



Standards and Accreditation Agency Ltd

## **Decision to Accredit Altona Meadows Aged Care**

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

The Agency has decided that the period of accreditation of Altona Meadows Aged Care is 3 years until 4 July 2012.

The Agency has found the home complies with 43 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.

Matters of non-compliance have been referred to the Secretary, Department of Health and Ageing, in accordance with the Accreditation Grant Principles 1999.

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

### **ACTIONS FOLLOWING DECISION**

Subsequent to the accreditation decision, the Agency has undertaken support contacts to monitor the home's progress and has found the home has since rectified the earlier identified non-compliance. This is shown in the table of Most Recent Agency Findings.

### **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.

## MOST RECENT AGENCY FINDINGS

Since the accreditation decision we have conducted a support contact. Our latest findings are below.

<b>Standard 1: Management systems, staffing and organisational development</b>	
<b>Expected outcome</b>	<b>Agency's latest findings</b>
1.1 Continuous improvement	<b>Does comply</b>
1.2 Regulatory compliance	<b>Does comply</b>
1.3 Education and staff development	<b>Does comply</b>
1.4 Comments and complaints	<b>Does comply</b>
1.5 Planning and leadership	<b>Does comply</b>
1.6 Human resource management	<b>Does comply</b>
1.7 Inventory and equipment	<b>Does comply</b>
1.8 Information systems	<b>Does comply</b>
1.9 External services	<b>Does comply</b>

<b>Standard 2: Health and personal care</b>	
<b>Expected outcome</b>	<b>Agency's latest findings</b>
2.1 Continuous improvement	<b>Does comply</b>
2.2 Regulatory compliance	<b>Does comply</b>
2.3 Education and staff development	<b>Does comply</b>
2.4 Clinical care	<b>Does comply</b>
2.5 Specialised nursing care needs	<b>Does comply</b>
2.6 Other health and related services	<b>Does comply</b>
2.7 Medication management	<b>Does comply</b>
2.8 Pain management	<b>Does comply</b>
2.9 Palliative care	<b>Does comply</b>
2.10 Nutrition and hydration	<b>Does comply</b>
2.11 Skin care	<b>Does comply</b>
2.12 Continence management	<b>Does comply</b>
2.13 Behavioural management	<b>Does comply</b>
2.14 Mobility, dexterity and rehabilitation	<b>Does comply</b>
2.15 Oral and dental care	<b>Does comply</b>
2.16 Sensory loss	<b>Does comply</b>
2.17 Sleep	<b>Does comply</b>

<b>Standard 3: Resident lifestyle</b>	
<b>Expected outcome</b>	<b>Agency's latest findings</b>
3.1 Continuous improvement	<b>Does comply</b>
3.2 Regulatory compliance	<b>Does comply</b>
3.3 Education and staff development	<b>Does comply</b>
3.4 Emotional support	<b>Does comply</b>
3.5 Independence	<b>Does comply</b>
3.6 Privacy and dignity	<b>Does comply</b>
3.7 Leisure interests and activities	<b>Does comply</b>
3.8 Cultural and spiritual life	<b>Does comply</b>
3.9 Choice and decision-making	<b>Does comply</b>
3.10 Resident security of tenure and responsibilities	<b>Does comply</b>

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

## Home and Approved provider details

### Details of the home

Home's name:	Altona Meadows Aged Care				
RACS ID:	4319				
Number of beds:	90	Number of high care residents:	41		
Special needs group catered for:	• Nil				
Street/PO Box:	297 Queen Street				
City:	Altona Meadows	State:	Victoria	Postcode:	3028
Phone:	03 9369 4568		Facsimile:	03 9369 4846	
Email address:	JKramer@primus.com.au				

### Approved provider

Approved provider:	Flags Casuals Pty Ltd
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### Assessment team

Team leader:	Liz Sweeney
Team member/s:	Leah Kane
	Matt Doyle
Date/s of audit:	14 April 2009 to 15 April 2009

<b>Executive summary of assessment team's report</b>	
<b>Standard 1: Management systems, staffing and organisational development</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
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
<b>Standard 2: Health and personal care</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
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

<b>Agency findings</b>
Does comply
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<b>Executive summary of assessment team's report</b>	
<b>Standard 3: Resident lifestyle</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
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 not 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
<b>Standard 4: Physical environment and safe systems</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
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

### Accreditation decision

<b>Agency findings</b>
Does comply
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Does not comply
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<b>Agency findings</b>
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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.



Standards and Accreditation Agency Ltd

## SITE AUDIT REPORT

Name of Home	Altona Meadows Aged Care
RACS ID	4319

### Executive summary

This is the report of a site audit of Altona Meadows 4319, 297 Queen Street VIC 3028 Altona Meadows from 14 April 2009 to 15 April 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd on 22 April 2009.

### Assessment team's recommendation regarding compliance

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

- 43 expected outcomes

The assessment team considers the information obtained through the audit of the home indicates the home does not comply with the following expected outcomes:

3.7 Leisure interests and activities

### Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Altona Meadows

The assessment team recommends the period of accreditation be 3 years.

### Assessment team's recommendation regarding support contacts

The assessment team recommends there should be 4 support contacts 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 believes the home complies with 43 of the 44 expected outcomes of the Accreditation Standards.

# Site Audit Report

## Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 14 April 2009 to 15 April 2009.

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of three 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:	Liz Sweeney
Team Members:	Leah Kane
	Matt Doyle

## Approved provider details

Approved provider:	Flags Casuals Pty Ltd
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## Details of home

Name of home:	Altona Meadows Aged Care
RACS ID:	4319

Total number of allocated places:	90
Number of residents during site audit:	86
Number of high care residents during site audit:	41
Special needs catered for:	Nil

Street:	297 Queen Street	State:	Victoria
City:	Altona Meadows	Postcode:	3028

Phone number:	03 9369 4568	Facsimile:	03 9369 4846
E-mail address:	JKramer@primus.com.au		



### Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Altona Meadows Aged Care.

The assessment team recommends the period of accreditation be 3 years.

### Assessment team's recommendation regarding support contacts

The assessment team recommends there should be 4 support contacts during the period of accreditation and the first should be within 6 months.

### Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and believes the home complies with 43 of the 44 expected outcomes of the Accreditation Standards.

### Audit trail

The assessment team spent 2 days on-site and gathered information from the following:

#### Interviews

	Number		Number
Chief executive officer	1	Residents/relatives	22
Facility manager	1	Lifestyle staff	4
Facility resource manager/coordinator lifestyle	1	Catering staff	1
Manager nursing operations	1	Laundry staff	2
Registered nurses division one	5	Cleaning staff	2
Registered nurses division two	3	Administration assistant	1
Care staff	10	Visitor	1
Occupational health and safety representatives	3	Physiotherapist	1
Clinical nurse specialist	1	Medical Officer	1
Café supervisor	1		

#### Sampled documents

	Number		Number
Residents files	20	Personnel files	10
Care plans	20	Incident reports	22
Resident personal files	10	Blood glucose level charts	15
External contracts	8	Wound charts	10
Medication charts	15		

#### Other documents reviewed

The team also reviewed:

- Admission procedure flowchart
- Advanced directive re: refusal of treatment form
- Allocation of duties
- Annual meeting schedule - 2009
- Approved supplies list for catering
- Audit / survey / evaluations results
- Café approved supplier list, goods received form, cold storage temperature log, hot display temperature log

- Café supervisor food handling certificate, position description and police check
- Calibration catering records
- Catering cleaning schedules
- Catering orders folder
- Cleaning duties
- Clinical folder (nutrition & hydration)
- Clinical policy & procedure manual
- Comments and complaints folder and policy and procedure
- Competencies
- Complaints record
- Consent for complementary therapies form
- Continence aids assistance scheme folder
- Continuous improvement evaluation for 2008
- Continuous improvement plan 2007-2009
- Cultural care kit
- Culturally and linguistically diverse care assessment
- Diabetes resource folder
- Doctor's and allied health registration list
- Doctors communication books x 6
- Education calendar and education records
- Eight week lunch and dinner menu planner
- Electronic police certificates
- Employee survey results
- Enteral feed resource folder
- Equipment list including contractor contact details
- Equipment maintenance register and assessment form
- Evaluation of education sessions and attendance records
- External services folder
- Fire safety declaration 2008 for the period ending 31 December 2008
- Food safety folder and food safety program, certificate and audits
- General staff, occupational health and safety committee, registered nurse. night staff residents and relatives and medication advisory committee meeting minutes
- Hazard alert forms
- Human resources folder
- Incident trends and analysis
- Infection control folder
- Inventory and equipment policy and procedure
- Language cards
- Laundry management folder
- Leisure and lifestyle assessments
- Maintenance logs for fire board and sprinkler system
- Material safety data sheets
- Meal temperature records
- Medication management review by independent pharmacist consent form
- Memo and meeting minutes folder
- Menu
- Minutes residents and relative meetings
- MPS charting folder
- National criminal history record check policy and procedure
- New resident documentation - assessment timeline guide
- Nursing handover sheets
- Nutritional policy
- Nutritional supplement care plan and reviews
- Participation sheets
- Personal menu selection folder
- Pest control service folder

- Physiotherapy assessment form
- Physiotherapy evaluation form
- Physiotherapy manual/communication book
- Police check declaration for the Department of Health and Ageing
- Policy and procedure and review schedule list
- Position descriptions
- Questions and complaints April 2008
- Refrigerator temperature records
- Register for suspected or alleged elder abuse
- Register of records and files
- Registered nurses division one and two registrations
- Regulatory policy and procedure
- Resident absconding and reporting to the Department of Health and Ageing policy and procedure
- Resident admission kit and handbook
- Resident handbook
- Residents pharmacy admission form
- Rosters
- Scrub back books for cleaning
- Speech/comprehension/language assessment form
- Spill kits
- Staff appraisals
- Staff availability lists for roster gaps
- Staff competencies
- Staff education calendar - 2009
- Staff handbook
- Staff occupational health and safety incident and accident forms
- Staff orientation package and evaluation form
- Staff survey education
- Vision and mission statement
- Wound management folder

## **Observations**

The team observed the following:

- Activities in progress
- Administration of medications
- Cleaning in progress
- Comments and complaints forms
- Complaints, comments, suggestions and compliments forms
- Display of information brochures and services available
- Emergency procedure quick summary guide
- Equipment and supply storage areas
- Evacuation equipment and evacuation packs
- External complaints and dispute resolution scheme pamphlets in various languages
- Feedback and improvement forms
- Fire doors, fire indicator panel and fire orders posters
- Hand washing facilities
- Illuminated exit signs
- Interaction between management and staff
- Interactions between staff and residents
- Lifting equipment
- Internal and external living environment
- Manual handling training in progress
- Morning tea delivery
- Occupational health and safety information notice board
- Sprinklers and smoke detectors

- Staff and resident personal files storage area
- Notice boards and white boards
- Storage cupboards
- Storage of equipment and supplies
- Storage of medications
- Suggestion box
- Tagged electrical and fire equipment
- Secured storage of medications

## **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

The home has systems in place to ensure opportunities for improvement are identified, actioned and reviewed for their effectiveness. The facility manager plans proactive continuous improvement activities for the follow year at the end of each calendar year. Opportunities for improvement are identified through the home’s comments and complaints system, management observations, audit results, changes to legislation, feedback from stakeholders, data collection, analysis and staff suggestions. Information is logged and recorded in the home’s continuous improvement plan to ensure all activities are completed within appropriate timeframes. Activities relating to continuous improvement are discussed at relevant forums and meetings. Progress is communicated to key stakeholders through meetings, meetings minutes, and memorandums and one to one communication as appropriate. Staff, residents and representatives confirm knowledge of recent continuous improvement activities and how to participate in the continuous improvement process.

Recent continuous improvement activities relating to Standard One include:

- An electronic police check software system has been installed.
- The format for the continuous improvement plan has been amended to enhance tracking of continuous improvement activities.
- Staff rosters are now computerised for ease of amendment.
- In response to trending of employee surveys, education topics have increased which has resulted in increased staff attendance rates.
- Management responded to staffing issues by amending staffing levels and the rostering process.
- A month by month staff annual leave planner has been developed to enable ease of identifying roster gaps and filling those gaps with available part time staff.
- A two monthly calendar has been placed outside the facility manager’s office for the purposes of informing staff of education and meeting dates.
- Continuous improvement and regulatory compliance have been added as standing agenda items for all meetings undertaken at the home.
- Introduction of a staff well being program as part of the home’s employee assistance program. This includes weekly exercises for staff, general health and well being advice and access to a counselor.

### **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 for identifying changes to relevant regulatory requirements. Information and updates are received from peak body memberships, subscription to regulatory update service, and via access to appropriate government departments and statutory authorities’ websites. Residents, representatives and staff are informed of changes in regulations through meetings, the memorandum system, education sessions and one on one communication. Compliance is monitored through the home’s audit system, policy and

procedure reviews, performance appraisals and through the incident reporting system. The home has a system in place to check and monitor all staff, allied health and volunteers have up to date criminal record checks. Nurses' registrations are monitored and maintained. Staff confirm information regarding regulatory compliance is accessible and they are notified promptly of relevant changes.

### 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

Training needs for staff are identified from a conducted training needs survey, staff appraisals, and legislation changes and through the continuous improvement system. An education planner has been developed and education attendance records show staff attend compulsory education and training. Individual records of staff attendance at training sessions are maintained by management. Staff confirmed training occurs, with resource material also available. Opportunities for support from management to attend external training are observed to be available to staff.

Recent education has included;

- Team building for management and staff
- Accreditation and the standards
- Turning data into action

### 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

The home actively seeks feedback on all aspects of care and service provision and has a complaints mechanism which is accessible to all stakeholders. Information regarding external complaints mechanisms is accessible to stakeholders with information contained in staff and resident information packages and displayed throughout the home. The home has an open door policy for access to the management team and informal complaints are also captured and documented by staff on behalf of residents and representatives. Data from comments and complaints is collated, reviewed and analysed for trends and fed into the home's continuous improvement system. Staff confirm they advocate for residents and are comfortable raising issues raised by residents with management. Residents and their representatives are able to identify the home's formal and informal comment and complaints processes and say they are comfortable raising issues with management formally and informally and that feedback is provided 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 and organisation's statement of mission, vision, values and philosophy of care are documented throughout the service. The planning and leadership statements are displayed in prominent locations within the home and organisation and are conveyed to residents and their families and friends through information brochures and handbooks, one to one contact on entry to the home and ongoing and through meetings. Staff are informed about planning and

leadership, including the home's values of 'compassion, respect and understanding toward all individuals', at orientation and ongoing.

#### **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 home has appropriately skilled and qualified staff to ensure care and services are delivered in accordance with the Standards and the home's philosophy and objectives. Staff recruitment is based on position descriptions and minimum qualifications and successful applicants are given a formalised induction. Police checks are undertaken prior to commencement at the home and new police checks are conducted on expiration. Staff appraisals, audits, competencies and management observations ensure staff practices and knowledge are maintained. Staff are supported to gain additional skills and knowledge through internal and external educational opportunities. Staff confirm that they are provided with a thorough orientation and are well supported in their roles by management. Residents and representatives confirm there is adequate staff available to meet resident care needs in a timely and efficient manner.

#### **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

There are systems in place at the home to ensure the maintenance of adequate stock levels. Staff, residents and representatives confirm that supplies are readily available and appropriate for care needs. Corrective and preventive equipment maintenance schedules are in place and records indicate that maintenance issues are handled in an appropriate and timely manner. Equipment is fit for the purpose intended and in adequate numbers to be readily available to meet the residents' needs. Documentation indicates and staff confirm that new equipment is trialed and assessed prior to purchase after consultation with appropriate staff and also residents if required.

#### **1.8 Information systems**

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

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

Does comply

The home has a consistent and systematic approach to the recording, reporting, analysis and storage of information pertaining to all components of clinical and non-clinical residential care. Policies, procedures and work practice information are reviewed according to a review schedule to ensure currency and are readily available to appropriate stakeholders. Confidentiality and security of staff and resident information is maintained according to legislative requirements. Communication within the home occurs through mechanisms including staff education, a memoranda system, communication books, notices and a variety of stakeholder meetings. Staff, residents and their representatives are satisfied with the level of access to information provided and with the communication and feedback mechanisms available to them.

## 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 processes in place to ensure ongoing quality and responsiveness of externally sourced services. External contractors include the home's visiting allied health specialists, fire services and maintenance services. External service providers comply with the home's credentialing process signed service agreements, which specify required standards of service delivery; qualifications of the provider were observed. Service provision is monitored through observation by management / staff and feedback from stakeholders regarding the quality and timeliness of external service provision. Staff, residents and representatives state that they are satisfied with the services provided 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 a system in place for identifying continuous improvement opportunities relating to Standard Two outcomes. This includes a schedule for conducting clinical audits the results of which are analysed and evaluated by the appropriate staff. Issues arising from audits are reported back to staff, residents, representatives and other stakeholders through formal and informal channels. Resident incident data is recorded and analysed and minimisation strategies are implemented. For information regarding the home's continuous improvement system refer to expected outcome 1.1 Continuous improvements.

Examples of quality improvements relating to Standard Two include the following:

- Introduction of a weekly fruit platter to increase resident's vitamin and fibre intake. Feedback from residents with regards to this activity is positive.
- The home's new resident menu is being reviewed by the attending dietician to determine if resident nutritional needs will be met.
- Development and implementation of a robust falls prevention program in consultation with the home's attending physiotherapist.
- In response to a medical incident which occurred during a resident outing, all activities staff has undergone first aid training and have been taught how to take blood sugar levels. A first aid kit is also taken along on resident outings by activities staff.
- Signage indicating the location of first aid kits has been put up in each wing of the home for ease of identification of location of the kits.
- Through the home's incident monitoring process, residents who are prescribed Schedule 8 medications or insulin have their medication charts kept in a red folder for staff ease of identification and to prevent recurrence of incidents.
- The facility manager identified that it was taking too long for residents to access dental services through the Victorian Dental Hospital Services. In response, a contract was signed with a dental service so residents have timely access to dental services.
- Through identification that first aid kits were too high for some staff to reach, they were lowered to an accessible height for all staff.
- Development of a new hip protector form which has columns for recording what time hip protectors are put on residents and when removed.

### 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 home has regulatory compliance systems in place to support resident health and personal care. Management receives notification of new and amended legislation through various sources. All high care resident's have their clinical care supervised by a registered nurse division one. At least one registered nurse division one is rostered on for all shifts at the home. Audits occur for the currency of registration of all attending allied health professionals, including medical practitioners, physiotherapist, opticians, dietician and podiatrist. Relevant information is tabled and discussed at meetings and conveyed to staff both formally and informally. Refer to expected outcome 1.2 Regulatory compliance for details of the home's system for ensuring regulatory compliance.

### 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 organises education and training in response to needs identified through mechanisms including; observations of staff practise, resident diagnosis, and regulatory compliance. Staff skills and knowledge are monitored through competencies, appraisals, observations and discussions. Training provided includes, group sessions, one on one education, education from external providers and the distribution of educational materials. Staff said they are notified of training sessions through and including; flyers, the education planner and attachments to payslips. The team observed education resources available for staff use.

Recent education has included;

- Contenance management
- Nutrition and hydration
- Palliative care

### 2.4 Clinical care

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

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

Does comply

Management has demonstrated residents receive the clinical care which is appropriate to their needs and preferences. On entry to the home residents' are orientated, assessment data collected and interim care plans are established. Care plans reflecting in depth assessments are completed by a division one registered nurse and reviewed monthly in consultation with the resident/representative and their medical officer. Any changes to a residents condition or care needs are communicated to the residents representative, medical officer and care staff via the phone, communication books, progress notes and the handover process. Discussion with and observation of care staff confirmed that staff are confident with the provision of care to the residents. Residents/representatives confirmed their care needs are being met in a timely manner.

### 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

The home ensures residents' specialised nursing care needs are identified and met by appropriate qualified staff. The home has established working relationships with external nursing service providers. These providers assess residents in the home and will advise on a course of action that will best meet the residents specialised nursing care needs. Residents' weights, vital signs, blood glucose levels are monitored and documented as per care plan requirement and the monthly review process. Residents/representatives who spoke with the team confirmed their specialist nursing care needs are being met by appropriately qualified nursing staff.

### 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

During the initial assessment and the monthly review process triggers for referral to appropriate health specialists are identified in accordance with the residents' needs and preferences. A review of residents' files shows they have regular access to medical officers, physiotherapist, speech therapist, podiatrist, dietician and other health specialists. Information regarding resident referrals is communicated to the care staff via a communication book, handover, progress notes and care plans. Discussion with a medical officer confirmed residents are able to be referred to a local health care facility and specialists as required. Residents confirm the home facilitates referrals to appropriate specialists as per their assessed needs and preferences.

## **2.7 Medication management**

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

### **Team's recommendation**

Does comply

The home has a system to ensure residents' medication is being managed safely and correctly. Residents are offered a medication management review service by an independent pharmacist. The pharmacist consults with the resident's medical officer to ensure a safe and effective medication management program is in place. Medications are pre-packaged in a dose administration aid with the resident's details and medication information listed on the pack. Medicines are administered by a registered nurse division one or endorsed registered division two nurse and stored appropriately. Medication charts show clearly and up to date resident's photo and identification details and instructions for administration. One resident referred to the nursing staff not leaving their room until the resident had taken their medication.

## **2.8 Pain management**

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

### **Team's recommendation**

Does comply

Residents' pain management care needs are assessed on entry in consultation with the resident/representative and reviewed monthly or otherwise as observed by care staff on a daily basis. Changes in a resident's behaviour and or an increase in use of 'as required medication' are triggers for referral to a resident's medical officer. Residents with chronic pain have a pain management program established including medication and alternative pain management strategies. A review of several residents' files shows a combination of medication management, implementation of alternative strategies and minimising sleep pattern disturbance providing for effectively pain management.

## **2.9 Palliative care**

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

### **Team's recommendation**

Does comply

The home has a system to ensure the comfort and dignity of terminally ill residents is maintained. On entry to the home, residents are offered to complete an advanced care wishes form and an advanced directive regarding refusal of treatment form. These forms enable the resident's dignity to be respected. The home refers to an external palliative care service provider. The provider will assess the resident in the home, liaise with the residents representative and medical officer, format a care plan, review on an as needs basis and communicate with the care staff via a communication book and progress notes. Discussion with care staff and review of a resident's file confirms resident's palliative care needs are being met effectively.

## 2.10 Nutrition and hydration

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

### Team's recommendation

Does comply

On entry to the home residents/representatives complete a personal menu selection form which a copy is given to the kitchen. Residents' dietary requirements, meal sizes, likes and dislikes, allergies, assistance required with meals and hydration requirements are identified. Changes to a resident's dietary requirements are communicated to the kitchen whereby the changes are noted and actioned as appropriate. Residents are offered an eight weekly varied menu with their food choices being acknowledged and catered for. Residents are weighed monthly with a referral to a speech pathologist and or dietician being triggered by a significant change in a residents weight. The team observed a lunch period and noted residents being offered and assisted to eat a well presented meal within a social environment. Residents confirmed their needs are being met with nutrition and hydration.

## 2.11 Skin care

*This expected outcome requires that "residents' skin integrity is consistent with their general health".*

### Team's recommendation

Does comply

The home has a system for ensuring residents skin care needs are consistent with their general health. Skin assessments are completed on a resident's entry to the home and as part of the monthly review process. Residents identified as being at risk of compromising their skin integrity are referred to the physiotherapist, have access to appropriate pressure relieving equipment and have pressure prevention strategies implemented as per their care plan. Changes in a resident's skin condition are identified through regular care staff observation and are reported to the division one registered nurse for follow up and appropriate actioning. Complex wound care is overseen by an external nursing service provider who will implement a care plan for the nursing staff to follow and reassess the resident as required. Residents are satisfied their skin care needs are met.

## 2.12 Continence management

*This expected outcome requires that "residents' continence is managed effectively".*

### Team's recommendation

Does comply

The home has a system in place to ensure residents continence is managed effectively. On entry to the home, a resident is assessed and monitored to determine the need for and effectiveness of incontinence aid use. The home has a continence representative who oversees the continence program and monitors the use and supply of continence aids. Changes to a resident's continence program are monitored for effectiveness and staff are made aware of changes via a communication book, progress notes and the care staff handover. The home has a continence consultant who visits on a regular basis and oversees the supply of continence aids and education to the home. Staff were able to show the team a list of residents and what aids they required across a 24 hour period. Residents and relatives are satisfied with how continence is managed.

## 2.13 Behavioural management

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

### Team's recommendation

Does comply

Management demonstrates its approach to behavioural management is effective in meeting residents' needs. On entry to the home, residents are monitored for challenging behaviours, assessments are conducted and strategies put in place to manage identified behaviour. Residents are reviewed monthly and changes in a resident's behaviour is identified, monitored and communicated to the medical officer for reassessment. Review of some residents' files confirms residents with complex behaviours are referred to appropriate health specialists. The specialist assesses the resident in the home, writes up a care plan in the progress notes and provides appropriate education for staff on the required management. Relatives are satisfied with how challenging behaviours are managed.

#### **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

The home has a system that ensures optimum levels of mobility and dexterity are achieved for all residents. All residents are initially referred to the physiotherapist who assesses their functional ability, completes a care plan and transfer guidelines. A change in a residents functional ability or a fall will trigger a referral to the physiotherapist for a reassessment, otherwise residents are reviewed three monthly. As part of a falls prevention program activities staff assist residents with an exercise program which is reviewed six weekly. Communication between care staff and the physiotherapist is noted in the physiotherapy communication book and changes to a residents care plan are noted in the progress notes. Residents confirm they are seen by the physiotherapist and have an exercise program and are satisfied with how mobility is managed.

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

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

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

Does comply

The home has a dental program in place to ensure residents oral and dental health is maintained. A timetable of residents offered an annual dental assessment was observed by the team with the most recent assessment having been completed in April 2009. The external provider provides a list of residents having been assessed and treated and a copy of the outcome is placed in residents files. Residents' oral and dental care needs and preferences are identified on entry to the home and reflected in their care plan. Care staff confirmed assistance is provided according to resident's needs and preferences. The team observed residents to have adequate supply of toiletry supplies. Residents interviewed confirm their care needs were being met.

#### **2.16 Sensory loss**

*This expected outcome requires that "residents' sensory losses are identified and managed effectively".*

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

Does comply

The home demonstrated residents' sensory loss are identified and managed effectively. On entry to the home a resident's speech, vision, hearing, comprehension and communication are assessed to identify specific care needs. Residents care needs and daily routines are reflected in care plans, which are observed daily by care staff and reviewed monthly. Care staff who spoke with the team referred to attending to residents' sensory loss care needs daily. Review of residents' files confirms residents' sensory loss care needs are being met with appropriate referrals to relevant specialists for assessment and treatment. Residents who spoke with the team confirmed satisfaction with sensory loss care provided.

## 2.17 Sleep

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

### **Team's recommendation**

Does comply

The home demonstrated its practices do enable residents to achieve natural sleep patterns. On entry to the home, residents' undergo a sleep pattern disturbance assessment whereby their settling times, sleeping routines and preferences are assessed and are reflected in their care plans. Pain management is also assessed as part of the management plan for identifying residents at risk of poor sleep. Care plans are reviewed monthly. Medications as well as other strategies such as appropriate room temperature, decreased lighting, toileting and pressure area care were noted to assist residents with achieving a natural sleep. Residents who spoke with the team confirmed they were able to achieve natural sleep patterns.

## 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 a quality monitoring system in place which identifies opportunities for improvement for Standard Three. This includes auditing and identifying opportunities for improvement through comments, complaints and suggestion forms, focus groups, surveys and verbal suggestions. Improvements are logged in an improvement register and monitored to ensure actions are completed. The home’s management monitors the effectiveness of continuous improvement activities. Residents, representatives and staff report that they are aware of ways to raise improvement requests and contribute to the home’s continuous improvement process.

Examples of continuous improvement activities in relation to Standard Three include the following:

- To enhance resident socialising, a special morning tea run by activities staff have been implemented and small group activities have commenced.
- A battery operated candle is turned on in both wings for three days so that staff, relatives and representatives are made aware that a resident has passed away.
- Following consultation with residents and representatives, resident meetings have been changed to Saturdays once every three months to assist with attendance at the meetings.

### 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 has systems in place to identify and respond to legislative changes, professional standards and industry guidelines relating to resident lifestyle. Education is provided to staff in relation to regulatory compliance with mandatory reporting of alleged or suspected elder abuse. Extensive information regarding mandatory reporting of alleged or suspected elder abuse was observed as available to staff. Residents receive information relating to security of tenure, financial changes and rights and responsibilities on admission to the home and on an ongoing basis. In addition, privacy and confidentiality of information is maintained both electronically and in hard copy.

### 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

An education program is developed from staff performance appraisals, staff input, staff and team meetings, and from the regulatory compliance. Staff skills and knowledge are monitored through competencies, tests, observations and discussions. Staff confirm the availability of educational opportunities at the home. Staff said they are encouraged to expand their knowledge and skills by attending external conferences and courses. In house education is

provided to expand staff's skills and knowledge. Relatives said staff have knowledge of their family members care needs.

Recent education has included;

- Cross cultural training
- Mandatory reporting of elder abuse
- Massage and aromatherapy

### **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

The home has processes in place to identify residents' emotional support needs in adjusting to living in the home and on an ongoing basis. The resident's social, religious and cultural requirements are assessed upon entry to the home and a plan of care is provided with consultation with residents and relatives. Residents and families are oriented to the home and new residents are introduced to fellow residents. Families are encouraged to support the resident in the settling in process. A bereavement counselling service is available to support residents and relatives on a referral basis. Residents and relatives confirm satisfaction with emotional support provided.

### **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

Care and lifestyle assessment processes identify each resident's level of assistance required to participate in specific interests, maintain their independence and retain ongoing community associations. Residents are supported to maintain their independence with appropriate assessment to independently manage their own medications with staff assistance. Residents said they are encouraged to maintain contact with the local community. Residents and their representatives stated that management and staff assist them to maintain their independence and involvement in activities within the community

### **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

The home recognises and respects each resident's right to privacy, dignity and confidentiality. The team observed staff knocking on residents' doors before entering resident rooms. Staff were also observed to speak to residents using their preferred name. There is a range of lounge areas for residents requiring private areas for meetings with family and friends as well as outdoor garden areas. Resident information is located securely within the locked nurse's station and archiving of documentation occurs appropriately. Residents said care required is provided by staff in the privacy of their own room. Residents said staff speak to them in a respectful manner.

### **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 not comply

Residents are not satisfied with the provision of leisure interests and activities. Whilst some residents have leisure and lifestyle needs and preferences determined, documentation is not available to ensure resident's individualised activity programs are assessed and individual care plans are provided. Residents are not encouraged and supported to participate in a range of interests and individual and group activities of interest to them. Monitoring of the lifestyle programs have failed to identify deficits within the program.

**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 home values and fosters individual interests, customs, beliefs and cultural and ethnic backgrounds. Assessments identify a resident's spiritual and cultural needs. Residents who enter the home with individual cultural needs are supported and staff have access to cultural care information to assist in responding to residents' care needs. The home observes a range of spiritual and cultural events as part of the lifestyle program. Several denominations conduct religious services in the home as well as regular pastoral visits to residents. Residents and their representatives stated satisfaction with the support provided by management and staff in the provision of cultural and spiritual needs

**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

Residents' choice and preferences are identified through the admission and assessment process and care plans are generally formulated. Residents have numerous choices supported by staff including choice of doctor, refusal of treatment, daily care routines, mobility aids and food choices. Residents and relatives are informed about the internal complaints mechanism process. Care planning consultation with relatives and residents provides information about care needs. Residents and relatives said they are generally satisfied with the support provided in choice and decision making.

**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

All residents and representatives are offered pre entry tours of the home. New residents are provided with information packs and a resident handbook containing information about the home, services provided, fee structures, security of tenure, residential contracts and any applicable bond requirements. All residents and representatives are offered a tenancy agreement to sign. Residents receive written information regarding their rights and responsibilities, internal and external comments and complaints systems and advocacy services. Any potential changes relating to a resident's security of tenure are discussed with all relevant stakeholders. This includes resident room changes. Residents and representatives said they are satisfied with the information the home provides regarding security of resident tenure and feel secure with regards to resident tenure at the home.

## 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 home has system in place for identifying continuous improvement opportunities relating to Standard Four outcomes including audits of the physical environment, preventative and reactive maintenance. Issues arising from audits are reported back to the appropriate staff, residents, representatives and other stakeholders through formal and informal channels. For information regarding the home’s continuous improvement system refer to expected outcome 1.1 Continuous improvements.

Examples of quality improvements relating to Standard Four include the following:

- A covered pergola in an external courtyard was built for the purposes of providing residents with shade cover.
- Installation of a chemical diluting system in the kitchen, cleaner’s and laundry rooms to decrease staff chemical handling and for ensuring the correct dilution of chemicals.
- Purchase of an industrial labeling machine to ensure that all residents’ personal laundry is labeled. Residents confirm that lost personal items have decreased as a result of the labeling system.
- More staff have been employed in the catering area.
- A system has been introduced ensure refrigerators are cleaned monthly or as required.
- Laundry staff now have appropriate protective equipment in the laundry
- New occupational health and safety staff notice boards have been implemented.

### 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

Processes and systems are in place to ensure that the home maintains ongoing regulatory compliance in relation to the physical environment and safety systems. There are processes and systems for internal and external auditors and statutory bodies regularly audit food, safety, fire, living environment, chemical storage, laundry and cleaning services. Changes to regulations relevant to Standard Four are tabled at the appropriate meetings, and policies and procedures are amended accordingly. Staff, residents, representatives and stakeholders are notified of regulatory changes through formal and informal channels. Management has developed a policy and procedure regarding the mandatory requirements for absconding residents.

### 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

Education and training is identified through legislation in regards to occupational health and safety, incidents, hazards and audits that are performed. All staff completes compulsory

education including; manual handling and fire and emergency. Infection control is provided to all staff on a compulsory basis. Staff confirm compulsory training occurs as scheduled. Staff education and training records are maintained after sessions occur. Education sessions are evaluated for their effectiveness from staff feedback. Staff confirms training is provided and encouraged and occurs as appropriate.

Recent education has included;

- Infection control
- Food refresher education
- Manual handling

#### **4.4 Living environment**

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

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

Does comply

The home is well maintained and a number of security key pads are installed throughout the home. There are policies and systems in place for the identification of hazards and repairs, which are prioritised and actioned accordingly. Preventative maintenance is monitored and maintained. Residents' rooms and bathrooms are clean and fitted out according to residents' care needs and safety considerations. Residents' environmental and safety needs are assessed and monitored accordingly. Residents, relatives and staff confirm a high level of satisfaction with the living environment provided at 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 recommendation**

Does comply

The home has an occupational health and safety system in place with the aim of ensuring that a safe working environment is maintained which meets regulatory requirements. The system includes occupational health and safety policies and procedures with documented work practices, audits, staff accident, incident and hazard reports and appropriate ongoing staff education. Staff safety is supported by manual handling training, risk assessments, preventative and corrective maintenance programs and environmental audits. The home has an occupational health and safety committee with staff and management representation. Qualified occupational health and safety representatives are available as a resource for staff and activity raise issues with management on behalf of staff members. Staff confirm they receive training in manual handling, chemical handling and are aware of hazard reporting processes in place at the home. Occupational health and safety information is readily available to staff.

#### **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

The home has effective systems in place for detecting and acting upon fire, security and emergency risks. The home is equipped with fire fighting equipment including alarms, automatic sprinklers, fire doors, hoses and extinguishers. Fire plans, emergency procedures and codes are displayed throughout the building and emergency evacuation kits are maintained throughout the home. Mandatory fire safety training for staff occurs regularly. External contractors test and maintain fire and security detection systems. Emergency exits

are clearly illuminated and free from obstructions. There are security keypads located at the home. Staff are aware of the home's fire and emergency procedures. At the start of each shift, evacuation roles such as fire wardens, deputy wardens and "runners" are allocated to specific staff during handover.

#### **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 effective infection control program in identifying and containing infection. The director of nursing has the overall responsibility for the homes infection control program, such as action plans for managing outbreaks of gastroenteritis and influenza. The home accesses infection control updates through government and other legislative bodies. Monthly statistics for resident infections are collected and trended. Trending identifies and evaluates recommendations for required improvements. Residents' infections are managed appropriately. Staff have access to an infection control resource folder and are provided with compulsory education sessions throughout the year. Pest control measures and a food safety program are in place. Staff confirmed infection control training has occurred.

#### **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 effective systems in place to enable the provision of hospitality services according to legislative requirements. Monitoring mechanisms include internal and external audits and a food safety plan. Meals are prepared fresh in the kitchen; temperature checked and then served to residents from a food delivery trolley in dining rooms or to residents' rooms. The home's eight week menu is reviewed by a dietician for nutritional requirements. Schedules are in place for cleaning and laundry tasks that are then completed. Cleaning and laundry staff confirmed they have attended chemical training. Cleaning and laundry staff is aware of their roles and responsibilities in their designated work area. All linen is washed on site. Residents and relatives said they are satisfied with the home's catering, cleaning and laundry services.