipients regularly or on a referral basis. Staff receive information on care changes for care recipients through verbal shift handovers and electronic care documentation. Staff also assist with the prescribed interventions as directed. Care recipients/representatives are satisfied with the assistance provided for care recipients to access allied health services and specialists.

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

Killara Gardens has effective systems to manage care recipients’ medications safely and correctly. The administration of medications is undertaken by registered nurses and also senior care staff who have completed education and medication competency assessments. Registered nurses administer all specialised medication. Regular pharmacological reviews are undertaken of care recipients’ medications and are adjusted in consultation with medical practitioners. Medication policies and procedures are available for staff and medication audits are carried out and reported through the home’s quality system. Medication incidents

are investigated and addressed by management. A medication advisory committee meets regularly to review the medication system. Observation of medication rounds showed staff administering medications according to the home's policy and procedure and medications stored appropriately. Care recipients/representatives are satisfied with the medication management system at the home.

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

There are systems in place to ensure all care recipients are as free as possible from pain. Clinical pain assessments which include non-verbal signs of pain identify care recipients who experience pain. All care recipients are also assessed by the physiotherapist with a focus on identifying each care recipient's pain experience and developing therapy plans to manage their pain. Strategies used to prevent and manage care recipients' pain include attendance to clinical needs, analgesia as prescribed and other approaches including massage, gentle exercises, the application of heat, transcutaneous electrical nerve stimulation (TENS) therapy, repositioning and the use of pressure relieving devices. Pain management measures are followed up for effectiveness and referral to the care recipient's medical practitioner and other services is organised as needed. Care recipients/representatives report care recipients are as free as possible from pain. .

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 end of life needs and preferences. Staff have knowledge and understanding of the special needs of care recipients receiving end of life care to ensure their pain is managed and their comfort and dignity are maintained. Ongoing review of the effectiveness of care strategies occurs throughout the palliative care stage and changes are communicated to staff as needed. The local palliative care team is contacted if additional clinical advice is required. The home has sufficient equipment to enable effective end of life care. A social worker/counsellor visits the home weekly and is available to support and counsel care recipients and their representatives. Members of the clergy are contacted for spiritual care and additional emotional support to the care recipient or family as requested by the care recipient/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

The home has systems to ensure each care recipient receives appropriate nutrition and hydration and their preferences optimised. Each care recipient's nutrition and hydration

status is assessed on entry to the home. Individual needs including swallowing difficulties, special diets, individual preferences and eating requirements are identified and included in the care plan. The menu offers choices daily and the menu changes seasonally. Care recipients are weighed at least monthly and weight loss/gain is investigated, monitored and referrals are made to medical practitioners, dieticians, speech pathologist or dentist as required. Nutritional supplements, modified cutlery, equipment and assistance with meals/fluids are provided as needed. Staff are aware of care recipients' preferences, special food and fluid requirements and the assists individual care recipients need with their meals. Care recipients said they are satisfied with the meals and fluids they receive.

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 systems to ensure care recipients' skin integrity is consistent with their general health. Skin integrity assessments are undertaken when a care recipient moves into the home and repeated as necessary. The results of clinical assessments including continence management and nutritional requirements are also integral to the planning for skin care. Consultation with care recipients/representatives and review of the care recipient's medical history also provide information for skin care planning. Care recipients' skin integrity is monitored by staff during daily care provision with any changes reported to the registered nurse. Appropriate skin care products such as moisturisers, limb protectors and pressure relieving devices are available. The registered nurses undertake the complex wound care and oversee the simple wound care treatments including assessment and treatment planning. The management team monitors accidents and incidents including wound infections, skin tears and pressure ulcers and acts appropriately on trends identified. Staff interviewed described the process of identifying changes in care recipients' skin integrity and the interventions taken to maintain skin integrity. Care recipients and representatives are satisfied with the skin treatments 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

There are systems in place to ensure care recipients' continence is managed effectively ensuring dignity and comfort. Continence management strategies are developed for each care recipient following initial assessment. Care staff assist care recipient with their continence programs and monitor their skin integrity. Staff are trained in continence management including scheduled toileting, the use of continence aids, encouraging care recipients with the assessment and management of urinary tract infections and bowel management strategies which includes daily monitoring. Staff ensure care recipients have access to regular fluids, appropriate diet and medications as ordered to assist continence. There are adequate supplies of continence aids to meet care recipients' individual needs. Care recipients/representatives are satisfied with the continence care provided.

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 systems and processes to identify and effectively manage care recipients with challenging behaviours. Consultation is undertaken with representatives prior to entry to gain an insight to the care recipient’s needs, sleeping patterns and possible causes of anxiety. An understanding of the care recipient’s social history is also gathered. The home has found these initial strategies have been successful in reducing care recipients’ anxieties and challenging behaviours. On entry to the home assessments undertaken to further identify care recipients’ behaviour management needs. Possible triggers are identified and strategies are developed in-line with the care recipient’s social history and personhood. The home has a special small group program called the ‘HOPE u Care’ program for care recipients with challenging behaviours. This small group environment provides the opportunity for the care recipient to experience more meaningful and individualised activities. Staff monitor and review the care strategies regularly to assess their effectiveness and make changes if indicated. Documentation shows referrals to specialist medical, mental health and allied health teams are made as necessary. Interviews with staff and observations of staff interactions with care recipients confirm the positive nature of the strategies to reduce behaviours and the management of behaviours. Care recipients/representatives express satisfaction with how the home manages challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Killara Gardens has processes to optimise care recipients’ levels of mobility, dexterity and independence. Care recipients’ mobility, dexterity and falls risk are assessed by the registered nurses and the exercise therapist on entry to the home and more often as needed. Mobility and manual handling requirements are identified, care recipients’ mobility aids are reviewed and falls intervention strategies implemented. Care recipients at risk of falls are encouraged to wear appropriate footwear and hip protectors. The exercise therapist runs twice weekly strengthening classes, and conducts individual exercise and walking programs to assist in maintaining care recipients’ muscle strength, joint movement and dexterity. Activities such as craft and games assist in maintaining movement and dexterity which in turn assist with independence. The home has a well patronised walking group. Care staff ensure each care recipient’s mobility and manual handling strategies are undertaken in line with their assessed needs. The accident and incident reporting system includes analysis of incidents to identify trends and the implementation of strategies to reduce falls. Care recipients/representatives expressed satisfaction with the home’s mobility/dexterity program.

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 is maintained. Clinical assessment and consultation with care recipients/representatives provides information on care recipients’ preferences and needs for oral and dental care. Information identified is incorporated into care plans and implemented by staff during daily routines. This may include identification of natural teeth and any dentures, assistance required to brush teeth or dentures, soaking of dentures, mouth or gum problems and frequency of cleaning. Mouth swabs are used by staff for care recipients who are unwell or in the final stage of their life. Staff monitor each care recipient’s mouth, teeth and dentures during care provision and report to a registered nurse any changes identified including in eating/chewing for follow up. A dental service attends the home to assess care recipient and to provide treatments. Care recipients/representatives are satisfied with the oral and dental care provided for the care recipients.

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 undertakes a communication and a sensory assessment for all care recipients when they enter the home. The assessments identify any sensory losses including vision, hearing, taste, touch and smell. Staff provide identified interventions including assistance to clean glasses daily, and hearing aid placement and battery changes. The lifestyle and wellbeing officers have programs and use resources to engage care recipients with sensory stimulation including sensory boxes and cooking classes. Condiments are available for care recipients to add to the taste sensation at meal times. Other strategies to support care recipients with sensory losses include large screen televisions, large print books, talking books, good lighting and uncluttered hallways. Massage provided by the physiotherapist and the wellbeing registered nurse stimulate care recipients’ sense of touch. Optical and hearing services visit the home regularly. Care recipients/representatives are satisfied with the assistance provided for care recipients with any 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

Clinical assessments and consultation with care recipients/representatives identify care recipients’ preferred routines for sleep and rest. Care plans include individualised information such as preferred time to settle for the night, prompting to toilet, continence aids, nightlights, number of pillows and blankets, and waking time. Staff assist care recipients to settle for a rest during the day according to their needs and preferences. Some care recipients are assisted with afternoon walks to establish more restful sleep if identified as an appropriate strategy. Night staff monitor care recipients and provide comfort measures such as toileting, continence care and pain management. Staff access catering supplies through the night if

care recipients require drinks or snacks. Care recipients say the home is quiet at night and they are given individual assistance to help settle.

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 an overview of the home’s continuous improvement system.

Examples of recent improvements implemented in relation to Accreditation Standard Three include:

- In order to promote socialisation and interaction between care recipients a regular “happy hour” which includes serving of drinks and snacks has been introduced. The “happy hour” is held in alternate locations within the home to ensure all care recipients are able to attend. A “happy hour” trolley is utilised to visit rooms of care recipients unable to attend the dining area. The “happy hour” has promoted increased socialisation and interaction between care recipients.
- In response to a suggestion from care staff portable music players have been introduced for care recipients unable to independently play music. The program has been developed for individuals using the “key to me” assessment and provides for individual music playlists to be developed for care recipients from consultation with care recipients and representatives. The program has proved to be very popular and has led to a reduction in disruptive behaviours by care recipients.
- Following a suggestion from catering staff social lunches for care recipients featuring food and experiences from other countries and cultures has been introduced. The lunches allow care recipients to explore other cultures and stimulate their senses of taste and smell in a shared dining experience that encourages social interaction. The food is served after care recipients have participated in an armchair travel experience in the in-house theatre. Care recipient feedback has been very positive since the lunches were introduced.
- In response to feedback from care recipients a “book club” has been introduced. The club encourages like-minded care recipients to meet and discuss books. An audio book club has also commenced for those care recipients with impaired sight. The book clubs are popular with care recipients and has led to increased socialisation and interaction between care recipients.
- To try to reduce the anxieties of one care recipient who wanted her family present at all times the leisure and well-being officer suggested to the family they create a personalised audio recording. Suggestions for the recording included special family memories, special or significant events, share happy moments, favourite poems and grandchildren talking and singing. The recordings were made and played to the care recipient. The results were overwhelming in reducing the care recipient’s anxiety. The improvements in the care recipient’s well-being also significantly reduced the family’s stress and their sense of hopelessness. As a result of the success with the first trial of the recorded spoken word initiative other families are making recordings for their loved ones who also show behaviours of anxiety.

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:

- Updating of care recipient agreements when any changes to relevant legislation is identified.
- Providing a system for the compulsory reporting and recording of alleged or suspected care recipient assaults in accordance with regulatory requirements.
- All staff sign a confidentiality statement on orientation to the home.

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

The home has systems to ensure staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The home uses these systems to identify and implement a range of educational measures relevant to Accreditation Standard Three.

Examples of recent education and development attended by staff in relation to Accreditation Standard Three include:

- Elder abuse and mandatory reporting
- Grief and loss
- Cultural diversity

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

Killara Gardens has processes to ensure each care recipient receives support in adjusting to life in the new environment and on an ongoing basis. Prior to entry management conduct interviews with care recipients and/or representatives. This provides opportunity for the home to gather information about the care recipient and their physical, social and emotional needs and to provide a range of information to the care recipient/representative. On entry a welcome card and flowers are given to the care recipient and a card to the family. Assessments are undertaken for staff to understand the care recipient's spiritual and social

needs. Staff provide continuing support to care recipients with one to one time and by facilitating their participation in activities and events while also respecting their independence. The home also offers counselling sessions with their social worker to care recipients/representatives to assist care recipients and families adjust to the new living situation. Care recipients are also encouraged to bring personal items such as photographs and sentimental items into the home and representatives are encouraged to visit frequently. Care recipients and representatives said all staff are very supportive and caring.

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 strategies to assist care recipients to maintain maximum independence, maintain friendships and participate in the life of the community within and outside the home. Care recipients' abilities and wishes in relation to independence and lifestyle are assessed on entry to the home and are regularly reviewed. They are encouraged to be as independent as they are able in activities of daily living, health choices and lifestyle. Physiotherapy services and mobility aids are provided to optimise care recipients' mobility and dexterity. The lifestyle activity program contains both internal and external activities such as outings, entertainment by community groups, school children visiting the home and volunteers. Care recipient/representative meetings are conducted where care recipients and their representatives can express their views, give suggestion and have them acted upon. Voting is available at local and state level for those care recipient who wish to remain on the electoral role. There are processes to ensure care recipients have an authorised representative to make decisions if they are unable to do so. Care recipients/representatives interviewed said care recipients are supported to maintain their individual levels of independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Information on care recipients' rights and responsibilities is included in information given on entering the home and is also on display throughout the home. Care recipients/representatives sign consent for photographs and information sharing with appropriate third parties. Staff receive training in relation to privacy and dignity and new employees sign a confidentiality agreement prior to commencing work. Staff were observed to address care recipients by their preferred name, knock on their doors prior to entering and close doors during care provision. Secure storage of care recipients' personal information and passwords on computers ensure confidentiality and respect of care recipients' privacy. Care recipients/representatives say staff are very polite, respectful and maintain the care recipients' privacy.

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 home has systems to encourage and support care recipients to participate in a range of activities of interest to them. Lifestyle staff develop an individualised care plan in keeping with care recipients' cognitive, physical abilities and special needs which addresses their preferred lifestyle, cultural and spiritual preferences. The care plan is regularly reviewed and care recipient feedback is sought to address changing needs and preferences. The home's activities calendar is based on care recipients' interests. Popular activities include book group, craft, games, bus outings, massage, pet therapy, and celebration of special events. Care recipients who do not wish to participate in group sessions are provided with one to one activities with the leisure staff. Care recipients/representatives are satisfied that care recipient participation is encouraged and supported and the activities offered by the home are of interest to the 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

Consultation with care recipients/representatives and a lifestyle assessment identify each care recipient's needs and preferences for cultural and spiritual support. Information gained is added to care plans including preferences for end of life care. Staff have access to information on interpreter services if needed. Regular events celebrate important national and religious days from around the world. Religious representatives visit care recipients, provide communion and conduct church services. Care recipients with no religious preferences are supported in maintaining their spiritual well-being through a variety of ways for example: music, storytelling, reminiscing, craft and pet therapy. Care recipients/representatives are satisfied with the cultural and spiritual support provided by the home.

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 encouraged to participate in decisions about their care and the services provided through processes such as assessments, care planning, case conferences, surveys, meetings and other feedback mechanisms. Information on care recipients' rights and responsibilities is included in the care recipient handbook, information package, and on display in the home. Observations confirm care recipients are provided with relevant choices in respect of meals, activities and other day to day matters. Interviews confirm a process is in place to have any comment or complaint managed at the appropriate level. Care

recipients/representatives are satisfied with the approach to choice and decision making for care recipients in 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

The home has processes ensuring potential and new care recipients and representatives are provided with information on security of tenure, their rights and responsibilities and the choices available to them for care and services. A care recipient agreement is given to each care recipient and representative to formalise occupancy arrangements. The agreement includes information for care recipients about their rights and responsibilities, care and services provided, fees and charges, complaints handling, their security of tenure and the process for the termination of the agreement. Care recipients and representatives are advised to seek independent legal and/or financial advice prior to signing the agreement. Care recipients/representatives reported they are satisfied with the information the home provides regarding security of tenure and their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for an overview of the home’s continuous improvement system.

Examples of recent improvements implemented in relation to Accreditation Standard Four include:

- A review of the fire and emergency documentation at the home has been conducted. In response to findings the care recipient mobility status advice has been improved and updated to reflect current and up to date information. Care recipient photographs have also been updated to ensure care recipients are easily identifiable in the event of emergency evacuation.
- A program of refurbishment of care recipient rooms has commenced in the older Abbotsholme area of Killara Gardens. The refurbishment includes painting and replacement of floor coverings. The refurbishment will improve the safety, aesthetics and environment for care recipients.
- As a result of a menu survey conducted with care recipients changes have been implemented by catering staff to provide a further choice of alternative meals available. Care recipients had indicated they missed traditional styled food and wanted “simple food”. Care recipients are now provided with an option for either a modern style meal or a traditional style meal. Since the introduction of this option there has been a reduction in complaints and concerns raised in relation to the food service.
- As a result of an increase in workers compensation claims at the home an educational program with a safety slogan (THINK – Time out, Have a plan, Identify risk, No short cuts, Keep safe) was developed to encourage safe work practice and reduce workplace incidents. Education sessions have been provided for all staff and poster displays placed throughout the home. As a result of the program there has been a reduction in workplace incidents. Evaluation of the program is on-going.

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 fire safety statement meets regulatory requirements.

- The home has a food safety program audited by the NSW Food Authority and a current NSW Food Authority licence for vulnerable persons is on display.
- Chemicals are securely stored and safety data sheets (SDS) are displayed adjacent to the chemicals to which they refer in accordance with work health and safety legislation.

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

The home has systems to ensure staff have appropriate knowledge and skills referred to in expected outcome 1.3 Education and staff development. The home uses these systems to identify and implement a range of educational measures relevant to Accreditation Standard Four.

Examples of recent education attended by staff in relation to Accreditation Standard Four include:

- Fire equipment and evacuation procedures
- Infection control
- Manual handling
- Chemical safety.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home has systems to ensure management is actively working to provide a safe and comfortable environment consistent with care recipients' needs. Care recipients' rooms are personalised with personal furnishings and mementos. The safety and comfort needs of the care recipients are addressed through its provision of safe access to communal indoor and outdoor areas, appropriate furnishings, handrails and sufficient ventilation, cooling, heating and lighting. The home monitors its environment through the internal audit program and the continuous improvement team meetings. A work health and safety system and preventative and corrective maintenance program ensures that the physical environment is maintained in a safe manner. Care recipients/representatives stated they are satisfied with the environment of the home.

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 provides a safe working environment consistent with workplace, health and safety (WHS) policy and regulatory requirements. There is a system to record, analyse and review staff incidents and identified hazards. The home has a WHS committee with trained members representing different designations in the home. Staff receive WHS education on orientation and on an annual mandatory basis. Management monitors the WHS system through regular inspections, incident and hazard reporting, audits and feedback. New equipment is risk assessed for safety considerations and staff training is provided as required. Safe work practices were observed on site and staff stated they receive relevant education.

4.6 Fire, security and other emergencies

This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".

Team's findings

The home meets this expected outcome

The home has systems to promote the safety and security of care recipients, visitors and staff. These include emergency and fire evacuation policy and procedures as well as regular checks of the fire indicator panel and other fire safety equipment by an authorised contractor. Staff attend annual mandatory fire awareness, equipment and evacuation procedure training. Fire safety and emergency flip charts are situated in close proximity to telephones. Fire evacuation signs and diagrams are displayed and the home has an emergency management plan. There is an evacuation bag with a current care recipient evacuation list and photographic identity. Staff stated they have received training and know how to respond in the event of the fire alarm sounding. Care recipients/representatives stated they feel safe and secure in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control system for preventing, identifying, managing and minimising infections. The system includes policies and procedures, signage around the workplace, infection prevention strategies and surveillance and reporting processes. There are also procedures for hazard risk management, waste management and a food safety program. The home collects and analyses infection control data and the results are used to improve clinical outcomes for the care recipients. The kitchen, cleaning and laundry areas have effective infection control measures in place and interviews with staff demonstrated a commitment to, and understanding of, infection control principles and guidelines. All work areas provide sufficient and appropriate equipment to minimise infection risk. Staff interviews confirmed that they have a working knowledge of outbreak procedures.

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

There are systems to identify care recipients' meal requirements and preferences on entry to the home and as care recipients' needs change. All meals are cooked in the home's kitchen using a four week rotating menu. Texture modified diets are provided based on assessed needs. The kitchen is clean and orderly with systems in place to ensure food safety. Cleaning of the home occurs according to a documented schedule and in response to need. There are systems for the effective provision of laundry services and a clothing labelling service is provided. Care recipients/representatives stated they are satisfied with the variety, quality and quantity of food provided. Care recipients/representatives also expressed satisfaction with the cleanliness of the living environment and the laundry services provided.