



Aged Care
Standards and Accreditation Agency Ltd

Decision to Accredite Bracken House Dubbo

The Aged Care Standards and Accreditation Agency Ltd has decided to Accredite Bracken House Dubbo in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Bracken House Dubbo is 3 years until 25 May 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 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: Bracken House Dubbo

RACS ID: 0215

Number of beds: 52 Number of high care residents: 27

Special needs group catered for:

- Dementia

Street/PO Box: 315 Macquarie Street

City: DUBBO State: NSW Postcode: 2830

Phone: 02 6884 4604 Facsimile: 02 6884 2764

Email address: megan.whitney@dubbo.upa.org.au

Approved provider

Approved provider: United Protestant Association of NSW Limited

Assessment team

Team leader: Tonee Taylor

Team member/s: Rodney Offner

Date/s of audit: 10 March 2009 to 11 March 2009

Executive summary of assessment team's report	
Standard 3: Resident lifestyle	
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
Standard 4: Physical environment and safe systems	
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

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Agency findings
Does comply
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	Bracken House Dubbo
RACS ID	0215

Executive summary

This is the report of a site audit of Bracken House Dubbo 0215 315 Macquarie Street DUBBO NSW from 10 March 2009 to 11 March 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 the audit of the home indicates 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 Bracken House Dubbo.

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

Assessment team's recommendation 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 10 March 2009 to 11 March 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:	Tonee Taylor
Team Member/s:	Rodney Offner

Approved provider details

Approved provider:	United Protestant Association of NSW Limited
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Details of home

Name of home:	Bracken House Dubbo
RACS ID:	0215

Total number of allocated places:	52
Number of residents during site audit:	49
Number of high care residents during site audit:	27
Special needs catered for:	Dementia

Street/PO Box:	315 Macquarie street	State:	NSW
City/Town:	Dubbo	Postcode:	2830

Phone number:	02 6884 4604	Facsimile:	02 6884 2764
E-mail address:	info@upa.org.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Bracken House Dubbo.

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 6 support contacts during the period of accreditation and the first should be within 12 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 44 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
State care coordinator	1	Residents	8
District manager	1	Relatives	7
Care manager	1	Volunteers	1
Registered nurses	1	Laundry staff	1
Team leader	1	Cleaning staff	1
Administration assistant	1	Maintenance staff	2
Care staff	5	Catering staff	2
Activities officer	2	Finance officer	1
Doctor	1	Podiatrist	1
Hairdresser	1		

Sampled documents

	Number		Number
Residents' files	6	Medication charts	10
Summary/quick reference care plans	7	Personnel files	7
Comments/complaints	10	Resident agreements	6
Staff appraisals	10	Staff training records	10

Other documents reviewed

The team also reviewed:

- Abby pain scales
- Advanced care directive
- Activity attendance sheets

- Activity progress notes
- Admission procedures
- Aged care client records
- Air conditioning reports
- Ambulance transfer forms
- Audiologist assessment 21 October 2008
- Blood sugar level charts
- Bowel charts
- Bracken House Communique (Newsletters 208 and 2009)
- Bracken House policy and procedures manual
- Calibration probe temperature check
- Care alerts
- Consultation notes
- Comprehensive medical assessments
- Communication assessments
- Care plan summary
- Chlorination of food records (Nov 08 – Feb 09)
- Clinical fridge temperature checks (2009)
- Consent for psychotropic drug use
- Competencies
- Continuous improvement tool form (CIT)
- CIT register
- Complaint's register
- Consent forms
- Communication book
- Dental hygiene profile
- Denture care profile
- Document control policy
- Dishwasher rinse cycle records
- Dishwasher service report
- Doctors' progress notes
- Dubbo district work instructions
- Electrical audit of room 2008
- Employee induction manual
- Employee induction manual
- Evaluations of suppliers (April 2008)
- External services survey (2008)
- Evacuation handbook
- Examination report 30 January 2009
- Falls risk assessments
- Falls/injury data (Aug 08 – Jan 09)
- Infection control orientation guide
- Infection control committee minutes (2008 and 2009)
- Fire safety statement (17 Nov 2008)
- Fire alarm zone plan
- Fire training records (2009)
- Food supplier and tender information
- Food safety program
- Food and fluids diary record charts
- Freezer, cool room and box freezer temperature records
- Hostel personal care and activity officers meeting minutes (Sept 08 – Feb 09)
- Hearing aide profile

- HACCP audit table for re-heating food
- OHS Emergency equipment checklist records (Oct 08 – Feb 09)
- Hot water temperature checks (resident rooms: Dec 08 – Feb 09)
- HACCP forms
- Kitchen, HACCP and cleaner's meeting minutes
- Position descriptions
- Infection control manual
- Insulin administration charts
- Interim care plans
- Incident/accident reports
- Kitchen cleaning tick record sheet (2009)
- NSW Food Authority audit report (Sept 2008)
- Food delivery temperature check records (Nov 08 – Feb 09)
- Food safety internal audits (2009)
- Infection control data (Aug 08 – Feb 09)
- Legionella testing records (2007 – 2009)
- Letter from ambulatory care unit 23 February 2009
- Letter re respite care residency 19 May 2008
- Leisure assessments
- Letter re resident transfer from low to high care 10 February 2009
- Leisure assessments
- Letter re resident transfer from low to high care 10 February 2009
- Letter re cataract extraction 23 July 2008
- Maintenance request book
- Medication refrigerator temperature monitoring
- Medication signing sheets
- Mobility assessments
- Meal assistance assessments
- Medication assessments
- Medication incident reports
- Menu
- Night checks folder
- Night rounds check charts
- Norton score assessments
- Nurses' registrations
- Nutrition hydration diet chart
- Observation charts
- OHS/QIG meeting minutes (Aug 08 – Feb 09)
- Orana eye centre instruction sheet
- Pain record and evaluations
- Pathology reports
- Patient medical history
- Personal hygiene assessments
- Policy and procedure manual
- Procedure for criminal history checks
- Preventative maintenance checklists
- Podiatry notes
- Preadmission assessments
- Preadmission medical history
- Radiology report 31 January 2008 and 25 January 2008
- Resident assessment data base
- Report from Loss and grief 22 November 2008

- Resident food allergies and food preference documentation
- Residents' information handbook
- Resident/family orientation
- Resident's family trees
- Resident mobility risk assessments and plans
- Resident's social and leisure assessments
- Residents' information package and surveys
- Service reports
- Security checklist
- Staff Handbook
- Staff roster
- Staff police checks
- Staff immunisation package
- Staff information pack
- Staff handbook
- Staff appraisal list and review form
- Staff orientation checklist
- Staff memo book
- Staff sign in and off attendance book
- Social history forms
- Sleep assessments
- Skin assessments
- State OHS Committee minutes (Aug 08 – Feb 09)
- Strategic plan UPA Dubbo district 2008 - 2011
- Supplier licences and registrations
- Technical and nursing care assessments
- Terminal care information
- Techniques in how to guide a person with vision impairment
- Toileting assessments
- Temperature control records
- Template for transfer of residents
- Transfer envelopes
- Treatment plans
- Understanding and undertaking activities of daily living assessments
- UPA Quality plan 2008 and 2009
- UPA Employee satisfaction survey results (Feb 2009)
- UPA Resident satisfaction survey
- UPA Compulsory assessment manual and checklist
- UPA Dubbo training matrix 2009
- UPA Bracken House training calendar 2009
- Urine collection and preparation sheet
- Urinalysis charts
- Valuables list
- Vision aide profile
- Volunteer satisfaction survey results 2008
- Volunteer licences for bus
- Wound charts
- 21 day assessments
- Weight charts
- 21 day pain assessments

Observations

The team observed the following:

- Living environment
- Activities in progress
- Storage of medications
- Interactions between staff and residents
- Equipment and supply storage areas
- Doctors' clinic room
- Residents' canteen
- Specialised cutlery
- Resident transfer equipment
- Foot vibratory machines
- Exercise equipment
- Complaint procedure flow chart
- Complaint brochures to external agencies
- Charter of residents rights and responsibilities
- Mission, values and philosophy of aged care
- Lens cleaning kits
- Activity equipment
- Medication trolley
- Medication round
- Secure area
- Resident notice boards
- Activity plan on whiteboard
- Spill kits
- Sharps containers
- Pan sanitiser
- Laundry
- Kitchen
- Food storage area
- Cleaner's room
- MSDS sheets
- Nurse's station
- Offices
- Document storage
- Bus outings
- Outdoor recreational areas
- Education room
- Education notice board
- Chemical storage area
- Maintenance shed
- Fire assembly areas
- First aid kits
- Cleaning trolley
- Resident rooms and ensuites
- Staff amenities
- Alcohol based liquid hand rub dispensers
- Utility room
- Resident's laundry
- Craft room
- Dining room

- Lounge areas
- Hairdresser room
- Security lighting
- Fire evacuation plans
- Emergency procedure flip charts
- Fire panel
- Fire safety equipment
- Emergency evacuation kit
- Special needs unit
- Infectious outbreak kits
- Contaminated waste bin
- Laundry trolley
- Resident's education resource material centre
- Suggestion boxes
- Charter of residents' rights and responsibilities
- Special needs unit servery
- Clinical storage supplies
- Linen storage areas and supplies
- Outgoing mail box
- Resident pigeon holes for correspondence and mail
- Spa room
- Mobility aids and lifters
- Emergency call bell system
- Chapel

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 utilises a continuous improvement system which is part of UPA’s state quality framework which incorporates the quality plan, care improvement tool, audits, surveys as well as monitoring the home’s performance against the UPA Quality plan (2008 and 2009) and UPA Dubbo District Strategic Plan (2008 – 2011). Part of this system also includes ensuring compliance with the Accreditation Standards. Opportunities for improvements are identified through a number of avenues including residents and relatives meetings, staff meetings, audits, surveys, comments, complaints and compliments, accidents and incidents and staff performance appraisals. Audits are conducted which include a number of quality indicators covering outcomes in each of the Accreditation Standards. The home uses these indicators along with other input from stakeholders to identify opportunities for improvement and to develop improvement plans. Residents, representatives and staff report that they have opportunities and are encouraged to participate in the home’s continuous improvement activities through providing feedback and making suggestions for improvement through the home’s care improvement tool.

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

- The home has introduced a system whereby staff memos are filed in a memo folder next to the staff sign on and off book.
- The home has a desk where information which might be of interest to residents is placed. This information includes resource material, brochures relating to aged care services including external complaints mechanisms, advocacy and guardianship.
- The home has re-structured the team leader’s duties and responsibilities so that the team leader’s works weekdays from 9am to 5pm.
- The home has a designated education co-ordinator which has streamlined education duties and allowed for improved record keeping and a more thorough evaluation process of education programs.
- The home has installed new storage cabinets.
- The home has upgraded the Questek nurse call system.

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 identify and ensure compliance with changes in relevant legislation, professional standards and guidelines. The organisation accesses relevant information through membership with a peak aged care industry organisation;

subscription to legislative update services; from government departments, attendance of professional meetings and seminars; accessing the internet and other sources. The information is reviewed by the State Quality Accreditation Committee and changes are sent to the home in the form of information or policy/practice changes. The district manager and other appropriate personnel communicate changes to staff by memoranda, staff meetings and staff education sessions. The OHS/Quality improvement group also is used as an avenue for communication. Compliance with regulatory requirements is monitored through audits, surveys, competency assessments, staff appraisals and observations by management.

Specific examples of regulatory compliance relating to Accreditation Standard One include:

- The organisation conducts reviews of the policy and procedure manual on a regular basis to ensure that all relevant legislation, regulatory requirements, professional standards and guidelines are appropriately documented.
- Procedures for police checks for staff and contractors are in place. Interviews and documentation confirm that these have been completed.
- The home has a system to ensure nurses' registrations are current.
- The home has provided information to staff on recent changes to the Aged Care Act via staff meetings and documentation.

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 systems in place to enable staff to have appropriate knowledge and skills to perform their roles. An annual education and training calendar is developed for staff to attend mandatory training and sessions of interest. Various learning packages are provided some of which are competency based. Education and training requirements are identified through staff performance appraisals, internal audits and staff requests. Staff are supported by management to attend internal and external courses and conferences. Participation records are maintained and reviewed by management when planning future education program schedules. Evaluation of training programs occurs. A review of documentation and interviews indicate that staff were provided with training as part of the home's orientation process and have access to on-going education.

Specific examples of education and staff development relating to Accreditation Standard One include:

- The home regularly undertakes orientation sessions for new staff.
- An educational calendar is developed from staff surveys, audits, resident needs and staff appraisals and competency assessments.
- Administration staff have attended a training course in relation to financial success in relation to aged care.
- Staff have received training regarding statutory requirements relating to elder abuse.
- Senior management have attended a course on leadership.

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

Information about internal and external complaints' mechanisms is provided to residents and representatives on entry to the home through the resident handbook and their orientation to the home. Information is also communicated on a regular basis through residents and relatives meetings and information displayed throughout the home. Staff are made aware of these mechanisms through policies and procedures and staff meetings. Forms (care improvement tool) for comments and complaints as well as suggestion boxes are available in the home. Brochures about the external complaints' mechanism are also available. The home has a flowchart detailing the procedure for dealing with comments and complaints. Staff interviews demonstrate they have knowledge and understanding of the complaint handling process and of their role in assisting residents in raising issues if they need help. Review of the complaint's register and relevant documents indicates that issues raised are responded to in a timely manner. Residents state they are aware of and have access to both internal and external compliant mechanisms. They express satisfaction with the way the home manages their complaints/concerns including confidentiality.

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, mission and values are well documented and on display in the home. They are also printed in every resident and staff newsletter. The home's vision, mission and values form a part of the staff orientation program. The vision, mission, values and commitment to quality are reflected the UPA Quality plan (2008 and 2009) and UPA Dubbo District Strategic Plan (2008 – 2011).

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 a system in place that aims to ensure there are enough staff with appropriate skills and qualifications to meet residents' care and lifestyle needs. Management review staffing levels to ensure the sufficiency of human resources. Management report that factors considered to ensure the adequacy of the home's staffing levels and skill mix include, but are not limited to: residents' care and lifestyle needs; quality performance indicators; feedback from staff, residents and representatives and occupational health and safety requirements. The home has a flexible rostering system that is responsive to the changes in residents' needs. There are systems in place for staff orientation, education and performance management. Recruitment policies and procedures ensure that the best possible match between

candidates and roles are achieved. Job descriptions, selection criteria and reference checks are used by management to increase the effectiveness of the process. Staff are provided with position descriptions and work instructions. Performance appraisals are conducted and staff competencies are assessed and results are fed into the home's human resource management system. Observations and documentation reviews suggest that there are sufficient staff with the appropriate knowledge and skills to perform their roles effectively. Residents and their representatives express satisfaction with the staff's skills and report staff respond to their needs in an effective and timely 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

The home has stocks of goods and equipment that support quality service delivery. Specific staff are designated for maintaining adequate stock levels and ensuring such stock meets the required quality standards. Appropriate storage is provided to guarantee the integrity of the stock and stock is rotated as required. Equipment needs are identified through staff requests, audits, asset replacement and acquisition programs. The home has a preventative and reactive maintenance program. The maintenance request book is checked on a daily basis. Action is taken in an efficient and effective manner to deal with any requests or preventative maintenance tasks. Emergency maintenance requirements are dealt with in a timely manner. Staff and residents/resident representatives confirm their satisfaction with the amount of supplies and quality of the equipment available to ensure the provision of quality care and services. Maintenance contracts cover key items of plant and equipment.

1.8 Information systems

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

Team's recommendation

Does comply

The home has an information management system in place to provide its stakeholders with information relevant to them. The home's communication system includes: meetings, resident and staff handbooks, newsletters, policies and procedures, communication books, noticeboards, orientation and training sessions, memoranda, a clinical documentation system and managements' open door policy. The home utilises these communication channels to disseminate information and to collect feedback. The home has a information management system that governs the collection, processing, accessing, reporting, storage, archiving and destruction of information and records. The home has policies covering relevant regulatory requirements for management of information and records including confidentiality and privacy matters. Access to confidential information and records is controlled and limited to authorised personnel. Observations demonstrate that residents and staff files are stored securely. Staff confirm they receive and have access to relevant information that allows them to perform their roles effectively. Residents report they receive adequate information relevant to their needs and that they are satisfied with the way the information is communicated 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

There is a designated process whereby quality criteria in relation to services to be supplied must be satisfied including which includes reference checks, appropriate insurances, satisfactory police checks and appropriate registrations/certificates. The home has a contractor handbook which details contractor requirements and obligations. All contracts are reviewed regularly through feedback by the home. All external contractors receive a copy of the contractor handbook which includes a code of conduct outlining the protocols for contractors to follow whilst on site.

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 that enables it to actively pursue continuous improvement. For further information relating to the home's continuous improvement system, please see expected outcome 1.1 Continuous improvement.

Examples of specific improvements relating to this Standard include:

- The home has purchased Questek bed sensors for eight residents in the special needs unit.
- The home has introduced cleaning kits for residents' glasses to improve vision.
- The home has placed magnifying glasses in lounge areas for use by residents with impaired vision for easier reading.
- Oral hygiene kits have been purchased to improve residents' oral and dental care.
- The home has introduced aromatherapy.
- The home has purchased a TEN'S machine for pain management.
- The home has purchased foot massage machines and spas and staff have received appropriate training.
- The home has introduced infectious disease outbreak trolleys.

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

Refer to expected outcome 1.2 Regulatory compliance for details on the home's system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines. The team observed the home has information available for staff on legislation and guidelines relating to health and personal care.

Specific examples of regulatory compliance relating to Accreditation Standard Two include:

- The home has provided information to staff on recent changes to the Aged Care Act through staff meetings and documentation including procedures to be followed in the advent that a resident goes missing from the home.
- Work instructions are written to comply with all regulatory compliance.
- Compliance with best practice is measured through action plans, surveys and competency assessments.
- Best practice for medication management documentation is available to staff.

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

Refer to expected outcome 1.3 Education and staff development for details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Documentation reviews indicate that staff attended a variety of education sessions related to Accreditation Standard Two and these include:

- The home conducts staff education sessions on a yearly basis in the areas of behavioural management, care planning, continence management and diabetes management.
- Staff education sessions have been held in relation to medication management, pain management, resident mobility and falls prevention as well as the Aged Care Funding Instrument requirements.

2.4 Clinical care

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

Team’s recommendation

Does comply

Bracken House has systems in place to assess, document, regularly review and evaluate residents’ care needs, ensuring that residents receive appropriate care. An interim care plan is formulated from the admission documentation. All aspects of residents’ care needs are assessed on admission through a series of tools over a period of twenty one days, from which a more comprehensive care plan is designed. Residents or their representatives are able to have input into individual care planning informally and formally at the time of admission and through family conferences. All care plans are designed and reviewed third monthly. Registered nurses supervise the care plans of the high care residents. Residents are able to use a doctor of their own choice. Residents’ physical status is monitored via records of care delivered and monthly observations made on all residents. In an emergency residents are transferred by ambulance to a local hospital. The home has established good networks with clinical support services in the community. The care staff interviewed demonstrated positive attitudes toward their work, a good understanding of the tasks required of them and the importance of their care of the residents. All residents/representatives interviewed expressed a high level of satisfaction with the care provided and all confirmed that the staff are all very supportive of the residents and their families. One resident stated “Bracken House is the best place to be, I get the best care and the staff are just wonderful”.

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

Specialised nursing care needs are identified and documented. Interviews with residents, representatives and staff indicate that residents’ specialised needs are met.

There are systems in place to ensure that staff are appropriately trained and supported by a comprehensive internal and external education program as well as the availability of specialists and consultants to meet the needs of residents' requiring specialised nursing care needs. The presence of registered nursing staff 126 hours a fortnight and a registered nurse on call at all other times, together with policies and procedures, competency assessment ensures specialised nursing care is conducted by appropriately skilled staff. A review of documentation and interviews with residents/representatives and staff confirm that the home manages specialised care requirements appropriately. There is a system in place to ensure equipment required to assist in the provision of specialised care is regularly calibrated and maintained.

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

Results of the team's observations, interviews and document review indicate that Bracken House has a system in place to ensure that residents are referred to appropriate health specialists in line with their needs and preferences. The system includes the identification of changes, by registered nurses and medical officers, of a resident's condition where a referral to a specialist may be required. The home also has access to speech pathologist, podiatry, occupational therapy, dietician input, mental health nurse, dementia behaviour management consultant, grief and loss consultant, psycho-geriatric review, physiotherapy, audiology, optical and dental services. Where changes are recommended in relation to care delivery, residents' care plans are updated to reflect the specialists' recommendations and registered nursing staff monitor these to ensure that the changes are effective. Residents/representatives interviewed confirmed that they are referred to appropriate health specialists as required and that staff assist residents' with their appointments and transportation requirements when required.

2.7 Medication management

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

Team's recommendation

Does comply

Results of the team's observations, interviews and document review indicate that Bracken House has a system in place to ensure that residents' medication is managed safely and correctly. The system includes effective communication systems between medical officers and the pharmacists, a safe storage mechanism, correct administration and excellent record keeping, regular quality checks and audits of the medication management system are conducted. Medications are packed in a seven day multi dose blister system that is checked weekly on arrival at the facility for accuracy. A medication incident reporting system is in place. Collated incidents are tracked and changes to the system or education are provided in response to identified needs. The pharmacist undertakes regular medication reviews to identify potential risks to residents related to poly-pharmacy. A medication advisory committee meets three monthly to discuss issues regarding safe and correct management of medications. Care staff administer medications in the home and undertake competency assessment in this area. Resident/representatives interviewed confirmed that residents receive the correct medication on time.

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 admission to Bracken House. Interventions are implemented and recorded on care plans. Pain assessment charts/scales are used to monitor the efficacy of pain management strategies and these are evaluated on a regular basis. Interventions used include analgesia, massage, position change, passive exercise, massage chair pad, feet massage machines, liniment rubs, hot packs, one-on-one time, diversion activities and a tens machine. Interviews with staff and residents/representatives indicate that residents' pain management programs are keeping residents as free as possible from pain. The home has documented policies and procedures relating to pain management and access to external consultants at Lourdes Hospital where indicated for advice and support.

2.9 Palliative care

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

Team’s recommendation

Does comply

Bracken House has documented policies relating to palliative care and management and staff advised that residents requiring palliative care are assisted to remain comfortable and their dignity is maintained. Residents' end of life wishes are identified following admission to the home and spiritual support is available in accordance with residents' wishes. The home has equipment such as mattresses designed for maintenance of skin integrity, mechanical lifters and mouth care products. Access to the palliative care unit at Lourdes hospital is available when required. The home provides single rooms for residents and accommodates family members who wish to stay close to their loved one during this time. The home has regular visits from several clergy of different denominations. A chapel is available for residents/representatives if required. The team interviewed a representative who had just attended a memorial service for their relative at the home. The representative stated “the staff are wonderful caring people, I couldn’t have asked for better care for my (relative)”.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Interviews with residents and their representatives indicate satisfaction with the food and hydration at Bracken House and they are able to have input into the menus through resident meetings and satisfaction surveys. Residents' nutritional status is monitored via monthly weight checks and skin integrity assessments. Meal temperatures are monitored and there is a five-week rotating menu. Special diets are catered for and nutritional supplements provided if indicated. The home uses the services of a dietitian and speech pathologist from Lourdes hospital when required. Additional fluids are provided between meal times and residents are encouraged to maintain their fluid intake. Fluid intake/output charts are used when required. All

residents/representatives are satisfied with the quantity of food offered and stated that the residents' meetings are an effective mechanism for feedback on the food provided. A resident's representative who takes the resident's committee meeting minutes stated "the residents requests at the meetings are always met by the following meeting". One resident stated "the food here is very good and if you don't like something the girls soon get you something else".

2.11 Skin care

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

Team's recommendation

Does comply

There are systems in place to assess and monitor residents' skin integrity on admission to Bracken House and on an ongoing basis. Key performance indicators include the reporting of wound infections and skin tears, which are trended each month and where indicated preventative action is taken. This was confirmed by the review of audit results, resident records, accident and incident reports, policy and procedure manuals and treatment sheets, and interviews with staff and residents. Staff complete a competency in basic wound care and the registered nurse supervises wound care. A podiatrist and hairdresser are available to assist in the promotion and maintenance of residents' skin integrity. Staff receive education in wound management and described the system in place for reporting changes in skin integrity. Protective creams, air mattress, eggshell mattresses are used to maintain skin integrity and a range of dressings are available to protect skin and to treat skin tears and wounds.

2.12 Continence management

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

Team's recommendation

Does comply

Results of the team's observations, interviews and document review indicate that Bracken House has a system in place to ensure that residents' continence is managed effectively. The system includes assessment of residents' specific continence needs and preferences, development and regular review of a care plan. Continence is promoted through toileting regimes, continence product use and provision of adequate fluids. Regular evaluations of continence programs determine if changes are necessary. The home uses the support of a continence aid supplier for advice and education. Document and specific case reviews demonstrate that continence is well managed by the care staff. The facility is odour free. Residents/representatives interviewed confirmed the staff manage residents' continence well.

2.13 Behavioural management

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

Team's recommendation

Does comply

Results of the team's observations, interviews and document review indicate that Bracken House has a system in place to ensure the needs of residents with challenging behaviours are managed effectively. The system includes initial and ongoing assessment of residents' behavioural needs and the development of a care

plan that includes strategies to address residents' specific needs. Episodes of challenging behaviour are recorded, monitored closely and evaluated regularly to determine the triggers and the effectiveness of strategies used. The local medical officer together with a mental health nurse assists with evaluation and treatment of residents with behavioural management needs. Residents are referred to other professionals, for example a psycho-geriatrician following assessment and the clinical nurse consultant for dementia behaviour management strategies. Residents with challenging behaviours are care for in a secure unit that provides outdoor walking and sitting areas. Residents/representatives interviewed confirm that staff manages residents' challenging behaviour well.

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

Bracken House has a system in place to ensure that optimum levels of mobility and dexterity are achieved for all residents. Interviews with staff and review of documentation revealed that the registered nurses, medical officers and physiotherapy staff assess all new residents for mobility and dexterity on entry to the home. An individual program is developed which care staff implement. The recreational officer carries out exercise programs for groups of residents and individual residents. Armchair tai chi is conducted weekly. Mobility aids and lifting devices are available for residents requiring them. There are processes in place for review and evaluation of the ongoing effectiveness of the mobility and dexterity programs. Residents/representatives interviewed state that they are happy with the mobility program.

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's systems for the initial and ongoing assessment, maintenance and evaluation of residents' oral and dental health includes arranging for the provision of dental services such as denture care and dental professionals, continuing assessment of residents' oral care needs, and the documentation of oral care requirements on the resident's care plan. Staff interviewed demonstrated knowledge of policy and practice in relation to the oral and dental care provided at the home including the cleaning of teeth and dentures, recording of oral observations, labelling of dentures and general mouth care. Residents/representatives interviewed are content with the care given by staff in this area.

2.16 Sensory loss

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

Team's recommendation

Does comply

Interviews with residents/representatives and staff indicate that residents' sensory losses are identified at admission and are incorporated into the resident's care plan

and strategies are used to manage the residents' needs. Strategies used include communication books, the provision of large text reading material, the use of recorded newspapers, talking books and magnifying glasses throughout the building. Detailed interventions on how to communicate to residents, the use of aids including glasses, hearing aids are documented in progress notes and care plans. When residents receive new equipment such as hearing aids they are provided with education and support. Optometrist and audiology services visit the home regularly. Residents/representatives interviewed are content with the effectiveness of managing sensory losses and address issues that arise

2.17 Sleep

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

Team's recommendation

Does comply

Information relating to residents' normal sleep patterns is obtained on their entry to Bracken House and sleep assessments are undertaken. Natural sleep patterns are promoted by the use of analgesia if required, toileting programs, continence management programs and one-on-one time. Two hourly checks are conducted on residents at night to ensure they are sleeping. Room sensors are also used to monitor residents who are restless at night. The use of these strategies is supported by review of resident records, care plans, assessments, and interviews with residents/representatives and care staff members. One resident stated "I feel very safe here at night with the staff checking up on me".

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

Performance in relation to residents’ lifestyle and leisure is monitored through audits, surveys, resident feedback by way of compliments and complaints and through resident and relative meetings. Residents and relatives are advised of outcomes as appropriate. Residents are aware of and satisfied with the various methods of feedback available to them.

Improvements in relation to Standard three include, but are not limited to:

- The home has introduced a system whereby residents put their name down if they wish to attend specific recreational activities.
- The home has set up a men’s corner.
- The home has purchased a pool table and poker table which is in the men’s corner.
- The home has purchased various games such as jig saws which are left in designated areas around the facility
- The home has introduced an exercise program and tai chi into the activities program.
- The home has introduced a men’s day out once a month.
- A notice board has been introduced in the special needs unit displaying activities and services.
- Memory boxes have been purchased for residents in the special needs unit.
- The home has purchased a doll’s pram, dolls’ clothes and dolls for residents’ use in the special needs unit.

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

Refer to expected outcome 1.2 Regulatory compliance for details on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines. The home has information available on legislation and guidelines relating to resident lifestyle.

Specific examples of regulatory compliance relating to Accreditation Standard Two include:

- Resident rights and responsibilities are displayed and included in the resident handbook.

Volunteers are required to sign a confidentiality agreement

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

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

Documentation indicated that staff attended a variety of education sessions related to Accreditation Standard Three including:

- Activity officers attend every two months a UPA district diversional therapy officer meeting.
- Activity officers attended a multi-cultural forum held late last year.
- Activity officers attended a course on how to recruit and orientate volunteers.
- The Aged Care Rights Service presented an education session at the home last year regarding the rights of residents and senior citizens.

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

Bracken House supports residents/representatives in adjusting to life in the new environment and on an ongoing basis. The results of the teams' observations, interviews and document review revealed that residents/representatives receive emotional support from management, care staff, and the recreational staff. The team observed that residents' have personalised their rooms with family photos and personal items. The recreational officer's documentation records a considerable amount of interaction with the residents including one-on-one time. Interviews with residents confirm the importance to them of these interactions and the work in general of the recreational officer. Community volunteers and pastoral visitors also provide support for residents who do not have many visitors. Evaluation of the support system is undertaken via a resident/representative satisfaction survey, interviews and the comments and complaints mechanisms. One representative interviewed stated "I don't know how I would have coped without the talks and hugs that the staff have given me over this difficult period of placing my (relative) into care".

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

Residents are assisted to achieve maximum independence, maintain friendships and participate in community life within and outside Bracken House. The results of the teams' observations, interviews and document review indicate that resident

independence is maximised via the provision of activities, the community associations and other visitors to the home. Areas are available for residents to entertain family and friends and staff reports that residents are able to have family functions, such as, birthday celebrations within the home. Residents have access around the home and the use of a secure outdoor enclosed courtyard for their enjoyment. The residents are able to visit a club that is located close by. Voting is conducted at the home and bus trips are organised for residents up to three times weekly. A canteen has recently been introduced and residents are able to shop during the afternoon. Residents/representatives state that they are happy with the way the home encourages resident independence.

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

Residents/representatives interviewed expressed a high level of satisfaction with respect to the privacy, dignity and confidentiality afforded them at Bracken House. The results of the team's observations, interviews and document review supported the residents' views. The team observed staff members knocking prior to entering residents' rooms and speaking to residents in a respectful manner. Residents are accommodated in single bedrooms with ensuite facilities and there is a lounge area, multiple quiet sitting areas and garden areas where residents can entertain their guests. Residents were noted to be dressed appropriately for the day and season and attired in clean clothing. The home has policies in place relating to privacy and confidentiality, including staff signing a confidentiality agreement. Staff handovers are conducted in the privacy of the personal carers' office. The team observed resident records stored in locked offices and only accessible to authorised personnel.

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

On admission to Bracken House, information relating to residents' social history and interests is obtained. This information informs the development of the activity program, which is provided five days per week. The activity staff work 148 hours per fortnight. Activities such as movies and happy hours are organised by care staff on weekends. Various activities e.g. jigsaws, puzzles, sensory boxes and reading material are always out for residents use. The results of the team's observations, interviews and document review indicate that residents/representatives are satisfied with the activities provided. A wide range of activities is offered and is reviewed depending on resident mix and feedback to ensure it meets the residents' current needs. The activity officer documents the level of involvement in activities and individual programs are evaluated. Residents are able participate in the decisions regarding which activities are included.

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 results of the team's observations, interviews and document review indicate that residents are supported in their individual interests, customs, and cultural and spiritual beliefs. Religious services are held regularly and communion is provided to residents wishing to take it. Pastoral services are available to residents of all denominations and residents indicated their appreciation of the home's support emotionally as well as spiritually of themselves and the home's community in general. Events of cultural and religious significance are celebrated. Satisfaction surveys and resident feedback are used to evaluate the home's provision for and support of residents' cultural and spiritual lives. Residents/representatives interviewed by the team confirm their spiritual needs are met.

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/representatives interviewed indicate that they are given the opportunity for input into the services provided at the home and are supported to exercise choice and control over their lifestyle. Resident choice and decision making is facilitated via the provision of information such as the resident handbook, the complaint mechanism, by staffs' approachability, one-on-one discussions and through resident/representative meetings. Residents are able to have choice of the times they are showered, which medical officer attends them, what they would prefer to eat and can also exercise choice via a survey on service satisfaction and activity suggestions. Staff stated that residents' choice not to participate in activities or undertake treatment is respected. A representative stated "I can have my say about how I want things done for (the resident) and the staff always follow mine or (the resident's) wishes".

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

Bracken House has put in place policies and procedures to ensure that residents have secure tenure within the residential care service and understand their rights and responsibilities. A resident agreement is offered to all residents at the time of entry to the home to formalise occupancy arrangements. The agreement includes information for residents about their rights and responsibilities and their security of tenure, a 'cooling off' period, prudential provisions, levels of care provision and processes regarding termination of the agreement. The team's interviews indicate that residents/representatives are aware of their rights and responsibilities, and feel secure in their tenure.

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 a system in place that enables it to actively pursue continuous improvement. For further information relating to the home’s continuous improvement system, please see expected outcome 1.1 Continuous improvement.

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

- The home has purchased outbreak infection equipment trolleys to improve infection control practices.
- A laundry trolley was purchased for the special needs unit.
- A bed replacement program resulted in the purchase of 17 new hi lo beds.
- New curtains have been purchased for the home and installed.
- The home has increased the number of outdoor seats for residents in the special needs unit.
- An infection control committee was established with members representing various functional areas within the home.
- The home has purchased a new vacuum cleaner and new oven mits.
- The home has introduced new water temperature recording sheets.
- The home has purchased new resident assist devices (monkey ring) and one new bed extension for resident comfort.
- The home has introduced a new vaccination staff booklet detailing vaccination procedures and staff authorisations.

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

Refer to expected outcome 1.2 Regulatory compliance for details on the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, and professional standards and guidelines. The home has a wide range of information available to staff on legislation and guidelines relating to the physical environment and safe systems.

Specific examples of regulatory compliance relating to Accreditation Standard Four include:

- The home has received a ‘B’ rating from the NSW Food Authority in relation to the ‘food safety program for food services to vulnerable persons’.

- The home's fire safety score recorded in the certification assessment instrument is greater than the minimum score required.
- The home has trained a number of staff as fire safety officers ensuring appropriate coverage at all times in the advent of a fire emergency.

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

Refer to expected outcome 1.3 Education and staff development for details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively. Interviews and documentation reviews demonstrate that staff have knowledge and skills relating to the physical environment and safe systems.

Education sessions and activities that relate to Accreditation Standard Four include, but are not limited to: manual handling, infection control, fire safety training, occupational health and safety training, use of equipment and food safety training and chemical awareness. The majority of this training is mandatory and staff attendance is monitored.

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

Management of the home have in place mechanisms that demonstrate that they are actively working to provide a safe and comfortable environment consistent with residents' care needs. These mechanisms include regular environmental safety inspections, cleaning, maintenance and other safety related checks, warm water system checks, electrical equipment checks and incident and accident reporting. A preventative maintenance program is in place and all maintenance requests are dealt with in a timely manner. There are also resident feedback mechanisms, such as resident and relatives meetings and direct discussions with management, in relation to the comfort and safety of the living environment. Interviews and survey results indicated that residents/representatives feel that the home is safe and comfortable. This view was also supported by various safety monitoring and reporting data reviewed by the team.

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 is actively working to provide a safe environment and has an occupational health and safety policy. The team's observations, interviews and documentation reviews demonstrate that this is being achieved through a program of staff awareness,

incident/accident reporting, occupational health and safety workplace inspections and an occupational health and safety committee is in place. Staff undergo a comprehensive orientation on commencement of employment in the home which includes occupational health and safety topics. These topics include: manual handling, recognizing and reporting hazards, incidents and accidents and how to ensure that ongoing safe work practices occur in the home. Staff are required to undertake mandatory manual handling training. Risk assessments are conducted and a risk register is maintained. Staff sick leave is monitored and lost hours from worker's compensation claims are graphed

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 is a range of systems, procedures and equipment in place to minimise fire, security and emergency risks. These include: ongoing compulsory education for staff in fire safety procedures and the regular testing of fire safety equipment and electrical systems and appliances. The home's fire safety score recorded in the certification assessment instrument is greater than the minimum score required. The annual fire safety statement reviewed by the team indicates that the home meets fire safety standards. Documentation and equipment relating to fire safety and other emergencies includes evacuation site maps, emergency flip charts and resident emergency evacuation information is available within the home. The home undertakes fire evacuation drills involving staff. Staff interviews demonstrate they have knowledge of emergency procedures and security systems. The home has appropriate security measures such as lock-up procedures and outdoor lighting. Residents advise they 'feel safe and secure in the home'.

4.7 Infection control

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

Team's recommendation

Does comply

The home has systems for an effective infection control program. The systems include: policy and procedures relating to infection control, infection surveillance, staff education programs, infection control related signage, pest control, hand washing competency assessments. The home has outbreak management procedures and infectious outbreak management kits are in place. Staff interviewed advise they are aware of infection control practices such as using personal protective equipment, infection control surveillance, hand washing and safe food handling practices. Staff practices observed by the team promote an effective infection control. These include the use of colour-coded laundry catering equipment, hand washing and the use of personal protective equipment. There is a system for monitoring and recording temperatures for appropriate equipment and food service delivery to residents. The home has systems for the disposal of waste that includes contaminated waste and linen and disposal of sharps.

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

Residents and representatives interviewed expressed high levels of satisfaction with the catering, cleaning and laundry services. Mechanisms for feedback on hospitality services include meetings, comments and complaints and feedback to kitchen team leader and cook. The home has an on-site kitchen system following a five week rotating menu with input from a dietician. Procedures and schedules are in place to ensure hospitality services are provided in accordance with health food safety, environmental standards, resident care requirements and preferences. Systems ensure that residents' food preferences are met and effective communication between care and catering staff identify any changes in dietary requirements or resident preferences. HACCCP guidelines are followed through the home's food safety plan. Meal satisfaction survey and resident satisfaction surveys are conducted annually and actioned as appropriate. The home has an on-site laundry for resident's personal laundry whilst linen is laundered by an external contractor. Laundry staff advised of systems used in the home for the collection, laundering and distribution of resident's personal laundry. All hospitality staff interviewed demonstrate an understanding of their duties and responsibilities.