Aged Care
Standards and Accreditation Agency Ltd

Decision to accredit
Eldercare Seaford

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

The Agency has decided that the period of accreditation of Eldercare Seaford is three years until 1 January 2014.

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

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

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

Information considered in making an accreditation decision
The Agency has taken into account the following:
- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and approved provider details

Details of the home

Home's name:	Eldercare Seaford
RACS ID:	6278

Number of beds:	100	Number of high care residents:	93

Special needs group catered for:	People with dementia or related disorders.

Street:		Cnr Grand Boulevard & Seaford Road			
City:	SEAFORD	State:	SA	Postcode:	5169
Phone:		08 8392 4111	Facsimile:		08 8392 4122
Email address:		vs@sfd.eldercare.net.au			

Approved provider

Approved provider:	Eldercare Inc

Assessment team

Team leader:	Kimberley Moss
Team member:	Suzette Hayter
Dates of audit:	11 October 2010 to 13 October 2010

Executive summary of assessment team's report

Accreditation decision

Standard 1: Management systems, staffing and organisational development

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

Standard 2: Health and personal care

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

Executive summary of assessment team's report		Accreditation decision
Standard 3: Resident lifestyle		

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

Standard 4: Physical environment and safe systems

Expected outcome	Assessment team recommendations	Agency findings
4.1 Continuous improvement	Does comply	Does comply
4.2 Regulatory compliance	Does comply	Does comply
4.3 Education and staff development	Does comply	Does comply
4.4 Living environment	Does comply	Does comply
4.5 Occupational health and safety	Does comply	Does comply
4.6 Fire, security and other emergencies	Does comply	Does comply
4.7 Infection control	Does comply	Does comply
4.8 Catering, cleaning and laundry services	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.

SITE AUDIT REPORT

Name of home	Eldercare Seaford
RACS ID	6278

Executive summary

This is the report of a site audit of Eldercare Seaford 6278 Cnr Grand Boulevard & Seaford Road SEAFORD SA from 11 October 2010 to 13 October 2010 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Eldercare Seaford.

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

Assessment team's recommendations regarding support contacts

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

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 11 October 2010 to 13 October 2010

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:	Kimberley Moss
Team member:	Suzette Hayter

Approved provider details

Approved provider:	Eldercare Inc

Details of home

Name of home:	Eldercare Seaford
RACS ID:	6278

Total number of allocated places:	100
Number of residents during site audit:	99
Number of high care residents during site audit:	93
Special needs catered for:	People with dementia or related disorders

Street:	Cnr Grand Boulevard & Seaford Road	State:	SA
City:	SEAFORD	Postcode:	5169
Phone number:	08 8392 4111	Facsimile:	08 8392 4122
E-mail address:	vs@sfd.eldercare.net.au		

Assessment team's recommendation regarding accreditation
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The assessment team recommends the period of accreditation be three years.

Assessment team's recommendations regarding support contacts
The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

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

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

Interviews

	Number		Number
Residential site manager	1	Residents/representatives	12
Manager residential care services	1	Corporate coordinator lifestyle and volunteer program	1
Business improvement specialist	1	Lifestyle assistants	3
Clinical nurse manager	1	Injury and claims consultant	1
Clinical nurses	2	Continuous improvement coordinator	1
Learning and development manager	1	Property services manager	1
Human resource consulting manager	1	Office manager	1
Enrolled nurses	2	Medirest - Key account manager for Eldercare	1
Personal care workers	5	Chef manager	1
Office manager	1	Catering staff	1
Corporate physiotherapist	1	Cleaning staff	1
Manager information systems	1		

Sampled documents

	Number		Number
Resident files and progress notes	10	Medication charts	9
Care plans	10	Palliative care plan	1
Wound care plans	5	Residents' restraint documentation	5
Lifestyle assessments, social and human needs care plans, progress notes and attendance records	10	Personnel files	6

Other documents reviewed

The team also reviewed:
- Activity programs and evaluations
- Archiving register
- Audit schedule, data and reports
- Bariatric risk management plan 2010
- Case conference folder
- Competency assessments for manual handling and drug calculations
- Compliments, comments and complaints forms
- Continuous improvement plan and associated documentation
- Corporate occupational health and safety inspection schedule
- Dementia behaviour management advisory services care plans
- Drugs of dependence register
- Duty statements and position descriptions
- Employee police check reports
- Essential safety provisions log book
- Food safety council inspection report
- Food safety plan
- Gastroenteritis outbreak guidelines
- Handover sheets and folders
- Hazard incident management plan
- Incident data and reports
- Infection control program, data and folders
- Licence to possess scheduled drugs - current
- Maintenance job requests and preventative maintenance schedule
- Medirest opportunity for improvement form
- Nurse initiated medication authorisations
- Nutrition folder
- Outbreak surveillance documents
- Pharmacy folder
- Pre-purchase trial/assessment checklists and feedback forms
- Referral forms for allied health professional
- Resident likes/dislikes list
- Resident one-to-one register and religion list
- Residential care service agreements
- Restraint folders
- Rosters and allocation sheets
- Signature lists
- Staff career development review forms

- Training plans, attendance records and evaluations
- Various emails, memoranda and diaries
- Various equipment temperature monitoring forms
- Various flow charts, guidelines and key performance indicator reports
- Various meeting minutes
- Various policies and procedures
- Various recruitment documentation, including induction programs and checklists
- Various surveys
- Volunteer handbook

Observations
The team observed the following:
- Activities in progress – group and one-to-one
- Archive room
- Book shelves with large print books and magazines
- Chemical dispensing units
- Cleaners' room
- Communal resident computers
- Communications/server room
- Compliments folder on display
- Electrical equipment tested and tagged
- Equipment and supply storage areas
- Fenced areas to maintain safety
- Fire panel
- First aid kits in various areas
- Gastroenteritis diets being served
- Gastroenteritis outbreak notices
- Hairdresser
- Interactions between staff and residents
- Key pads and swipe card security
- Kitchen
- Laundry
- Living environment
- Maintenance area
- Manual handling and infection control posters
- Meals, including morning and afternoon tea being served
- Medical and continence supplies
- Medication refrigerators
- Nurses' stations and treatment rooms
- Palliative care trolley
- Personal belongings in residents' rooms
- Personal protective equipment available
- Personal safety pendants
- Photograph folder containing photo's of various activities on display
- Picture, candle and remembrance form for residents who have passed away
- Resident laundry facility
- Resident lifestyle resources
- Resident noticeboards
- Residents mobilising with and without staff intervention and assistance
- Secure unit
- Sensor equipment
- Sensory kit
- Sluice rooms

- Staff 'pigeon holes'
- Staff room facilities and noticeboards
- Staff using the hand-held phone system to communicate across the home
- Staff, resident and visitor interactions
- Storage of medications, medication trolley, medication rounds,
- Storage of staff files, resident files and care plans, archived documentation storage
- Suggestion boxes
- Wound trolley

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

Eldercare Seaford has corporate and site specific systems in place to identify, implement and evaluate improvements in management systems, staffing and organisational development. A corporate continuous improvement coordinator is responsible for coordination of the continuous improvement program. The home uses information gathered from compliments and complaints, resident and staff meetings, surveys, audit and incident data, feedback from staff, residents, representatives and other stakeholders to identify opportunities for improvement. A continuous improvement action plan outlines all planned improvement initiatives. The Occupational Health and Safety / Continuous Improvement Committee assists with the monitoring of initiatives and has representatives from all departments as well as a resident nominated representative. All improvements are logged onto a continuous improvement plan. Monitoring of the continuous improvement log occurs at site and corporate level. Data is collated and analysed and trends drive appropriate improvement initiatives. Discussion and evaluation occurs through feedback from resident and staff meetings, audits, surveys and one-to-one discussion. Staff and residents are satisfied they have opportunities to suggest improvements and that they are actioned with feedback provided. Feedback occurs in writing and through one-to-one discussion.

Improvements demonstrated by the home in relation to management systems, staffing and organisational development include:

- During a Continuous Improvement Network Committee meeting it was recognised that the organisation could improve the way information about Eldercare's continuous improvement systems is delivered to new staff. A booklet outlining the processes in place at Eldercare was developed and implemented. Staff confirmed that this information is informative and offers a good understanding of continuous improvement.
- During an external audit it was identified that documentation did not reflect consultation with residents and/or representatives during care plans review. Management amended a report that is used during care review and added a column which now reflects when consultation occurs with residents and/or representatives.
- As a result of an external audit it was suggested that incident data specific to a resident should be considered during scheduled care plan reviews. The care plan and evaluation document has been amended to prompt staff and is now recorded accordingly. All care review now indicates that incidents are considered when reviewing care plans.

- The residential site manager suggested that the Occupational Health and Safety / Continuous Improvement Committee include a resident/relative representative. Discussion with residents occurred on a one-to-one basis, as well as, at a resident/relative meeting and nominations were called for. A resident was elected and now attends the meetings. The representative stated that they attend these meetings and that information gathered is informative and allows for a greater understanding of Occupational Health and Safety / Continuous Improvement activities.

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

Eldercare Incorporated has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines. The organisation maintains links to industry associations and legal services. There are processes for communicating legislative changes and any corresponding policy changes to individual sites. The residential site manager at Eldercare Seaford has processes for communicating this to staff, including meetings, and memoranda. Police clearances for staff and volunteers are monitored at a corporate level and there are systems to ensure these remain current and within legislative requirements. Residents and representatives were informed of the site audit through individual letters, meetings and signage throughout the home. Compliance is monitored through internal and external audits. Residents and staff are aware of the legislation that is relevant to them.

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

Eldercare Incorporated has processes to provide management and staff with the appropriate knowledge and skills to perform their roles effectively. There are corporate recruitment and employment processes to monitor that new staff meet the requirements of the role. All new staff are required to attend a two day corporate orientation program within the first three months and are orientated to the site using a checklist on commencement with the home. A corporate training program provides the framework for the training provided on site and the site manager can request additional training to meet the needs of residents and staff at a site level. There are compulsory sessions that all staff are required to attend each year. The Aged Care Channel is also available for staff to access on site. A training needs analysis, evaluations from sessions conducted, incident data and feedback from staff and residents is used to monitor that the training program is effective. In the last 12 months staff have attended training relevant to management systems, staffing and organisational development including computing, the aged care funding instrument, teamwork, and the financial aspects of resident admissions. Residents are satisfied staff have the skills to perform their roles effectively. Staff are satisfied with the training opportunities available to them to enhance their skills and knowledge.

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

Team's recommendation
Does comply

Residents and/or representatives are satisfied that any comments or complaints raised are addressed and feedback is given. The home has processes to inform residents and representatives of internal and external complaints mechanisms. Information is provided in the residents' handbook and there are reminders at resident/relative meetings. Opportunities are provided at these meetings for stakeholders to raise issues of concern. The homes' procedures ensure that items are logged on a centralised database, actioned and evaluated. Concerns raised are investigated and appropriate action implemented. Feedback provided includes written and verbal feedback to those individuals concerned. Staff are encouraged to participate in the homes comments and complaints process. During staff interviews it was evident that they understood the home's comments and complaints process and that they assist and encourage residents and/or their representatives to utilise this as required.

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

Eldercare Incorporated has a vision, philosophy, mission statement and objectives available in staff and resident handbooks and displayed throughout the facility. A project is in progress to review the vision statement and the organisation is currently seeking input from a variety of stakeholders.

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

Team's recommendation
Does comply

The organisation has processes to provide appropriately skilled and qualified staff sufficient to meet the needs of the residents. There are corporate processes for recruitment, performance development and replacing staff on leave. A registered nurse is rostered on site at all times. There are systems for after hours contact with management and maintenance. The residential site manager can provide examples of increasing the number of staff in response to changing needs of residents. The home monitors that staffing numbers are sufficient through monitoring the staff response time to call bells, resident and staff feedback and incident data. Residents are satisfied with the response time and the skills of staff. Staff are satisfied the staffing levels are sufficient to allow them to meet the needs of the residents.

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 organisation has systems to facilitate the availability of an adequate supply of goods and equipment for care and services. Staff participate and provide feedback during trials of new equipment prior to purchase. There is a process for considering occupational health and safety requirements prior to purchasing new equipment and examples of this were provided. External contractors take responsibility for the stock control and ordering of continence aids and medical equipment using a standing order, under the supervision of the clinical nurse manager. The home has a preventative and corrective maintenance program and resources external contractors when required. All electrical equipment in the home is tested and tagged in line with legislative requirements. Compliance is monitored through audits and staff and resident feedback. Staff, residents and representatives are satisfied there are adequate and appropriate stocks of goods and equipment available to provide care and services.

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

Team's recommendation
Does comply

The home has processes to provide management and staff with access to accurate and appropriate information. There are systems to collate, analyse and record data from resident/relative and staff meetings, staff appraisals, compliments and complaints and infection, incident and hazard data. The home has procedures for secure storage and archiving confidential hardcopy and electronic records. Computers are backed up daily and access to individual computers is by personal identification numbers. Resident information is recorded on entry to the home and updated as required. Policies and procedures as well as all other documentation is reviewed and updated as required. Information is communicated to staff through the handover process, care plans, assessments, progress notes, policies and procedures, newsletters, memoranda, surveys and staff meetings and one-to-one communication. Residents have access to information to assist them to make decisions about their care and lifestyle on entry to the home and are satisfied with the home's management of confidential information.

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 organisation has systems to ensure external services are provided to an agreed standard and quality. A list of approved external contractors is available. There is a system for management and staff to identify opportunities for improvement relating to the food, cleaning and laundry external services. The residential site manager meets regularly with the external contractor who provides this service to discuss and address any identified deficiencies. This is done in consultation with relevant staff. Other services contracted externally include some allied health, and some maintenance services. Staff, residents and representatives are generally satisfied with the external services provided.

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 to identify opportunities for improvement and monitor compliance with the Accreditation Standards in relation to health and personal care. The home uses infection and incident data, clinical care audits, progress notes, resident and staff surveys, meetings, one-to-one discussion and care plan reviews to monitor outcomes for residents. The continuous improvement coordinator oversees the system and together with site management assists in tracking and trending infection, incident and accident data using the home's computerised data system. Residents and/or representatives and staff are satisfied that their comments and complaints are considered, actioned and that they receive feedback.
The home demonstrated results of improvements relating to health and personal care including:

- As a result of the implementation of a computerised clinical documentation system it was identified that staff were working between a paper and computerised system which did not always allow for continuity of care. Staff were trained and further laptops were purchased to assist them with the transition. Processes were set up to allow staff to easily identify which residents were on the computerised or paper based system. Following a systematic approach the home has successfully transferred all resident data onto the computerised documentation system. We observed staff utilising the computerised system for all resident data entry and new staff indicated that they receive sufficient training and ongoing support in utilising the system in place. Furthermore staff stated that the computerised system assists continuity of care as information is current and accessible at all times.
- A sensory audit identified the need to implement further sensory therapies to meet residents' assessed needs. Various initiatives such as a 'sunshine group' have been implemented for chair bound residents where they receive one-to-one sensory stimulation. A sensory kit is now used to assist in the assessment of residents' taste, smell and sensation, and the sensory therapist's hours have been increased in order to offer appropriate therapies. During interviews residents indicated that they enjoy Reiki and massage therapy. During observation we observed various therapies being offered to residents.
- Management identified the need to formalise the process around the implementation and monitoring of residents' monthly weights. A nutrition group comprising a dietitian, clinical nurse, clinical nurse manager and the residential site manager now meets on a monthly basis to review all residents' weights, identifying residents at risk and implementing clinical interventions. A validated tool has been introduced which provides standardised guidelines for identifying residents at risk of malnutrition. All residents at risk have been identified and interventions implemented with ongoing monitoring occurring related to their nutrition and hydration requirements.

- The clinical nurse identified that personal care workers were changing residents' dietary consistencies without instruction. A speech pathologist delivered mandatory training sessions for all staff which involved the mechanics of swallowing, required changes to consistency of modified diets as well as how to report incidents related to swallowing issues. Staff have indicated that the sessions were interesting and valuable and as a result staff now have a better understanding of modified diets and no longer make inappropriate dietary changes.

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

Eldercare Incorporated has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines in relation to health and personal care. There are processes for communicating legislative changes and any corresponding policy changes to individual sites. Nursing registrations are monitored at both a site and corporate level. There are processes for communicating the specified care and services as outlined in the *Quality of Care Principles 1997* to management, staff, residents and representatives. Medication practices relating to dangerous drugs of addiction are in line with regulatory requirements. Compliance is monitored through internal and external audits. Residents and staff are aware of the legislation that is relevant to them.

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

Eldercare Incorporated has processes to provide nursing and care staff with the appropriate knowledge and skills to perform their roles effectively. All care and nursing staff are required to attend a corporate study day each year with topics relevant to their role. The most recent personal carer study day included topics on oral and dental hygiene, continence, dysphagia, dementia and managing behaviours. The most recent enrolled and registered nurse study day included topics on legislative changes relating to the enrolled nurse scope of practice, medication management, including dangerous drugs of addiction and cardio pulmonary resuscitation. All enrolled and registered nursing staff are required to successfully complete a drug calculation competency each year. The Aged Care Channel is also available for staff to access on site. A training needs analysis, evaluations from sessions conducted, incident data and feedback from staff and residents is used to monitor that the training program is effective. Residents are satisfied staff have the skills to perform their roles effectively in relation to health and personal care. Care and nursing staff are satisfied with the training opportunities available to them to enhance their skills and knowledge.

2.4 Clinical care

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

Team's recommendation
Does comply

Residents and/or their representatives are satisfied with the way in which their care needs are being met by staff. The home has systems and processes in place to ensure residents receive appropriate care and this occurs in consultation with the resident and/or their representative. This occurs informally and on a formal basis during case conferencing at least annually, with a variety of staff members and the resident and/or their representative present. Appointments are made to invite representatives to participate in the case conference to discuss care plans. There is a process for obtaining information when residents enter the home which includes assessments, development of care plans, implementation and review. A care review schedule allocates staff to specific residents and this is monitored by the clinical nurse manager. These occur every four months and more frequently as required. Staff confirmed they have qualifications and ongoing training to provide the care needs of the residents.

2.5 Specialised nursing care needs

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

Team's recommendation
Does comply

Residents and/or their representatives indicated that they are happy with the manner in which staff deliver specialised nursing care. The home has systems and processes in place that identify residents' specialised nursing care needs. Appropriately qualified nursing staff assess and implement care for residents with specialised needs. Registered and clinical nurses and the clinical nurse manager are available to guide care in the home. Residents' specialised nursing care needs are identified through a process of observation, assessment, and reporting of issues to registered or enrolled nurses by care staff, residents or their representative. Specialised nursing care is planned, implemented and evaluated at the scheduled review time and more often as required. Monitoring occurs via audits, monitoring staff practice, incidents and resident and/or representative feedback. Staff confirm they receive education and have adequate resources such as policies and procedures to guide their practice.

2.6 Other health and related services

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

Team's recommendation
Does comply

Residents and/or their representatives are satisfied with the referral arrangements to allied health and medical practitioners. Residents' preferred health specialists are identified otherwise they are assisted to source these as required. A corporate physiotherapist, as well a contracted podiatrist services the home. Referrals to a speech pathologist, dietitian, dentists, palliative care service, mental health services and audiometry or optical services occur as needed.

Transport is arranged by staff and residents are reminded and prepared for each appointment. Staff confirm they receive education to enable them to identify residents' needs through assessment and understand the referral process.

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

Team's recommendation
Does comply

Residents and/or their representatives are satisfied with the manner in which staff manage their medications. The home generally has systems and processes in place to ensure that all residents' medications are managed safely and correctly. Assessments occur to determine the level of assistance required as well as for residents who wish to self medicate. A contract with a pharmacist assists the home in their medication management. Medications are packed in a sachet system. These are administered by registered and enrolled nurses. Review of residents' medications occurs frequently and amended as required by authorised prescribers. Medications are stored and administered according to guidelines and legislation. Monitoring occurs via audits, monitoring staff practice and incident reporting. Medical practitioners monitor residents' medications frequently. A Medication Advisory Committee meets where incidents, new drugs and education are discussed.

2.8   Pain management
This expected outcome requires that "all residents are as free as possible from pain".

Team's recommendation
Does comply

Residents and/or their representatives are satisfied with the way staff identify and manage their pain. Residents are assessed for pain on admission and a plan implemented in consultation with the medical practitioner and physiotherapist, resident and their representatives. The pain management plan is evaluated and reviewed regularly and as required medication is monitored for effectiveness. Interventions include medication, and alternative therapies such as exercises, deep massage, TENS machine therapy and heat packs. Staff state they receive education enabling them to recognise symptoms of pain in all residents, including residents with cognitive deficits.

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

Team's recommendation
Does comply

Residents and/or their representatives are complimentary of the palliative care provided at the home. The home has systems and processes in place to maintain the comfort and dignity of terminally ill residents. On admission, residents and their representatives are asked to provide information regarding their end of life wishes. Palliative care plans are developed at the end of life phase. The palliative care plan focuses on the specific needs and preferences at this time.

These include aspects such as physical, psychological and religious/spiritual aspects with participation by all stakeholders. Specialist care is sought when appropriate. The home has facilities which allow representatives to stay with their family member throughout the end of life phase. Staff and volunteers support the resident and families during this time. Staff indicated they have the knowledge to support residents and their families during the end of life phase.

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

Team's recommendation
Does comply

Residents and/or their representatives are generally satisfied that they receive adequate nourishment and hydration. Residents are assessed on admission and regularly reviewed with plans implemented and evaluated in consultation with residents and/or their representatives. Nursing and care staff assist residents with cognitive deficits or swallowing problems with meals and drinks. Supplements and fortified food and drinks are commenced as required and resident weights are monitored. Residents have input through the residents' meetings and continually make comments and suggestions about food and drinks at the home. Compliments and complaints forms and one-to-one discussion are other avenues that residents and/or their representatives use to discuss their concerns and preferences. Staff generally have information to inform them about residents needs in relation to thickened fluids. Staff indicate they know when and how to report nutritional concerns and are able to assist residents as needed. Monitoring to ensure residents receive adequate nourishment and hydration occurs via audits, nutrition meetings, scheduled care review, weights and feedback.

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

Team's recommendation
Does comply

Residents and/or their representatives are satisfied with the way staff support them to maintain their skin integrity and/or manage wounds. Systems and processes are in place and these are implemented consistently to ensure positive outcomes for all residents. Skin assessments and risk assessments occur on admission and are repeated as required. Care plans reflect assessed needs and strategies include special equipment, position changes, nutritional supplements, emollients and topical medication as prescribed by the medical practitioner. Wounds are assessed, and monitored according to recommended guidelines. Complex wounds are managed by the clinical and registered nurse. Referrals are made to specialists to assist in the management of complex wounds as required. Staff indicated that they are confident in wound management and have access to a variety of equipment as well as resources to guide them.

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

Team's recommendation
Does comply

Residents and/or their representatives indicate that they receive support from staff and are satisfied that their continence is managed effectively. There are systems and processes in place to assist staff in the management of residents' assessed continence needs and preferences. Residents are assessed on admission and reviewed regularly with plans implemented to maintain their comfort and dignity. Continence issues are reported and residents reassessed with changes made. Residents' care plans include toileting regimes, aids, adequate fluids and diet, behavioural issues and level of assistance required to assist staff to provide care. Residents have ensuite bathrooms for privacy and dignity. Staff state they follow care plans to manage continence issues, and have access to guidance when needed.

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

Team's recommendation
Does comply

Residents and/or their representatives state that they are satisfied that other residents' challenging behaviours are managed effectively and that these do not impact on them. Staff interaction, group and one-to-one activity and specific therapy programs encourage independence. Challenging behaviours are identified and assessed on admission. Plans are implemented in consultation with residents and/or their representatives and monitored for effectiveness. Staff have training and access to guidelines and outside agencies for advice in managing complex behaviour. Referrals occur to medical practitioners and/or specialist services as needed. Restraint is considered in consultation with the residents' and/or their representatives and their general practitioner. Monitoring occurs via incidents, care reviews, participation in lifestyles activities, surveys and audits.

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

Residents and/or their representatives are satisfied with the way the home assists them to achieve optimum mobility and dexterity. The home has systems and processes that support the maintenance of mobility and dexterity. All residents are assessed on admission and regularly reviewed with individual plans to achieve as much independence as possible. A physiotherapist assists with the assessment and care planning as well as implementing specialised strategies to manage pain and dexterity. Their needs and falls risk are assessed using a multidisciplinary approach. Exercise plans for staff to follow are also developed by the physiotherapist, and a physiotherapy aide assists in the rehabilitation and exercise programs for residents.

Exercise sessions are tailored to the group's abilities, aids are provided and residents are encouraged to walk and develop a safe level of independence. Staff follow care plans and feel they have support and knowledge to provide appropriate care.

2.15 Oral and dental care
This expected outcome requires that "residents' oral and dental health is maintained".

Team's recommendation
Does comply

Residents and/or their representatives are satisfied with the oral and dental care given. The home has systems and processes in place with all residents assessed on admission and regularly reviewed. Staff are educated to monitor and provide assistance as needed and have clear guidelines in the residents' care plans. Various dental services provide care to residents at the home and in the community according to residents' wishes. Assistance is given to make these appointments and arrange transport in consultation with residents and their representatives.

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

Team's recommendation
Does comply

Residents and/or their representatives are satisfied with the way in which their sensory needs are identified and managed. They feel supported and their independence is encouraged. There are systems and processes in place for the home to identify and manage residents' sensory losses effectively. Residents are assessed on admission and regularly to plan, evaluate and review programs to manage sensory loss. Sensory assessment is aided by the usage of a sensory tool kit. Touch sensation is also assessed by the physiotherapist. Referral of residents to specialists occurs as required and residents are assisted to attend allied health services outside the home. Staff assist residents with maintaining and fitting aids which assist their sensory function. Further enhancement of senses occurs through participation in a variety of appropriate lifestyle activities. The home has a 'hearing loop' installed in the meeting area to allow residents with hearing aids to participate.

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

Team's recommendation
Does comply

Residents and/or their representatives say they are satisfied with their sleeping arrangements and are satisfied with the assistance provided by staff if they do have a problem. All residents are assessed on admission to determine what their individual sleep patterns are and a plan implemented to achieve and maintain these patterns. Care plans reflect individualised and alternative strategies which assist residents to achieve natural sleep patterns. Staff keep noise at a low level and corridors are carpeted to ensure a quiet environment. Measures such as pain management and settling routines are also implemented to assist residents to settle.

Standard 3 – Resident lifestyle
Principle: Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

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

Team's recommendation
Does comply

The home has systems in place to identify, implement and evaluate improvements in Accreditation Standard Three. The home uses feedback from residents and/or representative, staff and resident/relative meetings, evaluations, residents' individual needs, preferences and survey results to identify areas that can be improved. Residents, representatives and staff are encouraged to participate in the continuous improvement system and are kept informed about the activities in the home and the results of evaluation processes. Residents and representatives are satisfied that their personal, civic, legal and consumer rights are maintained.
The home demonstrated results of improvements relating to resident lifestyle including:
- The home conducted a trial therapy with the introduction of baby dolls for five residents in the dementia unit. Resident behaviours were recorded before, during and after the doll therapy was implemented. Results indicated that behaviours of concern reduced in residents participating in the trial. As a result a doll therapy program has been implemented and these are added to care plans as a behaviour management strategy as appropriate.
- Discussions with a representative resulted in a vending machine being accessible to residents and/or representatives at all times. This vending machine was previously only accessed by staff. The machine has been relocated to a central corridor and is used by residents and representatives.
- Staff identified that residents would benefit from resident reflection books. The concept was tabled at the site Occupational Health and Safety and Continuous Improvement Committee meeting. A template book was made up and information gathered from residents and/or their representatives to trial the book. The trial was completed and evaluated and it was agreed that a format for future books be used that contains information form Alzheimer's Australia. The new format has been incorporated and the home is in the process of completing a book for each resident. Completed books have been utilised during reminiscence which has allowed staff to engage residents in meaningful one-to-one therapies.
- Management and staff suggested that a coffee shop/internet care would allow residents another area to socialise, use the internet and meet with visitors. Residents, during a resident meeting, voted to turn the 'op shop' into a café. Furniture has been purchased and delivered and the home is in the process of purchasing a coffee machine. This initiative is still to be evaluated.

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

Eldercare Incorporated has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines in relation to resident lifestyle. There are processes for communicating legislative changes and any corresponding policy changes to individual sites. All staff are required to attend a corporate induction when commencing with the home which includes information on zero tolerance of resident abuse and mandatory reporting legislative requirements. There are corporate processes for communicating security of tenure, and the Charter of Residents' Rights and Responsibilities to staff, residents and their representatives. Compliance is monitored through a mandatory reporting log, internal and external audits and feedback from staff, residents and representatives. Residents and staff are aware of the legislation that is relevant to them.

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

Eldercare Incorporated has processes to provide staff with the appropriate knowledge and skills to perform their roles effectively in relation to resident lifestyle. All new staff attend a corporate induction which includes information on acceptable behaviours, bullying and harassment and zero tolerance of abuse. Some lifestyle staff have attended an external lifestyle conference, and staff have also been provided training on the ageing process, and dementia. The Aged Care Channel is also available for staff to access on site. A training needs analysis, evaluations from sessions conducted, and feedback from staff and residents is used to monitor that the training program is effective. Residents are satisfied staff have the skills to assist them in achieving control over their own lives. Staff are satisfied with the training opportunities available to them to enhance their skills and knowledge.

3.4 Emotional support

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

Team's recommendation
Does comply

Residents are satisfied with the emotional support provided in adjusting to life in the new environment and on an ongoing basis. There are processes for supporting new residents in adjusting to the new environment including, orientation and introduction to other residents. Lifestyle histories and assessments gather information about residents' emotional needs and the support provided from family and friends. A pastoral carer is available to provide ongoing and additional emotional support to residents as required, and in response to changing needs. A memorial table in the front foyer allows residents to reflect and write comments to the families of their friends who have recently passed away. There are processes for care staff to communicate changing emotional needs of residents to lifestyle staff. Resident and representative satisfaction with the emotional support provided is monitored through resident meetings, surveys and comments and complaint mechanisms. Staff provided examples of emotional support provided to residents as their needs change.

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 satisfied with the assistance provided to achieve maximum independence and participate in the life of the community. Assessment processes, such as the physiotherapist mobility and dexterity assessment, care and nursing assessments and the lifestyle social history identifies resident's abilities, needs and preferences. Residents are provided with mobility aids, cutlery and crockery aids and daily exercise programs to enhance independence. Bus trips to the shops, a shopping trolley, and a resident trust account allows residents to make purchases if they choose to. Examples were provided of residents participating in the life of the community within and outside the home. Compliance is monitored through feedback from residents, representatives and staff, audits, surveys, meetings and incident data. Staff understand their responsibilities in promoting 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 are satisfied that staff respect their right to privacy, dignity and confidentiality. Each resident has their own room with ensuite bathroom and staff were observed to be knocking before entering a resident's room. There are areas throughout the home for residents to entertain family and friends in private. All staff and volunteers are required to sign a confidentiality declaration on commencement. Electronic care information is password protected and handovers are conducted in enclosed nurses' stations. Compliance is monitored through resident and representative surveys, feedback gathered through resident meetings and audits. Staff understand their responsibilities in recognising and respecting each resident's right to privacy, dignity and confidentiality.

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

Residents are satisfied they are encouraged and supported to participate in a wide range of interests and activities of interest to them. A lifestyle history and assessment gathers the information used to create the social and human needs care plan. The activity program includes a wide variety of activities and a separate dementia specific program caters to the needs of residents with dementia. Volunteers are utilised to conduct one-to-one activities with residents who have been identified as preferring this to group activities. Specific activities are implemented to meet the interests of residents such as the gardening group and art and craft activities.

Residents are encouraged to participate in the creation of the activity program twice a year at the activity planning meetings. Resident satisfaction is monitored through resident meetings, surveys, individual activity evaluations and feedback from volunteers, representatives and staff. Staff encourage and support residents to participate in a wide range of activities in accordance with their preferences.

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

Residents are satisfied their individual interests, customs, beliefs and cultural backgrounds are valued and fostered. Ecumenical church services are held on site each week and a pastoral carer is available to provide individualised spiritual support to residents as requested. Other denominations are encouraged to attend the facility and provide spiritual support to residents of their faith. Cultural days are programmed and focus on the cultures of the current residents at the home. A sensory therapist provides Reiki and massage regularly to residents who enjoy this. Resident satisfaction is monitored through resident meetings and surveys. Staff understand their responsibility in fostering residents' cultural and spiritual life.

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 are satisfied that they are enabled to exercise choice and control over their lives.
Information about resident rights and responsibilities is provided to new residents and their representatives on entry to the home. Residents are encouraged to use the internal and external consultation and complaints processes as appropriate, if they have any concerns. Information on residents' rights and responsibilities and internal complaints mechanisms are displayed in the home. Where residents are unable to make choices authorised representatives are identified. Processes for monitoring staff practice and reviewing strategies to enable residents to make choices and decisions about their care and lifestyle needs include case conferences, resident feedback mechanisms, surveys and audits. Staff understand each resident's right to participate in decisions about the services they receive, including food, care preferences and lifestyle choices.

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

Residents and representatives understand their rights and responsibilities and that they have secure tenure within the home. Corporate processes, including resident agreements and handbooks, provide residents and representatives with information about their security of tenure, rights and responsibilities, fees and charges. If a resident requires a transfer to another area of the home they are consulted and the resident and/or representative sign to confirm they understand and have been consulted. Compliance is monitored through audits, surveys and comment and complaint mechanisms. Management and staff understand that each resident has a right to secure tenure and has rights and responsibilities.

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

Eldercare Seaford has processes for monitoring compliance with the Accreditation Standards and developing its continuous improvement system relating to the physical environment and safe systems. The home uses information from comments, compliments and complaints, maintenance logs, resident/relative and staff meetings, audits and hazard data to identify improvement opportunities. Improvements are logged onto the continuous improvement plan and are discussed at the Occupational Health and Safety/Continuous Improvement Committee meetings, staff and resident meetings. Staff and residents are encouraged to participate in improvement processes and they are satisfied that they are kept informed about the activities in the home. The home demonstrated results of improvements relating to the physical environment and safe systems including:

- The residential site manager noted that the Southern primary health services offered health checks for organisations. As a result, Seaford staff were screened by this service who identified stress and obesity as the major issues. Staff have provided support to address these issues which included education sessions related to 'emotional eating' and meditation classes. The home continues to offer meditation classes to staff on a weekly basis by a sensory therapist at no cost to staff. Staff state that the home supports them in their work and that these initiatives have improved their health which allows them to cope with the demands of their roles in aged care.
- Corporate services identified the need to review the soft furnishings at Seaford. Audits of public areas are occurring to identify how the organisation can improve public areas and doing so ensure that curtains and upholsteries are aesthetically pleasing and appropriate to residents needs and preferences. The evaluation of this initiative is still to occur.
- As a result of resident feedback about their meals, the home and the catering department are planning for the chef to attend residents' meetings. This improvement is still to be evaluated.

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

Eldercare Incorporated has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines in relation to the physical environment and safe systems. There are processes for communicating legislative changes and any corresponding policy changes to individual sites. Compliance is monitored through internal and external audits, incident data and feedback from staff, residents and representatives. External audits include fire safety certification, health and safety audits, and food safety inspections. Residents and staff are aware of the legislation that is relevant to them.

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

Eldercare Incorporated has processes to provide staff with the appropriate knowledge and skills to perform their roles effectively in relation to the physical environment and safe systems. All new staff attend a corporate induction which includes a manual handling competency and information on occupational health and safety. All staff are required to attend a mandatory study day each year which includes training on fire and emergency, risk management and manual handling. Other training provided to staff in the last 12 months includes infection control, safe food handling, falls prevention, hazard management, and bariatric care. The Aged Care Channel is also available for staff to access on site. A training needs analysis, evaluations from sessions conducted, incident data, audits and feedback from staff and residents is used to monitor that the training program is effective. Residents are satisfied staff have the skills to maintain a safe environment. Staff are satisfied with the training opportunities available to them to enhance their skills and knowledge.

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

Residents and representatives are satisfied management and staff are actively working to provide a safe and comfortable environment consistent with their care needs. Processes include internal and external environmental audits, incident and hazard reporting, and preventative and corrective maintenance systems. Residents' rooms reflect their personal taste with personal belongings. Each resident room has a reverse cycle air conditioning unit and communal areas have heating and cooling to maintain resident comfort. The organisation maintains a minimal restraint policy and there are processes for consultation, implementation and the monitoring of residents who require restraint. Areas containing chemicals are generally secured. The safety and comfort of the environment is monitored through resident feedback, incident reporting, audits and surveys. Internal and contracted staff generally understand their responsibilities in maintain a safe and secure environment.

4.5 Occupational health and safety
This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's recommendation
Does comply

Management is actively working to provide a safe working environment that meets regulatory requirements. Incident and hazard reporting and workplace inspections are used to identify occupational health and safety issues. An Occupational Health and Safety Committee monitors the safety of the environment. The physiotherapist provides training to staff on correct manual handling techniques. The organisation is self-insured and can demonstrate a reduction in lost time from staff injuries over the last 12 months. Staff practices are monitored through incident and hazard reporting, however, some contracted staff practices were observed to be outside of regulatory requirements. Staff understand their occupational health and safety responsibilities and feel that management are actively working to provide a safe working environment.

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

Management systems provide for an environment, which minimises fire, security and emergency risks. Fire equipment and detection systems are regularly tested and maintained by external service providers and exits are labelled and accessible. Emergency procedures and evacuation plans are available throughout the home and are re-enforced through compulsory staff training. Residents and their representatives are provided with information on their actions in the event of a fire and a resident transfer list is located in the fire panel. Relevant material safety data sheets are located where chemicals are stored. The home has a no smoking policy for staff and residents who smoke are provided with a fire-proof safety apron. External doors automatically lock after hours and security cameras assist in maintaining security in the home. An alternative site has been identified should an evacuation occur. Compliance is monitored through internal and external audits, incident reporting and staff and resident feedback. Staff and residents understand their roles and responsibilities in the event of an emergency.

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

Team's recommendation
Does comply

Residents and/or their representatives are satisfied with the way in which the home manages infections. The infection control program is directed from a corporate level with a clinical nurse being the contact person at the home. Catering, cleaning and laundry staff, however, are managed by an external contractor. The program is managed by a clinical nurse who reports to the business development manager at a corporate level. Data related to infections is collated and trends identified with appropriate action taken.

The Occupational Health and Safety/Continuous Improvement Committee monitors and evaluates the program. Contracted staff generally adopt appropriate strategies to minimise infection transmission in their work areas. Infection control training is mandatory for staff and they have access to personal protective equipment. Immunisations are available for staff, and residents' vaccination is in consultation with the residents' medical officer. Residents are assessed on entry to the home to determine any infections or potential of contracting infections. The home has information available to assist them during an outbreak. Appropriate personal protective equipment is available at all times. Staff were able to demonstrate their understanding and responsibilities related to standard and additional precautions. Audits, including observations are conducted to monitor staff practice and the homes infection control program. Practical exercises with all staff are undertaken which assists the home in monitoring of staffs' hand washing knowledge and techniques.

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 are generally satisfied with the catering, cleaning and laundry services provided in the home. The catering, cleaning and laundry services are outsourced to an external provider. Food is cooked fresh on-site seven days a week. There are processes for communicating and recording resident dietary requirements and likes and dislikes. A food safety plan is in place and the cleaning of equipment used for the preparation and storage of food is recorded as per the food safety plan. The laundry service operates five days a week and can provide labelling for resident clothing. There is a process to facilitate the return of lost clothing. Personal clothing is laundered on site and the laundering of linen is outsourced and laundered off-site. Cleaning services are provided seven days a week. Each resident's room is thoroughly cleaned once a week, and a spot clean conducted five days a week. There are policies, procedures and work instructions provided by the external contractor in relation to catering, cleaning and laundry. Any suggestions from the residents or the Eldercare staff are to be recorded on an opportunity for improvement form. The external contractor has processes for communicating with the Eldercare Seaford management team.