



**Aged Care**

Standards and Accreditation Agency Ltd

## **Decision to accredit Grandview Gardens Aged Care Facility**

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

The Agency has decided that the period of accreditation of Grandview Gardens Aged Care Facility is two years until 7 November 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 period of accreditation will allow the home the opportunity to demonstrate the recent improvements in care and services are sustainable.

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.

<b>Home and approved provider details</b>					
<b>Details of the home</b>					
Home's name:		Grandview Gardens Aged Care Facility			
RACS ID:		3556			
Number of beds:		60	Number of high care residents:		51
Special needs group catered for:			<ul style="list-style-type: none"> <li>• Nil</li> </ul>		
Street:		147-151 David Street			
City:	Dandenong	State:	Victoria	Postcode:	3175
Phone:		03 9792 4322		Facsimile:	03 9706 0225
Email address:		grandview.gardens@bigpond.com.au			
<b>Approved provider</b>					
Approved provider:		Lasting Changes Pty Ltd			
<b>Assessment team</b>					
Team leader:		Lois Knox			
Team member:		Adrian Clementz			
Dates of audit:		11 August 2010 to 12 August 2010			

<b>Executive summary of assessment team's report</b>	
<b>Standard 1: Management systems, staffing and organisational development</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply
<b>Standard 2: Health and personal care</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

**Accreditation decision**

<b>Agency findings</b>
Does comply
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<b>Agency findings</b>
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<b>Executive summary of assessment team's report</b>	
<b>Standard 3: Resident lifestyle</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
<b>Standard 4: Physical environment and safe systems</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

**Accreditation decision**

<b>Agency findings</b>
Does comply
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<b>Agency findings</b>
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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	Grandview Gardens Aged Care Facility
RACS ID	3556

### **Executive summary**

This is the report of a site audit of Grandview Gardens Aged Care Facility 3556 147-151 David Street DANDENONG VIC from 11 August 2010 to 12 August 2010 submitted to the Aged Care Standards and Accreditation Agency Ltd. on 16 August 2010.

### **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 Grandview Gardens Aged Care Facility.

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

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

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

# Site audit report

## Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 11 August 2010 to 12 August 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:	Lois Knox
Team member:	Adrian Clementz

## Approved provider details

Approved provider:	Lasting Changes Pty Ltd
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## Details of home

Name of home:	Grandview Gardens Aged Care Facility
RACS ID:	3556

Total number of allocated places:	60
Number of residents during site audit:	52
Number of high care residents during site audit:	51
Special needs catered for:	Nil

Street:	147-151 David Street	State:	Victoria
City:	Dandenong	Postcode:	3175
Phone number:	03 9792 4322	Facsimile:	03 9706 0225
E-mail address:	grandview.gardens@bigpond.com.au		

### Assessment team's recommendation regarding accreditation

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### Assessment team's recommendations regarding support contacts

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

### Assessment team's reasons for recommendations

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

### Audit trail

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

### Interviews

	Number		Number
Executive director of nursing	1	Residents/representatives	9
Director of nursing	1	Endorsed and enrolled nurses	4
Clinical care coordinator	1	Catering staff	1
Registered nurses	2	Laundry staff	1
Care staff	2	Cleaning staff	1
Physiotherapist	1	Maintenance staff	1
Diversional therapy staff	2	Quality and compliance manager	1
Volunteer	1	Administration assistant	1

### Sampled documents

	Number		Number
Residents' clinical files	5	Medication charts	10
Blood glucose records	14	Weight records	10
'Whenever necessary' medication administration records	22	Variety of specialised nursing care records and guidelines	8
Food allergies	51	Deceased resident files	2
Wound care records	6	Personnel files	6
Lifestyle and leisure files	5	Resident's administration files	6
Residents' lifestyle and leisure files	5	Progress notes related to security of tenure	4
External contracts	7		



## Other documents reviewed

The team also reviewed:

- 'Worksafe' transferring people safely
- Action plan to audit call bells response times
- Activity attendance and evaluation
- Activity planner
- Analysis of staff satisfaction survey March 2010
- Archive register
- Assessments: validated and generic
- Asset register
- Audit folder 2010
- August 2010–monthly activities
- Best practice statements
- Certificate for re-registration of premises 19 January 2010
- Cleaning schedules
- Clinical diary
- Clinical nurse consultant reports
- Clinical resource folder
- Contractors' register
- Corrective action request form
- Corrective action request monthly summary and analysis
- Corrective action requests register and folder
- Current clinical competency records
- Dermal patch application map
- Doctors communication sheet
- Doctors contact details
- Documentation allocation schedule
- Draft letter from managing director addressed to residents relating to security of tenure
- Drugs of addiction register
- Emergency evacuation kit checklist and resident mobility lists
- External services matrix
- Facility resources folder
- Fire and emergency manual
- Fire equipment maintenance record
- Food safety program December 2009
- Handover sheet
- Incident report folder
- Individual treatment protocols for the managing hypoglycaemia and hyperglycaemia
- Infection control surveillance register
- Infection rate graph January-July 2010
- Infectious outbreak management guidelines
- Initial appraisal guidelines
- Job descriptions
- Kitchen: cleaning schedules, temperature records for coolroom, freezer, dishwasher and food, catering log book, temperature probe calibration records, returned food items checklist
- Laundry documents: cleaning schedule, water temperature records and special precautions for the management of specific infectious colonisations
- Maintenance and repair request folder
- Maintenance repair request

- Maintenance summary
- Mandatory reporting folder
- Material data safety sheets
- Medication signature register
- Meeting attendance record
- Meeting folder: staff, resident/relative, occupational health and safety, medication advisory committee meeting minutes
- Menu
- Monthly infection data analysis
- Monthly statistics on infection rates and narrative analysis
- Newsletter
- Nurse initiated medication list
- Nutritional changes record
- Orientation checklist
- Pictorial guidelines for texture modified meals
- Plan for continuous improvement 2010
- Policies, procedures and flowcharts: clinical and non-clinical
- Preventative maintenance monthly report records
- Preventative maintenance program folder
- Preventative maintenance schedule
- Recipes for thickened fluids
- Register for nursing credentials
- Register for overseas working visas
- Register for police record checks
- Resident entry pack
- Resident information handbook
- Resident satisfaction and meal satisfaction 2010 surveys and analysis
- Resident survey folder
- Roster
- Sensory aid review
- Specialist review summary
- Staff file matrix
- Staff handbook
- Staff satisfaction survey March 2010
- Staff survey folder
- Staff training matrix
- Student placement and volunteer register
- Third party food safety audit report 29 March 2010
- Transfer documents
- Visitor book
- Visual checking chart
- Volunteers' logbook
- Weekly and fortnightly weight reporting monitoring schedule
- Workplace audits
- Wound management folder.

## **Observations**

The team observed the following:

- Activities in progress
- Blood and body spill equipment
- Cleaners room and trolleys

- Clinical equipment
- Dining room
- Dry larder
- Equipment and supply storage areas
- Fire exits
- Infectious management equipment
- Interactions between staff and residents
- Internal and external living environment
- Kitchen
- Laundry
- Lifting equipment
- Lounges
- Meal preparation in progress
- Meal service
- Outbreak equipment storage
- Pan rooms
- Pharmacy rooms
- Spa room
- Staff room
- Storage of medications, wound care products and continence aids
- Trial of new lifting machine in progress
- Well organised files: clinical, personnel and administrative
- Wide corridors
- Activities in progress
- Activities program on display
- Activity room
- Archives
- Charter of resident' rights and responsibilities on display
- Chemical storage and material safety data sheets
- Comment and complaints forms on display
- Comments and complaints lodgement box
- Communal and private living areas
- Confidential document disposal bin
- Emergency evacuation map and pack
- Emergency exit signage and egress routes
- Equipment store areas
- External brochures in multiple languages on display
- Fire blanket at resident smoking area
- Fire detection systems
- Fire fighting equipment
- Hand washing dispensers
- Inventory stores
- Key pads on external doors
- Lifting/transferring equipment
- Meeting minutes on display on noticeboards
- Perimeter fencing
- Religious service in progress
- Resident and relative noticeboard
- Resources in staff room
- Shredder
- Staff responsiveness to resident needs

- Staff room
- Staff using personal protective equipment
- Storage of resident files
- Supervised smoking in designated smoking area
- Test and tagged electrical equipment
- Vision and mission statements on display
- Visiting school groups
- Visitor information table.

## **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

Grandview Gardens has systems to identify and implement continuous improvements across the four Accreditation Standards. The system encourages input from staff, residents, representatives and contractors, and draws from a number mechanisms and source documents, including corrective action requests, meetings, audits, surveys, incidents, observations and clinical data. Short-term deficits and improvements are managed through a corrective action register, while resource intensive projects are managed through the plan for continuous improvement. Improvements are delegated to the most appropriate individual or forum and progress is monitored. Results are communicated through meetings and memoranda. Outcomes generated through the home’s improvement system are reviewed and evaluated. Staff say they are aware of the continuous improvement system and confirm that improvements are ongoing.

Recent improvements that have been achieved relating to Standard one include:

- The redesign of the resident ‘visual check’ form so that resident activity over a period of six days can be referenced from one sheet. This was in response to staff feedback regarding comparative data and the waste of paper.
- The introduction of a form to advise the kitchen when a resident is discharged or admitted to hospital. This efficiency improvement followed feedback from kitchen staff.
- The purchase of new linen to replace existing linen that is no longer suitable.
- The introduction of staff uniforms that identify their designation or role within the home.

### **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 to identify relevant legislation and regulatory requirements and generally effective processes to manage compliance with professional standards and required changes to practice across all four standards. The management team receives information and updates through peak bodies, legislative update services and government information releases. Responsibility for identifying, implementing and monitoring regulatory compliance is shared between the organisation’s executive director of nursing and the home’s director of nursing share. Stakeholders are informed of changes in regulative compliance through memoranda, education

sessions and meetings, where regulatory compliance is a standing agenda item. Policies and procedures are reviewed and amended in response to legislative changes. Staff confirm they are informed about their regulatory compliance responsibilities.

Examples of responsiveness to regulatory compliance in Standard one include:

- Effective processes for ensuring currency of police record checks of staff.
- Annual registration for registered and enrolled nurses at the home is monitored.
- Residents, representatives and staff were notified by the home about the accreditation visit.

### **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 provides all staff with an education framework to enable the maintenance and upskilling of clinical and non-clinical practices. The topics for inclusion in the current staff education calendar were derived from mandatory topics, performance appraisals, audit and incident results, information from corrective action data, resident clinical changes, training needs analyses, education evaluations and issues related to specific work areas within the four Accreditation Standards. Education sessions are provided using a variety of informal and formal modalities; attendances are maintained and sessions are evaluated. Staff selection criteria require all clinical staff to have basic certification and/or higher registration. All staff attend a formal orientation that includes an overview of mandatory topics. Staff are informed of forthcoming internal and external education programs via for example, flyers displayed on the staff notice board, meetings and meeting minutes. Staff interviewed confirmed their satisfaction with the opportunities offered in accessing continuing education.

Recent education opportunities that have had a major influence on staff and resident outcomes reflecting management systems include the following:

- Understanding the systems, processes and documentation required for managing Expected outcome 1.8 Information systems.
- Funding instrument update.
- Managing aggressive behaviours.
- Understanding and managing bullying and harassment.

### **1.4 Comments and complaints**

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

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

Does comply

The home has formal and informal comments and complaints processes that are accessible to residents and/or their representatives, staff and visitors. Information about internal comments and complaints processes, independent external complaints resolution and advocacy services is communicated to stakeholders through resident information packs and agreements, staff handbooks, and brochures that are

displayed within the home. Mechanisms to notify the home of concerns or suggestions include corrective action forms, a lodgement box, resident/relative and staff meetings, and direct access to management. Comments and complaints are captured on a register; confidentiality of individuals is maintained and feedback is given appropriate to the situation. Complaints are analysed monthly and trends are discussed in meetings. Staff report that management are responsive to their comments and complaints. Residents are aware of the internal and external complaint processes and are satisfied that comments and complaints are addressed appropriately; records confirm that staff advocate on behalf of residents.

### **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

Grandview Gardens' vision and mission statements are documented in a consistent way and the home has articulated a commitment to quality care. These statements of strategic intent are communicated to stakeholders through resident information packs and staff handbooks, and are displayed within the home. A commitment to planning and leadership is demonstrated through strategic planning processes and a structure of meetings that are focussed on the provision of improved outcomes for 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 director of nursing provides overall supervision, support and guidance at all times; the role is supported by an executive director of nursing and a clinical care coordinator (registered nurse). Registered nurses, endorsed and non-endorsed enrolled nurses and experienced personal care staff provide clinical care across all shifts. To complement clinical care, there are lifestyle staff who offer diversional and lifestyle activities, administrative staff, hospitality and maintenance staff. To ensure maximum resident care during periods of increased resident acuity, the director of nursing has the ability to increase the broader staffing profile. Recruitment is managed at a local and corporate level, vacant positions offered via an electronic recruitment system, local print media and other modalities. Staff are selected according to organisational needs and clear criteria for the vacant position available. New staff attend a formal orientation that includes an overview of mandatory topics; all staff are appraised annually or as required and have completed probity checks. The home has a stable work force that enables increased continuity of care and has a bank of casual staff. Staff interviewed confirmed that staffing levels reflect the changing needs of the residents; residents and representatives confirm their general satisfaction with the staffing profile and the staffs' attentiveness to care practices.

### **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 systems in place to ensure that stocks of appropriate goods and equipment are available and maintained. Consumables are purchased to a regular order cycle and adequate stock holding levels are maintained. Equipment needs are identified through incident reports, changing residents' needs, comments and complaints, occupational health and safety meetings, audits and feedback from stakeholders, including allied health professionals. New equipment is generally trialled prior to purchase and staff say they are educated in the use of new equipment. Storage areas are secure, clean and sufficient for inventory and equipment not in use. There are generally effective processes to ensure equipment is maintained in optimal condition, including an external and internal preventative maintenance program and a reactive maintenance procedure. Staff, residents and/or their representatives report that they are satisfied with the appropriateness and quality of supplies and equipment used by the home, and that maintenance is completed in a timely manner.

### **1.8 Information systems**

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

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

Does comply

The home has systems in place to ensure that all stakeholders have access to current information on the processes and activities of the home. Residents and representatives are provided with information on entry to the home, including an entry pack handbook and agreement, and are kept up to date through noticeboards, information boards, a monthly newsletter, care consultations and the resident/relative meeting. Processes to keep staff informed include updated policies and procedures, memoranda, scheduled meetings, handover, noticeboards, handbooks and position descriptions. Key data is routinely collected and analysed. Confidentiality and security of staff and resident information is mostly maintained. Electronic systems have restricted access and password protection and there is regular back up of computerised documentation. Archived material is stored securely pending destruction according to legislated requirements. Interviews with staff confirm they are informed on issues relating to their position. Residents and/or their representatives report the home keeps them informed and they have access to relevant 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 contracts with several external suppliers who provide a wide variety of services to the home such as podiatry, dietetics, hairdressing,



pharmaceutical services, fire protection, physiotherapy, chemicals and pest control. Signed service agreements are generally in place which set out the scope and standard of the services provided; proof of currency of professional registrations and insurance cover is presented. At this time there are informal feedback processes to review and evaluate the performance of external contractors. There are generally effective processes to manage the police record checks of external contractors with unsupervised access to residents; relevant suppliers are supervised on site. Staff and residents are satisfied with the services provided by external contractors.

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

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

### **2.1 Continuous improvement**

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

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

Does comply

The home has an established continuous improvement system that demonstrates improvements in resident health and personal care. For a description of the home's system of continuous improvement, refer to Expected outcome 1.1 Continuous improvement.

Recent improvements that have been achieved relating to Standard two include:

- The installation of keypad locks on the medication supply room to mitigate the unsafe practice of staff wedging the door open to avoid having to locate the registered nurse, who is the only key holder.
- A change in the system for the administration of medications in response to ongoing medication incidents and staff feedback. Medication incidents have dropped by 27% since the introduction of the new system.
- The recent and scheduled review and update of a number clinical policies and procedures, including behavioural management.
- The inclusion of falls risk assessments as part of the resident of the day program and after every resident fall. This was introduced in response to feedback from staff.

### **2.2 Regulatory compliance**

*This expected outcome requires that "the organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care".*

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

Does comply

The home has systems in place to identify and monitor that the home meets regulatory compliance obligations in relation to resident health and personal care. For a description of how the home identifies and ensures compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, refer to Expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard two include:

- Medication administration and storage is managed effectively and safely.
- There is a system for mandatory reporting of absconding residents.
- Registered nurses oversee residents' clinical needs.

### **2.3 Education and staff development**

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

#### **Team’s recommendation**

Does comply

The home provides all staff with an education framework to enable the maintenance and upskilling of practices that reflect clinical care. The topics for inclusion in the current staff education calendar were derived from performance appraisals, audit and incident results, information from corrective action data, resident clinical changes, training needs analyses, education evaluations and issues related to the residents’ clinical care.

Recent education opportunities that have had a major influence on staff and resident outcomes reflecting clinical care include the following:

- Behaviour management.
- Continence management.
- Skin integrity and wound care.
- Nutrition and hydration (care and catering staff).

### **2.4 Clinical care**

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

#### **Team’s recommendation**

Does comply

There are clinical policies, procedures and flowcharts to inform and guide staff in all aspects of clinical care. Residents’ clinical care needs are assessed (using validated and generic tools), planned, managed and reviewed by registered nurses in collaboration with enrolled and personal care staff; the family, the attending general practitioner and relevant allied health practitioners provide further information. A ‘resident of the day’ process occurs according to a schedule. Residents have a choice of general practitioner and allied health professionals who assess, review and document treatments in the resident’s progress notes. Residents and representatives are consulted formally when initial care plans are implemented and at other times. If residents require an episode of acute care, a suite of transfer documents accompanies them. Direct care shift handovers are comprehensive; clinical and behavioural incidents are reported, recorded and monitored. All aspects of clinical care are monitored via for example, a schedule of audits, resident and representative satisfaction and clinical data analyses. Residents confirmed their satisfaction with the clinical care provided by the home

### **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 assessed, planned, managed and reviewed by the registered nurses in for example, behaviour management, medication management, bowel diversion management, diabetic care, wound management, enteral feeding regimes, oxygen therapy, pain management, complex skin integrity

and palliative care. A range of regional and industry based nurse specialists can be accessed to provide additional advice; specialist nursing practices are supported by the attending general practitioner and allied health professionals. Care plans and the integrated progress notes record strategies recommended by these nurses. Specialised nursing care is monitored via care plan review, the formal audit schedule and feed back from residents and representatives. Residents and representatives interviewed confirm their satisfaction with the provision of specialised nursing care.

## **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 have access to visiting allied health professionals such as a physiotherapist, a speech pathologist, a dietitian, a dentist, a podiatrist and hairdresser. Residents are supported to visit other allied health providers in the broader community. All new residents are reviewed by the physiotherapist on entry and routinely thereafter. Comprehensive assessments and prescribed treatments are documented in the progress notes and specific information is transcribed into the care plans. Residents and representatives interviewed confirm that they are aware of the availability of allied health professionals.

## **2.7 Medication management**

*This expected outcome requires that “residents’ medication is managed safely and correctly”.*

### **Team’s recommendation**

Does comply

Registered nurses manage residents’ medication safely and correctly; registered nurses and endorsed enrolled nurses administer medications from multidose sachet packaging. A scheduled monitoring system ensures that deficits are generally identified and addressed; there are documented processes in place to guide staff if medication administration errors occur. An independent pharmacist reviews all medication charts on a scheduled basis providing the attending general practitioner and the home with a confidential report. A resident outcome is recorded after the administration of ‘whenever necessary’ medications. The team observed that general medications are stored securely and that there is a safe disposal system in place. Dangerous drugs are stored with additional security; the home has a system in place to ensure safe administration of all these and other high risk drugs. Residents confirmed that their medications are given in a safe and timely manner.

## **2.8 Pain management**

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

### **Team’s recommendation**

Does comply

The resident’s past history and current presence of pain are defined during the entry assessment phase. Pain management protocols are reviewed if there is a change in cognition, a change in clinical status, when there is a new episode of reported pain and when ‘whenever necessary’ analgesia is administered over a period of time. Two

validated pain assessment tools are used to assist direct care staff in assessing pain management; pain assessments are linked to the physiotherapy, continence, behaviour and sleep assessments. Alternatives to medication such as massage and individualised diversional tactics are utilised. Specialised equipment such as oscillating air mattresses and pressure relieving cushions are available; the home has access to specialist pain management nurses for additional support and advice. Residents and representatives interviewed said that they are satisfied with the home's management of their pain.

## **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 their families are consulted about and encouraged to complete a revised palliative care/terminal wishes document regarding end of life requests during the entry phase or when the family choose to communicate these wishes; in addition, families are encouraged to discuss all end of life concerns with the family general practitioner. The clinical care coordinator and registered nurses reassess the resident's needs when the resident has passed to the palliative approach in collaboration with the family, attending general practitioner and if requested, the palliative care specialists. Documentation observed in deceased residents' files noted that the care protocols in place guided staff in providing all possible care, and that the families concerned were regularly informed of all resident changes during this time. The home has access to specialised equipment for the constant and consistent administration of analgesia and other specific medications; a range of personal care products and care practices to maintain maximum resident comfort are utilised at this time. To enhance resident and relative support, the home facilitates access to religious and secular professionals and to counsellors/social workers if required.

## **2.10 Nutrition and hydration**

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

### **Team's recommendation**

Does comply

During the entry assessment, resident nutrition and hydration needs, food preferences, the presence of food allergies, intolerances, any swallowing difficulties and weight management requirements are noted on a generic nutrition and hydration assessment tool; a care plan is derived from this information. Residents are reviewed by the contracted dietitian and/or a visiting speech pathologist if deficits are apparent. Catering staff are informed of specific and relevant dietary information; a range of texture modified meals, thickened fluids and adaptive cutlery and crockery are available for all meals and at refreshment times for those who need them. Residents are weighed monthly or as required; unplanned weight loss is formally monitored. A range of nutritional supplements are available and a record of their administration is maintained. Residents and representatives interviewed confirm their general satisfaction with the quality and quantity of the meals provided and that their input into the menu was respected.

## **2.11 Skin care**

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

### **Team’s recommendation**

Does comply

During the entry phase, registered nurses review the resident’s skin, and using two validated skin assessment tools, conduct an assessment to identify risks to skin integrity and the potential for pressure injury. Special note is taken if for example, the resident is diabetic, has balance impairment, has peripheral vascular disease, is frail and immobile or is in palliative care. Skin integrity is reassessed after periods of acute care and if there is a decline in the resident’s health status. Wounds are managed using contemporary and varied dressing protocols; the home accesses the skills of a regional wound clinical nurses’ consultant. Skin tears are monitored via the incident reporting mechanism. Pressure relieving practices, specialised equipment; re-positioning regimes and the use of emollients, barrier creams and soap free personal hygiene products enhance skin integrity practices; a variety of nutritional supplements are provided if required. A podiatrist and a hairdresser enhance skin care practices. Residents and representatives interviewed confirmed their satisfaction with skin care management.

## **2.12 Continence management**

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

### **Team’s recommendation**

Does comply

Individual resident continence requirements reflecting if and what aids are being used, how successful the current practices are and what can be done to enhance dignity and comfort are discussed during the entry assessment period. Toileting times and levels of staff assistance are individually prescribed after a defined period of observation and charting; individual trials of continence aids are conducted. Behaviour management includes continence care as a trigger for episodes of agitation and disruptive behaviour; continence requirements are also considered if there are disturbed sleeping patterns. The use of invasive bowel preparations is minimal and early intervention strategies such as increased hydration and a nutritious high fibre diet are in place to maximise normal bowel health. Urinary tract infections defined from evidence based signs and symptoms are monitored. Residents confirm their satisfaction with the individual continence care provided.

## **2.13 Behavioural management**

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

### **Team’s recommendation**

Does comply

Whist all residents undergo a suite of validated behaviour management assessments during the entry phase and when behaviours change, the home’s management team ensures that the home is appropriate for the prospective resident. Care plans are developed from for example, information from the assessment tools, from documented staff observations over a defined period of time, from the aged persons mental health nurses and other allied specialists and the family. The home has clear

protocols in place to manage the need for restraint and for residents who may abscond; the home has alternate environmental strategies, individual diversional, validation and reminiscing therapies in place to moderate challenging behaviours. The team observed the staff interacting in a calm and therapeutic manner with all the residents; residents were observed interacting pleasurably in a variety of lifestyle activities.

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

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

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

Does comply

The physiotherapist, in collaboration with the registered nurses assess the resident's mobility, dexterity, rehabilitation needs and activities of daily living to maximise individual independence. Residents have individualised physiotherapy programs in place that are supervised and signed off by care staff. Lifestyle staff have gentle exercises incorporated into various activities that have been reviewed by the physiotherapist to maximise physical functionality. Residents were observed utilising different mobility aids in a safe manner; maintenance of mobility aids is provided by the maintenance staff. All falls are reported, monitored, analysed, trends identified and if necessary actioned; the home has a range of falls prevention equipment and strategies in place. Residents and representatives confirm their satisfaction with the physiotherapy services provided.

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

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

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

Does comply

The resident's oral and dental needs are reviewed during the entry assessment phase using a validated oral and dental assessment tool; oral and dental needs are additionally reviewed as part of personal hygiene practices. Care plans document individual preferences for cleaning dentures and other care; residents have a choice of tooth brush bristle, predominantly soft. Residents identified as having swallowing difficulties are referred to a speech pathologist; resident's oral care during palliation, enteral feeding regimes and post inhaler therapy is individualised and specialised. The home supports residents to attend dentists/dental technicians in the broader community; a visiting dental service comes to the home. Residents confirm their satisfaction with the oral and dental care and assistance provided to them.

#### **2.16 Sensory loss**

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

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

Does comply

Communication, comprehension and the five senses are assessed during the entry assessment phase. Care plans in place nominate individual strategies to manage the residents' sensory needs. Residents are supported to access relevant allied health professionals in the broader community, whilst some allied health professionals visit

the home. Lifestyle and care staff provide simple massage, relaxing music, one to one time and quiet conversation to minimise agitation. The living environment is of low stimuli; the kitchen is sited centrally permitting home cooked smells to filter through the home and external courtyard gardens are inviting and clear of clutter. During palliation, additional care is taken to ensure that sensory care is enhanced. Residents and representatives confirm that care staff are sensitive to caring for sensory loss.

### **2.17 Sleep**

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

#### **Team’s recommendation**

Does comply

During the entry assessment phase, the resident’s sleeping and rest patterns are assessed over a three days and nights; re-assessment occurs if for example, normal patterns are disturbed or there has been a change in prescribed sedation. In consultation with the resident/representative, individual resident preferences for rising and settling and other specific rituals are documented in the care plan. The home promotes the use of non-pharmacological interventions where possible. Past life histories, pain management, continence care, immobility/frailty and behaviour management are defined precursors to disturbed sleep patterns and are integral to individual care planning. Residents interviewed said that they slept well and that night staff pay attention to them individually.



### **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 actively pursues improvements in the areas of resident lifestyle. For a description of the home’s system of continuous improvement, refer to Expected outcome 1.1 Continuous improvement.

Recent improvements that have been achieved relating to Standard three include:

- The reconfiguration of one of the resident communal rooms into a room where small group activities, such as cards and word games, can be held in a less disturbed environment.
- The introduction of a resident ‘make a wish’ program. This was trialled through a visit by the cheerleading icon of a major local football club to help celebrate the birthday of a resident who idolises the club.
- The attendance by lifestyle staff of the ‘moving from care to life’ workshop. According to the diversional therapist, the opportunity to network, share ideas with and learn from other attendees was beneficial, and she has opportunities to introduce within Grandview Gardens.
- The introduction of a bonsai tree growing group attended weekly by a bonsai tree enthusiast, as part of the balance to wellness exercise program.

#### **3.2 Regulatory compliance**

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

##### **Team’s recommendation**

Does comply

The home has systems in place to identify and monitor that the home meets regulatory compliance obligations in relation to resident lifestyle. For a description of how the home identifies and ensures compliance with relevant legislation, regulatory requirements, professional standards and guidelines, refer to Expected outcome 1.2 Regulatory compliance. Residents and/or their representatives are not made aware of all legislation relevant to them.

Examples of responsiveness to regulatory compliance related to Standard three include:

- Residents are offered an agreement on entry to the home.
- There is a system for mandatory reporting of elder abuse and annual mandatory training of staff takes place.
- Stakeholders are informed about their right to privacy and confidentiality.

### **3.3 Education and staff development**

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

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

Does comply

The home provides all staff with an education framework to enable the maintenance and upskilling of practices that resident lifestyle. The topics for inclusion in the current staff education calendar were derived from performance appraisals, audit and incident results, information from corrective action data, resident clinical changes, training needs analyses, education evaluations and issues related to enhancing the residents' lifestyle.

Recent education opportunities that have had a major influence on staff and resident outcomes reflecting resident lifestyle include the following:

- Elder abuse.
- Privacy and dignity.
- Leisure and pleasure in lifestyle.
- The near completion of the lifestyle and leisure certification by lifestyle member.

### **3.4 Emotional support**

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

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

Does comply

The home supports residents in adjusting to life in the home and on an ongoing basis. Residents' emotional support needs and preferences are assessed upon entry to the home; monthly reviewed care plans are developed to meet these needs. Residents and representatives receive information to assist their orientation to the home and are provided with emotional support in the adjustment period, including the meeting of staff and other residents, encouragement to participate in the life and activities of the home, and one on one time. Review of residents' emotional support needs occurs on a regular basis and in response to observations or critical episodes; care plans are amended as required. There are informal processes for keeping relevant staff informed about any episode that may affect a resident's emotional needs. Residents and/or their representatives expressed satisfaction with the emotional support provided by the home at entry and on an ongoing basis.

### **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 the life of the community within and outside the residential care service. Initial and ongoing assessment and care planning processes identify, assess and plan for residents' physical, social, cognitive and emotional needs. Residents are encouraged to use aids such as hearing aids, wheel chairs and walkers to maintain

their mobility and independence. Other strategies to maximise independence include an allied health program, freedom of movement and access to communal areas, access to and options for individual garden activities. There is ongoing contact with the broader community through visits to the home by volunteers, school groups, the mobile library and entertainers, and outings to local destinations, such as the retired servicemen's league. The home welcomes visitors and supports residents to develop friendships and to maintain their individual interests. Residents and/or their representatives are satisfied resident independence is supported and respected.

### **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' privacy, dignity and confidentiality is recognised and respected; this is generally demonstrated throughout the home's policies, procedures and staff practice. Accommodation consists of single or double en-suite rooms; there are a number of internal and external sitting areas for receiving guests privately or quiet time. Consent forms are completed on entry for the release of information and publication of resident names and photos. There is policy and procedure to guide staff; employees sign a confidentiality agreement on commencement of employment. Staff were observed to interact with residents in a respectful manner, knock on doors before entering rooms and call residents by their preferred name. Handover is conducted in a private area. Interviews with residents and/or their representatives confirm their satisfaction with the preservation of resident privacy and dignity.

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

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

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

Does comply

The home has systems and processes in place to encourage and support residents to participate in a range of activities of interest to them. Leisure, social and activity assessments are completed at entry and in consultation with each resident and their representatives. Care plans address barriers to involvement and include individual strategies and one on one time; care plans are reviewed monthly. The lifestyle team provide a wide range of individual and group leisure activities six days a week and include evenings. A monthly activity calendar is displayed at various places in the home and in resident rooms, and covers a range group and individual activities. Residents and records confirm that staff provide ongoing one on one time with residents. There is a process for monitoring resident participation; evaluation and review of the activity program occurs through observation, resident feedback, surveys and regular resident/relative meetings. Residents and/or their representatives are satisfied with the lifestyle program and the range of activities available to residents.

### **3.8 Cultural and spiritual life**

*This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".*

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

Does comply

Residents' cultural and spiritual beliefs and customs are assessed on entry to the home. Regular Christian religious services are provided at the home and spiritual advisors representing other religions attend the needs of specific residents. Residents' cultural and spiritual needs are met through the celebration of events, days of significance and practices that are of importance to residents as a group and individually. Residents and/or their representatives are satisfied with the home's response to their cultural and spiritual needs.

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

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

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

Does comply

During the entry assessment phase, detailed information about the resident's individual preferences is defined, gaining this information from the resident or their authorised representative. These preferences include for example, rising and settling times, personal hygiene practices, choices for dressing, grooming, oral and dental care, food preferences, lifestyle and leisure activities, cultural and spiritual needs and choice general practitioners. If the resident and their representatives choose to, terminal wishes are completed at this time. Residents and their representatives are provided with a comprehensive information package that clearly defines the operations of the home; the Charter of residents' rights and responsibilities is displayed throughout the home. Residents and representatives confirmed their satisfaction with the home's respect and individualised choices and decision making processes.

### **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

The home has a system to ensure that residents and their representatives understand residents' rights and responsibilities, but do not provided access to accurate information defining security of tenure at the home. Information about residents' rights and responsibilities, complaint and advocacy mechanisms, legislated care and services and a privacy statement is provided in resident information handbooks and in the residential care agreement. All residents are offered an agreement upon entry to the home. The Charter of residents' rights and responsibilities, complaint and advocacy services are on display in the home. Consultation with resident and/or their representatives leading to a change in room is generally recorded. Residents and/or their representatives said they are satisfied with

their security of tenure and confirm they feel comfortable to approach management with any questions they may have.

## **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 that shows ongoing improvements in the area of physical environment and safe systems. For a description of the home’s system of continuous improvement, refer to Expected outcome 4.1 Continuous improvement.

Recent improvements that have been achieved relating to Standard four include:

- The installation of an extra latch to an external gate and keypad locks on all external doors to ensure a safe environment for residents. This was done in response to incidents of absconding residents and residents at risk of absconding.
- The purchase of a number of new floor beds and floor mattresses, in response to a complaint from a representative.
- The purchase of new and different length resident slings in response to staff feedback directed through corrective action forms and the occupational health and safety committee regarding availability and safety of slings.
- The purchase of an extra standing machine and lifting machine so that one of each is situated in each wing, thereby reducing any waiting time when this equipment is required.

### **4.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

The home has systems and processes to identify and ensure that the home is compliant in relation to the physical environment and safe systems. For a description of how the home identifies and ensures compliance with relevant legislation, regulatory requirements, professional standards and guidelines, refer to Expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard four include:

- Current Aged care certification assessment dated 4 August 2010.
- Emergency and evacuation procedures are in place and mandatory annual fire and safety training occurs.
- Chemical storage is secure and current material safety data sheets are in place.
- A food safety program is in place, which is subject to an annual third party audit.

### **4.3 Education and staff development**

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

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

Does comply

The home provides all staff with an education framework to enable the maintenance and upskilling of practices that reflect the physical environment and safe systems. The topics for inclusion in the current staff education calendar were derived from mandatory topics, performance appraisals, audit and incident results, information from corrective action data, training needs analyses, education evaluations and issues related to the physical environment and safe systems.

Recent education opportunities that have had a major influence on staff and resident outcomes reflecting the physical environment and safe systems include the following:

- A suite of mandatory topics (fire and emergencies, manual handling, infection control, food safety for food handlers).
- Safe chemical handling.
- Fire warden training.
- Two staff representatives have completed the five day occupational health and safety course.

### **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 are working actively to provide a safe and comfortable living environment for residents. Residents are housed in single or double en-suite rooms that are clean and generally well maintained. The home is light, well ventilated, uncluttered and kept at a comfortable temperature. The external environment is well maintained and secure with paved pathways and courtyards. Residents and staff have access to sufficient and appropriate furniture and equipment to ensure a safe and comfortable living environment; purchases are made in response to changing resident needs, resident safety and/or feedback from staff and allied health professionals. Monitoring mechanisms include environmental audits, hazard reporting, comment and complaint processes, preventative and reactive maintenance schedules, annual test and tagging, surveys and management observations. Residents and/or their representatives are generally satisfied that management provides them with a living environment that is safe and comfortable.

### **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 of the home work actively to ensure residents are living in and staff working in a safe environment. The home's occupational health and safety program

is overseen by the occupational health and safety committee that meets every three months. The home's system to ensure a safe work environment includes policy, safety inspections, hazard forms, incident reports, maintenance requests and material safety data sheets. The occupational health and safety committee monitors the effectiveness of the program by reviewing data and actions taken resulting from inspections and audits, incidents, staff injuries and corrective action requests. The physiotherapist provides input regarding the purchase of equipment, educates staff in the use of equipment and conducts manual handling training. Staff are aware of the occupational health and safety program and demonstrate knowledge of safe practices.

#### **4.6 Fire, security and other emergencies**

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

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

Does comply

The home has systems and processes in place to maintain a secure environment and to minimise fire, security and other emergency risks. The home is equipped with emergency fire fighting and detection systems and fire extinguishers, which are maintained and serviced regularly by professional external contractors. Emergency exits are clearly displayed, egress routes are mostly free from obstruction, and fire evacuation and other emergency procedure is documented and displayed; evacuation kits with a current resident evacuation list are located at reception. The home is a smoke free environment with designated smoking areas external to the building. Security systems include sign in registers, keypad locks, perimeter fencing and effective lighting around entry points after hours. Fire and emergency training is part of induction process and staff attend mandatory training sessions. Residents stated they feel safe and secure in their 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 an effective infection control program in place. Infection control protocols and guidelines are current, accessible to all staff and have been developed from evidence based practices. Staff are informed of current practices appropriate to their area of practice at orientation and at other times; staff are provided with appropriate personal protective equipment. The home has current information to guide all staff in managing infectious outbreaks. The clinical care coordinator (registered nurse) manages all aspects of infection control and acts as a resource person, conducts education, formal/random infection control/hand washing audits and related competencies. Infections are monitored as they occur; data analyses of infection rates and trends are reported to specific meetings. The team observed care staff using correct hand washing techniques and hospitality staff demonstrated their understanding of infection control principles in their related work areas.



#### **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

Hospitality services enhance all aspects of residential life and the staffs working environment. Residents and representatives are informed about hospitality services offered prior to entry and in the handbook. Catering staff have relevant resident information identifying for example, specific nutrition and hydration requirements, food allergies, food preferences and cultural choices; residents from Asia and the sub-continent are offered rice at every meal if required. The kitchen meets all local government accreditation requirements. The home has cleaning schedules that meet individual resident and service needs. Personal laundry services are provided by the home; the home can provide a labelling service to residents for their clothes. The home has monitoring systems in place that identify deficits. Residents and representatives confirmed their general satisfaction with the hospitality services provided by the home.