



**Aged Care**  
Standards and Accreditation Agency Ltd

## **Decision to accredit Ainslie Nursing Home**

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Ainslie Nursing Home in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Ainslie Nursing Home is three years until 23 October 2012.

The Agency has found the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's site audit report.

The Agency is satisfied the home will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor progress with improvements and compliance with the Accreditation Standards.

### **Information considered in making an accreditation decision**

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

## Home and approved provider details

### Details of the home

|                                  |   |                                |            |              |      |
|----------------------------------|---|--------------------------------|------------|--------------|------|
| Home's name:                     | Ainslie Nursing Home                    |                                |            |              |      |
| RACS ID:                         | 8810                                    |                                |            |              |      |
| Number of beds:                  | 47                                      | Number of high care residents: | 36         |              |      |
| Special needs group catered for: | Nil                                     |                                |            |              |      |
| Street/PO Box:                   | 196-244 Low Head Road                   |                                |            |              |      |
| City:                            | LOW HEAD                                | State:                         | TAS        | Postcode:    | 7253 |
| Phone:                           | 03 6382 1477                            |                                | Facsimile: | 03 6382 3438 |      |
| Email address:                   | AinslieHouseLowHead.Admin@scctas.org.au |                                |            |              |      |

### Approved provider

|                    |                               |
|--------------------|-------------------------------|
| Approved provider: | Southern Cross Care (Tas) Inc |
|--------------------|-------------------------------|

### Assessment team

|                  |                                  |
|------------------|----------------------------------|
| Team leader:     | Marian (Sandra) Lacey            |
| Team member/s:   | Philip Baker                     |
| Date/s of audit: | 11 August 2009 to 12 August 2009 |

**Executive summary of assessment team's report**

**Standard 1: Management systems, staffing and organisational development**

| Expected outcome                    | Assessment team recommendations |
|-------------------------------------|---------------------------------|
| 1.1 Continuous improvement          | Does comply                     |
| 1.2 Regulatory compliance           | Does comply                     |
| 1.3 Education and staff development | Does comply                     |
| 1.4 Comments and complaints         | Does comply                     |
| 1.5 Planning and leadership         | Does comply                     |
| 1.6 Human resource management       | Does comply                     |
| 1.7 Inventory and equipment         | Does comply                     |
| 1.8 Information systems             | Does comply                     |
| 1.9 External services               | Does comply                     |

**Standard 2: Health and personal care**

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

**Accreditation decision**

| Agency findings |
|-----------------|
| Does comply     |
| Does comply     |
| Does comply     |
| Does comply     |
| Does comply     |
| Does comply     |
| Does comply     |
| Does comply     |
| Does comply     |

| Agency findings |
|-----------------|
| Does comply     |
| Does comply     |
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| <b>Executive summary of assessment team's report</b> |
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**Accreditation decision**

|                                       |
|---------------------------------------|
| <b>Standard 3: Resident lifestyle</b> |
|---------------------------------------|

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

| Agency findings |
|-----------------|
| Does comply     |
| Does comply     |
| Does comply     |
| Does comply     |
| Does comply     |
| Does comply     |
| Does comply     |
| Does comply     |
| Does comply     |
| Does comply     |

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| <b>Standard 4: Physical environment and safe systems</b> |
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| Expected outcome                            | Assessment team recommendations |
|---|---------------------------------|
| 4.1 Continuous improvement                  | Does comply                     |
| 4.2 Regulatory compliance                   | Does comply                     |
| 4.3 Education and staff development         | Does comply                     |
| 4.4 Living environment                      | Does comply                     |
| 4.5 Occupational health and safety          | Does comply                     |
| 4.6 Fire, security and other emergencies    | Does comply                     |
| 4.7 Infection control                       | Does comply                     |
| 4.8 Catering, cleaning and laundry services | Does comply                     |

| Agency findings |
|-----------------|
| Does comply     |
| Does comply     |
| Does comply     |
| Does comply     |
| Does comply     |
| Does comply     |
| Does comply     |
| Does comply     |

## **Assessment team's reasons for recommendations to the Agency**

The assessment team's recommendations about the home's compliance with the Accreditation Standards are set out below. Please note the Agency may have findings different from these recommendations.



**Aged Care**  
Standards and Accreditation Agency Ltd

## SITE AUDIT REPORT

|              |                      |
|--------------|----------------------|
| Name of home | Ainslie Nursing Home |
| RACS ID      | 8810                 |

### **Executive summary**

This is the report of a site audit of Ainslie Nursing Home 8810 196-244 Low Head Road LOW HEAD TAS from 11 August 2009 to 12 August 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

### **Assessment team's recommendation regarding compliance**

The assessment team considers the information obtained through audit of the home indicates that the home complies with:

- 44 expected outcomes

### **Assessment team's recommendation regarding accreditation**

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Ainslie Nursing Home.

The assessment team recommends the period of accreditation be three years.

### **Assessment team's recommendations regarding support contacts**

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

# Site audit report

## Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 11 August 2009 to 12 August 2009.

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

## Assessment team

|                |                       |
|----------------|-----------------------|
| Team leader:   | Marian (Sandra) Lacey |
| Team member/s: | Philip Baker          |

## Approved provider details

|                    |                               |
|--------------------|-------------------------------|
| Approved provider: | Southern Cross Care (Tas) Inc |
|--------------------|-------------------------------|

## Details of home

|               |                      |
|---------------|----------------------|
| Name of home: | Ainslie Nursing Home |
| RACS ID:      | 8810                 |

|  |     |
|--|-----|
| Total number of allocated places:                | 47  |
| Number of residents during site audit:           | 42  |
| Number of high care residents during site audit: | 36  |
| Special needs catered for:                       | N/A |

|                 |   |            |              |
|-----------------|---|------------|--------------|
| Street/PO Box:  | 196-244 Low Head Road                   | State:     | Tasmania     |
| City/Town:      | LOW HEAD                                | Postcode:  | 7253         |
| Phone number:   | 03 6382 1477                            | Facsimile: | 03 6382 3438 |
| E-mail address: | AinslieHouseLowHead.Admin@scctas.org.au |            |              |

### Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Ainslie Nursing Home.

The assessment team recommends the period of accreditation be three years.

### Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

### Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and the reasons for its recommendations are outlined below.

### Audit trail

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

#### Interviews

|                               | Number |                               | Number |
|-------------------------------|--------|-------------------------------|--------|
| Facility Manager              | 1      | Residents/representatives     | 7      |
| Registered nurses             | 4      | Corporate director of nursing | 1      |
| Care staff                    | 4      | Manager quality & risk        | 1      |
| Corporate maintenance officer | 1      | Chief executive officer       | 1      |
| Pharmacist (by telephone)     | 1      | Maintenance staff             | 1      |
| Corporate business manager    | 1      | Administrative assistants     | 2      |
| Catering staff                | 1      | Leisure and lifestyle staff   | 1      |
| Cleaning staff                | 1      | Laundry staff                 | 1      |

#### Sampled documents

|                                    | Number |                   | Number |
|------------------------------------|--------|-------------------|--------|
| Residents' files                   | 10     | Medication charts | 6      |
| Summary/quick reference care plans | 4      | Personnel files   | 3      |
| Resident agreements                | 6      | -                 | -      |

#### Other documents reviewed

The team also reviewed:

- Activities calendar
- Advance directives
- Assessment competencies
- Audit results
- Audit schedule
- Board governance planning schedule
- Call bell records and analysis
- Care plan review sheet
- Cleaners communications book



- Cleaners roster
- Cleaning schedules all areas
- Clinical charts including blood glucose monitoring charts
- Comments and complaints file
- Commissioning test reports for fire panel
- Committee meetings calendar
- Complaints register
- Confidentiality agreements
- Continuous improvement plan and log book
- Current infection control guidelines 2004
- Daily menus
- Database for current staff police checks
- Devotions calendar
- Diabetic management plans
- Diet analysis forms
- Doctors' medication ordering book
- Draft procedure contractors and agency staff re police checks
- Duty lists
- Education calendar and records
- Emergency procedures manual
- Emergency processes folder
- Environmental audits
- Evacuation maps
- External contracts
- Fire equipment and maintenance records
- Global assessments
- Group therapy folder
- Handover sheet
- Hazard alert forms
- Improvement logs
- In service folder
- Incident reports
- Industry approved and generic assessments
- Infection control committee folder
- Infection control manual
- Infection control reports
- Infection control strategic plan
- Interim guidelines for gastroenteritis
- Internal audits file
- Job descriptions
- Kitchen temperature records file
- Letters of agreements for external contractors
- Lifestyle assessment forms
- Maintenance checklists
- Maintenance request book
- Mandatory reporting folder
- Mandatory training records
- Material safety data sheets
- Medication advisory committee meeting minutes
- Medication management competencies
- Medication refrigerator temperature logs
- Meeting minutes
- Memos file

- Menu committee minutes
- Minutes of meetings
- Newsletters
- Nurses registration register
- Occupational health & safety minutes
- Organisational business plan
- Organisational strategic plan and charts
- Pan room
- Police check register
- Policies and procedures
- Policy manual
- Position descriptions
- Preferred supplies contact details file
- Preventative maintenance calendar
- Progress notes
- Quality benchmarking high care management report
- Quality data collection
- Quality meeting minutes
- Rate calculation sheet for infections, skin tears, falls
- Recruitment policies and procedures
- Reportable incidents spreadsheet
- Resident activities attendance file
- Resident care documentation policy
- Resident clothing policy
- Resident feedback survey forms
- Residents dietary analysis forms
- Residents meeting minutes
- Residents rights and responsibilities posters
- Residents' information handbook
- Residents' information package and surveys
- Restraint folder with authorities
- Risk assessments
- Security of tenure agreements
- Sensory therapies file
- Skin care in-service handout
- Staff appraisals
- Staff communication book
- Staff handbook
- Staff meeting minutes
- Staff orientation programme
- Staff rosters
- Staff signed confidentiality agreement forms
- Staff survey on infection control
- Tas Fire log book
- Training attendance records
- Training calendar
- Vision, mission and values statements
- Volunteer police checks x 4
- Wandering/absconding resident management system
- Wound register

## Observations

The team observed the following:

- Activities in progress
- Administration of medication
- Bathrooms
- Blood spill kit
- Call bell system in operation
- Charter of resident rights posters
- Checking of drugs of addiction at shift changeover
- Chemicals safe handling sheets
- Chemicals storage areas
- Communal dining rooms and lounge areas
- Continence supplies storage and in resident rooms
- Dining room
- Drink stations
- Dry goods store room
- Electrical tagging
- Emergency evacuation kit
- Emergency lighting
- Equipment and supply storage areas
- External bins and rubbish areas
- External pathways and gardens
- Fire and alarm emergency control panel
- Fire equipment and extinguishers
- Fire evacuation maps
- Food safety certificate
- Food service refrigerators and pantry
- Fresh flowers on dining room tables
- Hand washing stations
- Infectious waste bins and sharps containers
- Information and brochures availability
- Information on noticeboards
- Interactions between staff and residents
- Internal living environment
- Kitchen, cleaning and laundry areas
- Levels of stock and equipment
- Linen storage
- Living environment
- Meal being served
- Meal preparation and serving
- Nurses stations
- Oxygen in use signs and storage areas
- Oxygen storage areas
- Raised garden beds in courtyard
- Resident in smoking area wearing fire retardant apron
- Resident receiving hand massage
- Residents birthday cake list
- Residents rooms and en suites
- Residents using mobility aids
- Security systems
- Sensory stimulation trolley
- Smoking areas
- Staff practices

- Staff room with notice boards
- Storage of medications
- Suggestion box
- Vegetable patch
- Visitor sign in book
- White boards for resident daily reminder notices

## **Standard 1 – Management systems, staffing and organisational development**

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

### **1.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

Ainslie Nursing Home forms part of a larger organisation which operates a number of aged care facilities and demonstrates an active and ongoing commitment to continuous improvement using systems and processes both formal and informal. These include observation by senior staff, feedback from residents verbally or through the internal audit surveys, resident and staff meetings, comments from residents’ representatives or the formal complaints process. Management collect data from all sources which is collated and analysed and forms part of the continuous improvement plan. Scheduled internal audits are conducted to monitor compliance across the four Standards. Results are reported at staff meetings and passed through to the relevant committee for action and follow up as agenda items until resolved or closed. Resident feedback indicates that the home seeks their opinion and encourages involvement in the pursuit of continuous improvement. Staff stated they contribute suggestions for improvement and this was confirmed through documentation review. The home reported the following improvements:

- Introduction of a new legislative monitoring system to improve education and understanding of mandatory topics and general awareness of health industry guidelines and education resources available to staff.
- Consolidation of administrative function and better use of support from ‘head office ‘ for financial and computer assistance advice and general communication flow issues resulting in better reporting systems and use of administration staff time.
- All staff position description reviews now completed with easier standardised format for staff and clarification of roles clearly outlined.
- Review of all policies and processes now completed with staff acknowledging the format is easier to follow.
- Care plan review on going with new forms now in use to capture a wider range of assessment information.

### **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 recommendation**

Does comply

The home has systems in place to manage changes and compliance to relevant legislation, guidelines and regulations. The organisation provided briefs to the home on matters that require interpretation and training is facilitated by head office and the home as appropriate. Information is received from a variety of sources and peak industry bodies via subscription and the facility manager distributes appropriately to stakeholders, staff and members of the senior management team to ensure compliance, understanding, identification of training needs and follow up to ensure staff competencies. Any changes in legislation that require policies and processes requiring review are identified and actioned and the teams review of documents confirm appropriate polices are up to date. Compliance is monitored through

management systems including audits, complaints, hazard risk and incident reporting. Staff confirm they are well informed about legislative and regulatory compliance issues.

### **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 recommendation**

Does comply

The home has a system in place to identify training needs through staff appraisals and annual training needs analysis surveys. A training calendar is developed that includes mandatory training with topics across the four accreditation standards. Programming is flexible to allow for 'as needed' training topics identified through the surveys. Education is advertised through the training calendar and memoranda posted to ensure staff are notified of upcoming training. Attendance records are kept however the home did not provide evaluations. Staff confirmed the home offers frequent in service education, often during handover with formal education in services and mandatory training requiring attendance through the year. The most recent topic conducted for standard one included Elder abuse and mandatory reporting and workplace professionalism.

### **1.4 Comments and complaints**

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

#### **Team's recommendation**

Does comply

Residents, representatives and staff have ready access to internal complaints and comments forms as well as independent external complaints resolution and advocacy services. The residents' handbook given on entry to the home outlines the comments and complaints process and forms are readily available throughout the home alongside post boxes for completed forms and explanatory signage about advocacy and external complaints handling services. Other avenues open to residents who wish to raise issues of concern are residents meetings and access to staff and management who are willing to complete a form for them as advocates or to discuss the issue confidentially. Residents confirmed they are aware of the complaints process and feel comfortable in raising issues and confident they will be dealt with 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 recommendation**

Does comply

The home's vision and mission statement is displayed around the home and outlines the commitment to quality care services underpinning the core philosophy of Southern Cross as a provider of aged care services. This is further reflected in the resident and staff handbook and strategic and business plan documents available in the home's foyer and is evident in the organisational commitment to planning and leadership. The organisational chief executive officer confirmed the Board had attended a governance planning seminar four months earlier and each director has a portfolio for overseeing one home in a supportive leadership and resource capacity.

## **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 recommendation**

Does comply

The organisation recruits staff with appropriate skills to ensure services are delivered in accordance with the organisations vision and mission objectives. Rosters demonstrate adequate numbers of qualified staff for residents in the home and staff confirm they are generally able to complete their duties within the allocated time and attend to residents care needs. Management stated agency nursing staff is routinely used to fill night shift vacancies and recruitment is on going. At interview all applicants are required to undergo police checks and nurses must provide proof of current registration. An annual staff appraisal schedule is in place and competencies are observed throughout the year with performance counselling provided as appropriate. Residents state they are aware staff are busy but generally they do not feel their care is compromised and they confirm services are delivered professionally and competently; and they generally do not need to wait for extended periods for attention when called for. Staff are supportive of management and state they feel part of a good team and express satisfaction in working at the home.

## **1.7 Inventory and equipment**

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

### **Team's recommendation**

Does comply

The home has adequate stocks of goods and equipment that support a quality service delivery. Stock control is the responsibility of appropriate senior staff members in each area and storage areas are clean, tidy and secure. The organisation has core statewide agreements in place with main suppliers contracted to supply and maintain most stock consumable items and equipment needs. A stock ordering system through administration is in place for kitchen, laundry, clinical and maintenance. All equipment is scheduled for preventative maintenance and corrective repair requests are logged through a communications book for the attention of the maintenance staff member. Residents stated they were satisfied with equipment provided and level of stocks readily to hand and replenished as required.

## **1.8 Information systems**

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

### **Team's recommendation**

Does comply

Management and staff have access to information to assist them to perform their duties despite some inconsistency in format and presentation of some forms. The team noted that with the merger of the home with the Southern Cross Care organisation new forms have been introduced alongside the older versions and files invariably contain a mix of both. Policies and processes and a wide range of resource materials were observed to be available in nurses' stations and staff room together with copies of meeting minutes and education and training schedules to keep staff updated. Residents and representatives are kept informed about matters relating to the home through meetings, newsletters, notices and flyers delivered to rooms and white boards which carry reminder messages updated daily and placed in the dining room and lounge areas. Resident files contain a range of

appropriate and updated information to enable staff to meet residents care and lifestyle needs, however, again these are presented in a mix of old and new forms. Residents and representatives' stated they are provided with information appropriate to their needs.

### **1.9 External services**

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

#### **Team's recommendation**

Does comply

The home has systems in place to ensure the quality and suitability of externally sourced services. External suppliers have contracts specifying expected standards of service delivery and quality of goods and these benchmarks form the basis for assessment before contracts are renewed. Termination of contract takes place where service delivery fails to meet expectations. A list of approved providers is maintained at the home which has a degree of flexibility with local suppliers but is largely supported by the organisation with group service contracts across all essential services. Residents and staff confirm they are satisfied with the services provided at the home by external contractors.



## **Standard 2 – Health and personal care**

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

### **2.1 Continuous improvement**

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

#### **Team's recommendation**

Does comply

The home has systems and procedures to identify opportunities for continuous improvement as they relate to Standard Two. Information is collected from a wide variety of sources including a range of internal audits to ensure staff, residents and other stakeholders have input into the plan. Results of audits are reviewed by the facility manager in conjunction with quality and senior personnel and where required attended to immediately. Continuous improvement is a standing agenda item at staff meetings where matters are also referred to the relevant committee for further action as required. Staff confirm they are actively involved in contributing to the continuous improvement plan and residents confirm the home is responsive to their changing clinical care needs.

The home reported the following improvements related to Standard two:

- All policies and procedures for Standard Two have been reviewed and updated to reflect contemporary care practices.
- Assessment forms have been reviewed and improved with more detailed care plan information recorded and assessment questions expanded to capture more data. The continuous improvement plan is ongoing with this matter and all new assessment forms yet to be completed for all residents'.

### **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 recommendation**

Does comply

The facility manager is responsible for ensuring that staff are notified of any legislation changes relevant to Standard Two in the home. Regulatory compliance relating to standards of health and personal care is evaluated and monitored through audits, observation and supervision by senior staff. Medications are stored and administered according to Tasmanian legislative requirements. Registered and enrolled nurses hold current registration and qualifications are checked prior to employment. Staff stated they are well informed about regulatory requirements and changes in legislation.

### **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 recommendation**

Does comply

The home has a system in place to identify training needs through staff appraisals and annual training needs analyses surveys. A training calendar is developed that includes

mandatory training with topics across the four accreditation standards. Programming is flexible to allow for 'as needed' training topics identified through the surveys. Education is advertised through the training calendar and memoranda posted to ensure staff are notified of upcoming training. Attendance records are kept however the home did not provide evaluations; however staff confirmed the home offers frequent in service education, often during handover with formal education in services and mandatory training requiring attendance through the year. The most recent topic conducted for standard one included Understanding and managing dementia, insulin treatments, diabetes education, wound management, physical assessments and palliative care.

#### **2.4 Clinical care**

*This expected outcome requires that "residents receive appropriate clinical care".*

##### **Team's recommendation**

Does comply

The home has a system in place, underpinned by policies and procedures that ensure residents' clinical care is managed by appropriately skilled and trained staff. All residents are assessed upon entry to the home and an interim care plan is developed, followed by a permanent care plan in consultation with residents/representatives. There is regular evaluation of care plans and all high care residents are reviewed monthly through the home's 'global' evaluation system. Clinical care is supervised by registered nurses or enrolled nurses and staff confirm the care residents receive is actually being delivered. Practices are monitored through the director of nurse's or the clinical care coordinator's observation, handover, daily 'global' meetings or duty list sign off. Residents confirm they are happy with the care they receive.

#### **2.5 Specialised nursing care needs**

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

##### **Team's recommendation**

Does comply

Residents' specialised nursing care needs are determined on entry into the home and a system is in place to ensure those care needs are managed by registered nurses or enrolled nurses. Specialised nursing needs are documented in specific specialised nursing care folders kept at the nursing stations for staff to access and then make specific for each resident's needs. Residents who have specialised needs, such as blood sugar monitoring, wound management needs, oxygen monitoring or infection care have their care plans filed in this folder. Nursing staff have been trained in the use of blood sampling techniques to monitor residents who are on blood thinning medication. There is regular evaluation and updating of residents' needs by registered nurses with input from the home's physiotherapist, allied health, medical practitioners and carers. Blood sugar levels are clearly identified and frequency of monitoring is recorded in resident files. Staff practices are monitored through the director of nursing and clinical care coordinator.

#### **2.6 Other health and related services**

*This expected outcome requires that "residents are referred to appropriate health specialists in accordance with the resident's needs and preferences".*

##### **Team's recommendation**

Does comply

Residents' other health care needs are assessed on entry into the home that includes podiatry, speech pathology, optometry, audiology, dental and medical specialists. There is a visiting physiotherapist who attends to residents' physiotherapy requirements. Residents

other specialist requirements and appointments are documented in residents' progress notes. Care plans are developed through the assessment process and there is regular evaluation by registered nurses. Other external support services such as Dementia and Behaviour Management and Advisory Service (DBMAS) and palliative care services are obtained as required. Interviews with residents confirm they are supported to access medical and other health care specialists as required. Staff confirm they regularly make arrangements for residents' to see specialists and manage the information between residents' medical practitioner and other health care practitioners.

## **2.7 Medication management**

*This expected outcome requires that "residents' medication is managed safely and correctly".*

### **Team's recommendation**

Does comply

There is a system in place supported by policies and procedures that ensure residents' medication requirements are safely and correctly administered. Qualified nursing staff administer residents' medication from pre dispensed multi-dose blister packs. If residents self-administer their medications, they are assessed for their ongoing competence in which to do so and their medications are stored correctly. There are systems in place to receive telephone orders for medications and medication charts are reviewed and rewritten by residents' medical practitioners every three months, and in consultation with registered nurses or medication endorsed enrolled nurses. The team noted allergies are documented on drugs charts. The home has a consultant pharmacist who undertakes regular medication, the process of which includes collaboration with residents' doctors. There are regular medication error audits as well as a medication advisory committee, which meets on a regular basis in consultation with three other local facilities. There is a system in place to monitor the use of the home's medication imprest system, medications of which are owned by the pharmacy but for which the home has access for emergency use and for which a register is kept.

## **2.8 Pain management**

*This expected outcome requires that "all residents are as free as possible from pain".*

### **Team's recommendation**

Does comply

All residents are assessed for pain on entry into the home and on an ongoing as needs basis. Care plans are developed from the assessments with individual interventions noted, in conjunction with the resident/representative. There is regular evaluation by registered nurses. Staff document outcomes through the home's use of as needed medication stickers in residents' progress notes. All files reviewed by the team included pain assessments with regular evaluations. Interviews of residents confirm that issues of pain are dealt with by staff to the satisfaction of residents reviewed. Observation and interviews with staff indicate there is a pain management system and process in place.

## **2.9 Palliative care**

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

### **Team's recommendation**

Does comply

Residents are assessed on admission to the home for their palliative care requirements and the home requests residents to provide advance directives, on admission. The home reviewed two deceased files and noted a palliative care plan had been developed and there

was regular evaluation. There is specialist advice available by external palliative care services, as required. There are numerous small lounge areas in the facility that allows family meeting areas. There is pastoral care staff input into the care planning process and residents confirm the home has memorial services dedicated to recent passing. Staff confirm recent education on palliative care.

## **2.10 Nutrition and hydration**

*This expected outcome requires that “residents receive adequate nourishment and hydration”.*

### **Team’s recommendation**

Does comply

Residents are assessed on entry to the home and care plans are developed as a result. Any dietary requirements and preferences along with special needs such as assistive devices or swallowing difficulties are determined and recorded in detail on dietary analysis forms, which include allergy notification, personal food preferences and requests and are forwarded to catering. Residents’ weights are monitored at least monthly or more frequently, if required. Staff confirm they have had education on nutrition and hydration and residents say they are satisfied with the food and care they receive at the home. Specialist dietician advice is difficult for the home to obtain due to their remote location however the home has access to dietary education information and utilises body mass index calculating information; however the menu is reviewed by a dietician at Hobart hospital. Nurses ensure nutritional supplements are administered to residents.

## **2.11 Skin care**

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

### **Team’s recommendation**

Does comply

All residents are assessed for skin care requirements against an industry accepted risk assessment tool and a care plan is developed consequently. Registered or enrolled nurses evaluate the care plan and high care residents’ care plans are reviewed monthly through the home’s week day ‘global’ care meetings. There is wound care management information available at each nurse’s station along with duty lists that include skin assessments during hygiene care. Incident reports include skin incidents such as skin tears, pressure sores, and other wound descriptions. Wound charts are developed to track progress and manage wounds. Residents say they are satisfied with the skin care they receive. The home uses appropriate skin cleansers and skin moisturisers to enhance skin integrity.

## **2.12 Contenance management**

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

### **Team’s recommendation**

Does comply

All residents are assessed on entry to the home for their continence needs and on an ongoing basis. Care plans are developed in consultation with residents/representatives. Strategies and interventions are commenced, which include measures such as regular toileting times, use of continence aids, management of urinary tract infections and diagnoses, management and prevention of constipation. The home has a stock replenishment system in place to ensure adequate supplies of continence aids. Staff receive regular training from the continence supplier and ensure the use of appropriate aids. Residents say they are satisfied with the continence programme. Urinary tract infections are

monitored and data is collated and analysed with appropriate interventions implemented.

### **2.13 Behavioural management**

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

#### **Team’s recommendation**

Does comply

Residents are assessed on entry into the home for identification of challenging behaviours. In consultation with the resident/representative, care plans are developed by registered nurses and evaluated on a regular basis. Interventions are put in place; however the home has access to an advisory service resource for education and management strategies of challenging behaviour. The team noted restraint authorities for use of lap sash use whilst in ‘water’ chairs, chemical restraint or concave mattresses and there were regular reviews of all restraint authorities observed. A behaviour incident reporting system is in place. Staff were observed interacting with residents displaying difficult behaviours in a calm and caring manner and residents expressed satisfaction with the home’s management of difficult behaviours.

### **2.14 Mobility, dexterity and rehabilitation**

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

#### **Team’s recommendation**

Does comply

All residents are assessed for their mobility requirements on entry to the home. In consultation with the resident and physiotherapist, a comprehensive mobility and falls risk assessment is undertaken, with regular evaluation of care plans by registered nurses. Residents’ care plans have individually devised exercise regimes, which are implemented by care staff under the supervised instruction of the physiotherapist. Observations indicate that residents are encouraged to maintain their level of mobility through staff involvement. There is lifestyle and leisure inputs through regular gentle exercise sessions to assist residents maintain mobility, held in the main dining area. There is evidence of recent staff education through external providers and proof of active involvement to assist residents who have high levels of falls through incident review, encouragement of residents to wear hip protectors and frequent assessments. Residents expressed satisfaction with the home’s approach to mobility management.

### **2.15 Oral and dental care**

*This expected outcome requires that “residents’ oral and dental health is maintained”.*

#### **Team’s recommendation**

Does comply

There are systems in place, underpinned by policies and procedures that ensure residents’ oral and dental care is managed by suitably qualified staff. All residents are assessed for their oral and dental needs on entry into the home. A care plan is developed in consultation with the resident/representative and is evaluated by registered nurses on a regular basis. The home undertakes swallowing assessments with a referral system in place as required. Staff said they assist residents to clean teeth when attending to hygiene. Residents say they are satisfied with the care they receive from the home.

## **2.16 Sensory loss**

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

### **Team’s recommendation**

Does comply

All residents are assessed for sensory loss on entry into the home. A care plan is developed in consultation with the resident/representative and evaluated on a regular basis by registered nurses. Care plans indicate whether residents’ vision, hearing, smell, taste or touch is altered and strategies put into place to manage deficits. Information regarding management of hearing aids, spectacles, limb products, splints and other aids are generally found in the care plan. The home environment takes into consideration any safety hazards that may affect residents with sensory losses. Interviews with staff indicate they have had recent training in strategies to manage residents’ sensory losses. Residents confirm they are satisfied with the care they receive from the home.

## **2.17 Sleep**

*This expected outcome requires that “residents are able to achieve natural sleep patterns”.*

### **Team’s recommendation**

Does comply

Residents are assessed on entry into the home for their sleep requirements. A care plan is developed in consultation with residents/representatives and is regularly evaluated by registered nurses. Nightly routines and settling times are detailed in residents’ care plans with non-medication interventions and strategies explored as required. The home has developed guidelines for sleep and settling of residents which includes alternative therapy interventions. Interviews with residents confirm they are able to get a reasonable nights’ rest and if they do not, care staff are able to put into place strategies outlined in the individual care plan.

### **Standard 3 – Resident lifestyle**

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

#### **3.1 Continuous improvement**

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

##### **Team’s recommendation**

Does comply

The home has systems and processes in place to identify and pursue continuous improvement in areas relating to resident lifestyle. Information and feedback is collected and recorded from resident surveys and other internal audits and is incorporated into the home’s improvement plan. A residents and representatives meeting is held monthly and matters raised are discussed and strategies for action agreed. Documentation reviewed indicates follow up occurs in response to issues raised that benefit stakeholders. Staff confirm they are given opportunities to make suggestions for improvement and management are responsive. Residents state they are generally satisfied with the outcomes. The home reported the following improvements relating to Standard three:

- Introduction of an improved process form to capture the social history of new residents on entry to the home. Existing residents to be interviewed again over the next six months to capture and review their information.
- New sensory trolley successfully introduced and trialled allowing interaction with high care residents in their room for hand massage and other sensory activities to be given on a one to one basis. Activities include nail care, staff writing letters for residents who dictate content, helping to make telephone calls to speak to family and friends and newspaper reading.
- Extra bingo session introduced by popular demand from residents now four times a week.
- Reformatting of ‘Friendship club’ to provide more emphasis on welcoming new residents to assist with the settling in process and enhancement of the existing buddy system assisting new residents to contribute to the community life of the home.

#### **3.2 Regulatory compliance**

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

##### **Team’s recommendation**

Does comply

The home ensures regulatory compliance related to resident’s lifestyle is reflected in policies and processes used and is driven by legislative changes and regulatory requirements. Privacy and confidentiality matters for residents are respected as are other issues contained in the resident charter of rights, copies of which are located throughout the home. Occupancy agreements are in place and residents and representatives are informed of any changes regarding regulatory compliance. Residents and relatives confirmed they were aware of the complaints process and other options open to them should they wish to raise any issues of concern.

### **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 recommendation**

Does comply

The home identifies training needs through the annual training survey and staff appraisal system. A training calendar is developed that includes mandatory training with topics listed across the four accreditation standards. The program is flexible and allows for 'as needed' training topics that are identified through staff training needs surveys. Education is advertised through the training calendar and memoranda are posted to ensure staff are notified of upcoming training. Attendance records are maintained for sessions attended however evaluations are not routinely kept but management confirmed this will change. Sessions related to standard three include dementia, behaviour management and support for the older person to meet emotional and psychosocial needs.

### **3.4 Emotional support**

*This expected outcome requires that "each resident receives support in adjusting to life in the new environment and on an ongoing basis".*

#### **Team's recommendation**

Does comply

Residents, family members or representatives are provided with a tour of the facility prior to entry to the home and where possible a buddy system is used to help a new resident settle into their new surroundings. Residents are encouraged to personalise their rooms with items of special significance to them. New residents are seen by a member of the lifestyle assessment team who develops a lifestyle care plan to reflect the resident's individual likes, interests and preferences for activities. Any religious affiliations are also noted and pastoral care workers notified as appropriate according to denomination specified. Emotional needs are reviewed on an ongoing basis and any signs of depression or boredom are particularly noted. Residents stated they receive emotional support and staff are responsive to their needs.

### **3.5 Independence**

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

#### **Team's recommendation**

Does comply

Management and staff seek to assist residents remain as independent as possible after entry to the home and to maintain their links with family and the wider community. Outings for residents to go shopping and visits to coffee shops are encouraged and the home has a bus or arranges a taxi for smaller groups or individuals. Friends and family members are encouraged to visit and become involved in the activities of the home. The home has a number of private sitting areas to meet with visitors or for quiet reflection. Residents are able to access the gardens and grounds which feature an external chapel overlooking the sea. Residents confirm they are encouraged to be as independent as possible.



### **3.6 Privacy and dignity**

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

#### **Team's recommendation**

Does comply

There are processes in place to ensure residents privacy, dignity and confidentiality is recognised and respected. Policies and care documentation along with residents and staff handbooks promote awareness of residents' rights' and demonstrate the home's commitment to providing each resident with due respect, privacy and dignity. Staff members were observed to knock before entering rooms and were seen to be respectful and sensitive to residents needs. Residents were complimentary regarding staff attention, particularly assistance with showering and other issues requiring privacy and dignity compliance.

### **3.7 Leisure interests and activities**

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

#### **Team's recommendation**

Does comply

The home provides a varied leisure and lifestyle programme which is compiled through consultation with residents on entry to the home to reflect as much as possible, their individual needs and preferences for activities to enhance their well being. A weekly activities calendar is delivered to each resident and is displayed throughout the home with reminders on 'activities today' written on the white board in the dining room. Attendance records are kept to assist care staff to review individual lifestyle plans and evaluate participation and effectiveness. One on one activity opportunities are offered to residents who are unable or unwilling to participate in group sessions and new activities are introduced in response to periodic resident feedback surveys. Document review and resident and staff interviews confirm that the home provides a wide range of activities of interest to the majority of residents.

### **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 recommendation**

Does comply

The individual beliefs and customs of residents are identified in the assessment process on entry to the home and are incorporated into their leisure and lifestyle plan. Religious services are conducted in the home and in the homes' own church in the grounds for various denominations as required. The leisure and lifestyle programme includes cultural and ethnic celebrations of significance such as St Patrick's Day, May Day and Australian events including the Melbourne Cup. Relevant religious events important to residents are also acknowledge and celebrated. Residents confirm they are satisfied with the way in which their cultural and spiritual needs are met and support they receive in attending church services.

### **3.9 Choice and decision-making**

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

#### **Team's recommendation**

Does comply

The home is committed to promoting individual resident choice and decision making and this includes resident's personal care, grooming, rising and sleep times, food choices and participation in activities. Residents with reduced decision making capacity are identified and their authorised representative consulted about issues of choice as appropriate. Resident and relative meetings provide a forum for matters of decision making and choice of interest to them and feedback surveys are also used to seek and raise issues of concern. Residents confirm they are confident in raising such issues preferring initially to do so with care staff who may advocate on their behalf and with management if a satisfactory outcome is not achieved. Staff confirm they are able to lodge comment forms on behalf of residents but this is usually a 'last resort' as the informal verbal system is usually enough to achieve the desired outcome.

### **3.10 Resident security of tenure and responsibilities**

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

#### **Team's recommendation**

Does comply

Information relating to security of tenure and responsibilities is provided to residents and/or their representatives on entry to the home. The resident's handbook also contains information on the resident's charter of rights and responsibilities and a copy is also given at time of entry. Residents and representatives are informed of any changes to fees and consulted on any other arrangements that may develop due to resident health care changes and any specialised needs that may impact on tenure issues. Residents and representatives confirm that agreements were explained as part of the admissions process and that they are aware of their rights and responsibilities. (See also expected outcome 1.8 Information systems)

## **Standard 4 – Physical environment and safe systems**

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

### **4.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

The physical environment, hospitality and safe systems are monitored through the Quality and safety committee. The home implements corrective actions to ensure that opportunities for improvement identified are acted on in a timely manner. Internal and external monitoring systems ensure evaluation outcomes are recoded and analysed for effectiveness and sustainability. Staff confirm they are involved in contributing to the continuous improvement process. The home reported the following improvements related to standard four:

- Review of cook/chill food preparation process with recommendation to purchase of an industrial rapid cooler to improve service delivery.
- Introduction and purchase of a self managed dietary advice guidelines and menu nutrition analysis tool prepared specifically for the Aged care industry. Management confirm the home has been finding it increasingly difficult to access the services of a dietician to provide advice on menu construction from a nutritional perspective. This is an organisational improvement initiated by the group state-wide foodservice manager and the home’s menu review committee.

### **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 recommendation**

Does comply

The home ensures regulatory compliance related to physical environment and safe systems is monitored through policy and procedure review as well as through legislation and regulatory change. Senior management and the quality and safety committee review audit outcomes for infection control, food safety, fire and emergency and other related audits to monitor compliance. The kitchen has current certification and registration with the local council and staff were able to demonstrate compliance with food hygiene practices, infection control and related work practices. Staff confirm they are informed about legislative changes as they occur and receive training as appropriate.

### **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 recommendation**

Does comply

The home identifies training needs through the annual training survey and staff appraisal system. A training calendar is developed that includes mandatory training with topics listed across the four accreditation standards. The program is flexible and allows for ‘as needs’ training topics that are identified through staff training needs surveys. Education is advertised through the training calendar and memoranda are posted to ensure staff are notified of up

coming training. Attendance records are maintained for sessions attended however evaluations are not routinely kept but management confirmed this will change. Sessions related to standard four include food handling, infection control, 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 residents' care needs".*

#### **Team's recommendation**

Does comply

The home accommodates residents in single rooms with en-suites and provides a warm, secure and comfortable environment. Residents have access to spacious lounge areas all with pleasant views of coastal scenes and river activity; and the design of the building allows maximum sunlight into rooms. Raised garden beds are accessible by residents in the enclosed internal courtyard. Emergency exits are safe and lead to appropriate emergency gathering sites. Residents' rooms are personalised with items of their choice; bathrooms are fitted out according to their care and safety needs and call bells are within reach. Residents' mobility needs are assessed and monitored with appropriate aids provided as required and corridors are wide with easy access with hand rails to facilitate safe mobility. Residents confirm they feel safe. There is a system in place to identify hazards and scheduled maintenance is monitored both manually and electronically, including electrical tagging of equipment.

#### **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 recommendation**

Does comply

Management and staff work together through an active occupational health and safety programme to help provide a hazard free safe working environment. There are systems in place to identify risks and analyse incidents, identify trends and monitor equipment for safe use. Education material is available at appropriate locations including manual handling and chemical handling safety. The orientation programme includes compulsory training in safe systems and staff are made aware of safety issues and practices through scheduled mandatory training sessions, meetings and environmental audits. Staff are able to contribute to the home's safety through actioning maintenance and improvement requests and by raising related issues at staff meetings. Personal protection equipment is available in key areas within the home and staff confirm lifting equipment is in good order and training is given regularly on manual handling.

#### **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 recommendation**

Does comply

There are systems in place to minimise emergency risks including fire detection and fire fighting equipment, clear exit signs, evacuation maps and emergency procedure guidelines. An external company tests the fire alarm systems and fire fighting equipment on a regular, scheduled basis; compliance is monitored and records are current. Emergency exit paths are paved with safe ingress and egress, and evacuation plans are situated throughout the home and resident lists with resident mobility needs are easily accessible. The building is secured

in the evening with doorbell and intercom access available after hours and there is closed circuit television surveillance of external entrance areas. The reception area is manned during business hours and visitors and contractors are required to sign in and out of the home. Residents are confident that staff have skills and knowledge necessary in the event of an emergency. Staff confirmed annual compulsory training in fire and emergency procedures and knowledge of fire and emergency responses.

#### **4.7 Infection control**

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

##### **Team's recommendation**

Does comply

The home has an infection control program underpinned by policies and procedures. The director of nursing and clinical care coordinator collects, collates and analyses data reporting any infections in the home. There is evidence in resident files that infection is identified promptly and treated appropriately. Staff are aware of infection control guidelines and use disposable equipment for medical procedures. There is a vaccination program for influenza for both residents and staff; waste is managed and disposed of appropriately and sharps containers and blood spill kits were observed. Staff were observed undertaking hand washing practices between caring for residents. There is gastroenteritis outbreak information located at the nursing station and infection control and hand washing competencies are maintained annually.

#### **4.8 Catering, cleaning and laundry services**

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

##### **Team's recommendation**

Does comply

The home has systems in place to ensure that hospitality services are provided according to policy and to meet organisational objectives relating to residents quality of life and providing a safe working environment for staff. Management conducts audits including observational rounds and meetings to ensure satisfaction of services is maintained. Hospitality staff work in clean well kept areas and demonstrate good knowledge of residents needs. Laundry services attend to residents' personal clothing items whilst 'flat linen' is contracted out. A labelling system is in place to minimise lost items of clothing and laundry staff also undertake some cleaning duties in the home. Staff reported they enjoyed working in the home and residents confirmed that the home is effective in providing hospitality services in accordance with their expectations.