



**Aged Care**

Standards and Accreditation Agency Ltd

## **Decision to accredit Greenstone Lodge**

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

The Agency has decided that the period of accreditation of Greenstone Lodge is three years until 21 August 2012.

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

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

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

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

The Agency has taken into account the following:

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

## Home and approved provider details

### Details of the home

Home's name: Greenstone Lodge

RACS ID: 0166

Number of beds: 36      Number of high care residents: 30

Special needs group catered for: Nil

Street/PO Box: 37 Gloucester Street

City: TEMORA      State: NSW      Postcode: 2666

Phone: 02 6977 1022      Facsimile: [Home Fax]

Email address: g.lynch@fwmh.com.au

### Approved provider

Approved provider: The Frank Whiddon Masonic Homes of NSW

### Assessment team

Team leader: Ruth Heather

Team member/s: Sue Brown

Date/s of audit: 26 May 2009 to 29 May 2009

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

**Accreditation decision**

<b>Agency findings</b>
Does comply
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<b>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.



Standards and Accreditation Agency Ltd

## SITE AUDIT REPORT

Name of home	Greenstone Lodge
RACS ID	0166

### **Executive summary**

This is the report of a site audit of Greenstone Lodge 0166 37 Gloucester Street TEMORA NSW from 26 May 2009 to 29 May 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

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

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

- 44 expected outcomes

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

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Greenstone Lodge.

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 26 May 2009 to 29 May 2009

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

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

## Assessment team

Team leader:	Ruth Heather
Team member/s:	Sue Brown

## Approved provider details

Approved provider:	The Frank Whiddon Masonic Homes of NSW
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## Details of home

Name of home:	Greenstone Lodge
RACS ID:	0166

Total number of allocated places:	36
Number of residents during site audit:	33
Number of high care residents during site audit:	30
Special needs catered for:	Nil

Street/PO Box:	37 Gloucester Street	State:	NSW
City/Town:	TEMORA	Postcode:	2666
Phone number:	02 6977 1022	Facsimile:	[Home Fax]
E-mail address:	g.lynch@fwmh.com.au		

**Assessment team's recommendation regarding accreditation**

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

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**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 4 days on-site and gathered information from the following:

**Interviews**

	Number		Number
Director of care services (DCS)	1	Residents	5
Deputy director of care services / educator (DDCS)	1	Resident representatives	3
Deputy chief executive officer (DCEO)	1	Recreational activity officers	1
Endorsed enrolled nurse	2	Laundry staff	2
Care staff	3	Maintenance staff	1
Catering staff	2	Aromatherapist	1
Occupational health and safety committee members	2	Registered nurse – infection control	1
Music therapist	1	Fire officer	1

**Sampled documents**

	Number		Number
Residents' files (including assessments, doctors notes, progress notes)	5	Medication signing sheets (non packed and packed regular medications; prn medications)	33
Care plans	5	Medication identification charts	10
Wound assessment charts	6	Accident/incidents	12
Personnel files	5		

## Other documents reviewed

The team also reviewed:

- “Memories of our passed residents” folder
- Activities survey results for March 2009
- Activity evaluations
- Activity monthly reports
- Activity programme for May 2009
- Annual fire safety statement
- Aromatherapy folder
- Audits
- Authorisation and review of risk forms
- Benchmarking folder
- Bowel charts
- Catering - food feedback – wastage
- Catering - food safety plan
- Catering – temperature records - equipment and food
- Certificate of business registration
- Chemical register
- Cleaning schedules
- Client agreement low care
- Client information hand book (revised January 2009)
- Complaints mechanism
- Compliments and complaints register
- Consent forms folder (display photos; name on door and outings)
- Continuous improvement – annual plan
- Continuous improvement – quality logs and action plans
- Daily report to DCS requirements
- Daily reporting sheet
- Diary for resident appointments
- Education - attendance records
- Education – evaluations and questionnaires
- Education – external application
- Education – needs analysis survey and assessment
- Education – orientation program and workbook
- Education – staff records
- Education - training and development plan
- Elder abuse and mandatory reporting register
- Emergency management procedures
- Equipment manuals
- External benchmarking reports
- External services contractor list
- Falls risk assessments
- Fire alarm incident reports
- Fire equipment monitoring records
- Hazard register
- Infection control policy
- Infection control statistics
- Job descriptions and duty lists
- Maintenance - appliance tagging records
- Maintenance – legionella testing records
- Maintenance – schedule



- Maintenance – thermostatic mixing valve records
- Maintenance request book
- Material safety data sheets
- Medication incident reports
- Meeting minutes – occupational, health and safety, resident meetings, staff meetings (registered nurses, care staff, nurses), continuous improvement meetings
- Meeting schedule
- Memo folder and register
- Memo regarding a building audit in June
- Mission, values, philosophy of care
- Monthly infections for May 2009
- Multipurpose record charts
- Music therapy evaluations
- Music therapy reporting sheets
- Newsletters – medication, organisation
- NSW Food Authority license
- Organisational chart
- Performa report to deputy chief executive officer
- Physiotherapy instruction charts
- Police record register – staff, contractors, volunteers
- Policy and procedures
- Procedure/checklist for administration of insulin when BGL is low
- Recreational activities manual (dated May 2006 and reviewed December 2008)
- Registered nurse (RN) assessment review form
- Resident information sessions schedule for 2009
- Resident outings list
- Resident self medication assessments by general practitioner
- Resident survey
- Resident vaccination register for 2009
- Resident/relative meeting minutes folder (minutes for April and May 2009 sighted)
- Residents activity daily recording charts for May 2009
- Residents food preferences and dietary and nutrition assessments folder
- Residents list
- Residents' information package, "Information given to clients on admission" booklet
- Roster
- Roster for internal and external audits
- Safe work practices
- Service agreements
- Staff hand book (dated July 2008)
- Staff Handbook and employment pack
- State wide hazmat survey report
- Weight and observations charts
- Work place inspections
- Wound assessment charts

### **Observations**

The team observed the following:

- "Year book – special events"
- Accreditation site visit information displayed
- Activities in progress including gentle exercise, indoor bowls, set up for Australia's greatest morning tea
- Annual fire safety statement displayed
- Aviaries

- Charter of residents rights and responsibilities displayed
- Chemical storage
- Cleaning in progress
- Colour coded cleaning equipment
- Complaints information - internal and external displayed
- Contaminated waste bins
- Contractors signing book
- Designated smoking area
- Dietary and nutrition assessments
- Dining room during lunch meal
- Education resources
- Emergency assembly area
- Emergency flip charts
- Equipment and supply storage areas
- Equipment storage area
- Evacuation pack
- External complaint mechanism brochures on display
- Fire monitoring systems and fire fighting equipment
- Information on swine influenza and hand sanitiser in front foyer
- Interactions between staff and residents
- Library for residents in activity room
- Living environment
- Medication refrigerator (single recorded temperatures all within range)
- Medication trolley and multi dose packs (locked)
- Menu displayed
- Mission, values and philosophy of care displayed
- Mobility aids
- Notice boards – staff, education, general
- Noticeboards for residents
- OH&S policy displayed
- Oxygen storage
- Personal protective equipment being correctly used by staff
- Photographs of residents participating in activities displayed
- Public phone
- Reminder system for care staff for antibiotics/patches medications
- Resident food preference information and special meal requirements
- Resident pathway – commenced
- Roof anchor points
- Secure storage of resident records
- Security systems (including phones, nurse call system, coded key pad locks)
- Sharps containers
- Signs at the entrance for influenza and swine flu
- Spill kit
- Staff, client and volunteer hand books displayed
- Suggestion box
- Tagged and dated fire fighting equipment
- Treatment room with door locked
- Visual cues directing residents to the dining area
- Wound identification and dressing selection chart displayed in office

## **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

In line with the organisation’s planning and reporting processes, the home actively pursues continuous improvement in a systematic and cyclical manner. An external auditing company is engaged to undertake benchmarking activities, external audits by consulting companies and statutory authorities are in place, and internal audits, questionnaires and surveys are used to inform the quality program. Data collected from these auditing and survey processes is collated and reported monthly at the organisational level. Improvement activities are documented on the home’s continuous improvement plan, quality logs and action plans and areas requiring improvement are actioned, monitored and evaluated. Information regarding complaints and clinical indicators such as medication incidents, accidents and incidents, wounds and infections is also collated, actioned, monitored and evaluated by the DCS. Feedback from stakeholders is gathered through “I have an idea” forms, directly to the management team, residents and relative meetings, and staff meetings which are held regularly. Staff are aware of the systems for continuous improvement and confirm the home’s commitment to quality and improvement. Interviews with residents and their representatives and review of meeting minutes confirm that feedback is considered and contributes to improvements for residents.

Recent improvements relevant to this Accreditation Standard include:

- To improve the orientation of new staff a computerised presentation has been developed with a facilitator’s package. This ensures all essential topics are covered and consistent information is imparted to all staff. An orientation workbook accompanies the training and assists in reinforcing the learning process.
- To facilitate the accurate recording of meeting minutes, the updating of quality logs and to access computerised information during meetings a lap top computer and data projector have been purchased. Time management has also been improved through this initiative.
- The storage of all supplies has been reviewed and a central store has been established. The ordering of stores is now streamlined and accurate and over ordering has been eliminated.

### **1.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

The home has systems in place to receive, identify and ensure compliance with relevant legislation, regulatory requirements, standards and guidelines. The organisation is a member of an industry association and receives information through this avenue and through subscriptions to a variety of government and independent information services. The organisation’s corporate management team monitor adherence to regulatory requirements. Changes to policies and procedures resulting from changes to regulatory compliance are communicated to staff through email, fax, meetings and memos. Staff interviewed confirmed

they are informed of changes to policies and procedures arising from changes to legislation, regulatory requirements, standards or guidelines. The team noted examples of the home's monitoring and compliance with legislation and guidelines relevant to management systems, staffing and organisational development such as:

- Residents and their representatives stated they were informed of the Accreditation site audit by signage around the home and at meetings.
- The home has a procedure to ensure all staff, volunteers and contractors have police checks and that these are kept current.
- There are policies, procedures and training in place to ensure staff know and carry out mandatory reporting responsibilities. Staff are able to explain the home's process for reporting assault and suspected assault. The home has a consolidated register for reportable assaults.

### **1.3 Education and staff development**

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

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

Does comply

The home has a system in place to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. Training needs are identified through: legislative change, review of industry issues, performance appraisals, surveys, observation of work practices, results of audits, monitoring of accidents and incidents and issues raised by staff. From these sources, an annual schedule for education is developed. There is a comprehensive orientation program for new staff. Competency assessments and questionnaires are conducted on commencement of employment and as required to ensure relevant staff skills are maintained. Compulsory training is provided in fire safety and evacuation, manual handling and risk assessment, infection control, effective workplace relations and mandatory reporting in relation to elder abuse. Records of attendance are maintained and there is a system to monitor attendance at compulsory training. Education is delivered in a variety of settings, which include TAFE courses, online and distance university education, external conferences and seminars, and at the home with guest speakers and staff speakers. The organisation supports undergraduate and post graduate studies for staff through a generous scholarship scheme which is awarded on merit annually. Leadership development workshops and other leadership training opportunities are provided to senior staff members.

Interviews with staff, review of the education plan and attendance records for 2008 and 2009 confirms that the home has provided education in relation to Accreditation Standard One: aged care funding instrument, effective workplace relations, anti-bullying and harassment, accreditation, quality improvement, industry conference attendance and organisational management meetings for the director of care services.

### **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 internal and external mechanisms in place for residents, resident representatives and other interested parties to put forward comments, suggestions and complaints. Information on internal and external complaints options is included in the client handbook and in residential agreements. External complaints information brochures and internal complaints forms are accessible to residents and visitors in the front foyer. There is a

suggestion box in the front foyer. The compliments and complaints register and management reports are in place to track and trend comments, suggestions and complaints and to ensure that issues are investigated, analysed and responded to in a timely manner. The director of care services and team leader (EEN) maintain an 'open door' policy and regular resident meetings and case conferences provide forums for comments, suggestions and complaints to be raised. Residents/resident representatives and staff interviewed are aware of the home's comments and complaints system however they prefer to speak directly with the management team and/or staff as they find them very approachable and they respond in a timely manner to any concern they may have.

### **1.5 Planning and leadership**

*This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".*

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

Does comply

The mission and values statement of the organisation was observed to be on display throughout the home. The organisation's commitment to quality is clearly documented in a quality framework document which is also on display in the home. The mission, values and quality framework are communicated through a number of documents including the resident information handbook and the staff handbook.

### **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

There are systems and processes in place for the home to have appropriately skilled and qualified staff, sufficient to provide services in accordance with the Accreditation Standards and the home's vision, mission and philosophy. The home has processes for recruitment and orientation including a 'buddy system' for new staff as confirmed through the review of orientation documentation and interviews. When staff are not able to work, replacements are found using part time or casual staff, as evidenced through the review of rosters. Management report they adjust staffing levels and the distribution of rostered hours based upon resident care needs, industry benchmarking and staff and resident feedback. Staff are required to have completed or be enrolled in the certificate III in aged care prior to commencing employment at the home. Management are committed to providing ongoing education to all staff as evidenced by the education program in place and the resources made available to staff for private study. Recognition of the contribution and skills of staff is supported by a system of awards, rewards, career development opportunities and education. Residents/ resident representatives are very positive about the staff and the care they provide, indicating that staff are responsive to residents' needs, are knowledgeable and have a caring attitude towards 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

Staff and residents state that they have access to appropriate and adequate goods and equipment to ensure quality service delivery. Various staff and management have responsibility for the purchasing and receipt of goods and equipment. Equipment needs are identified through input from staff and large expenses are approved by the corporate management team and are placed in the capital expenditure budget if needed. There is a corrective and preventative maintenance program in place. Sufficient stocks of appropriate goods and equipment are observed throughout the home.

#### **1.8 Information systems**

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

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

Does comply

There are systems in place for the creation, storage, archiving and destruction of documentation within the home. Confidential files such as staff and resident files are stored securely. Processes are in place to consult with residents and/or their representatives and to keep them informed of activities within the home. There is a system of committees and meetings to ensure relevant information is available in a timely manner to all stakeholders. Information is disseminated through a secure password protected email system, an intranet, a structured meeting schedule, notice boards, newsletters, memoranda, specific notices attached to staff payslips, staff handovers, formalised feedback mechanisms and informal lines of communication. There is a computerised management information system and policies and procedures are available in hard copy as well as electronically. The home conducts surveys, audits and collects data to provide information regarding the quality of care and services provided. Document control processes are managed by head office.

#### **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

Feedback from management, staff and residents demonstrates satisfaction across the home with the goods and services provided by external suppliers. The home has contracts and / or agreements in place with suppliers and service providers and there is a system to monitor the currency of all contracts / agreements. The home monitors the quality of goods and services provided by external service providers through observation, audits and feedback from residents and staff. If the services provided are not satisfactory, concerns are raised with the providers and if there is no improvement the home will employ a more appropriate service provider.

## **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

Refer to expected outcome 1.1 Continuous Improvement for a description of the overall system of continuous improvement.

The home has made planned improvements in Accreditation Standard Two - Health and Personal Care including:

- To improve the planning of resident care, a case conference calendar has been developed to ensure all residents and resident representatives are involved in an annual case conference if they so choose. A procedure for how to conduct a case conference has been developed and staff have been educated in running a case conference.
- A quarterly newsletter ‘medication moments’ has been implemented to improve staff knowledge of various medications and to keep them up to date on changes in medications and medication management.
- After the successful implementation of ‘when required’ medication stickers ‘refused’ and ‘withheld’ stickers, which are placed in progress notes, have been introduced. The stickers assist staff to follow up changes in a resident’s medication regime.

### **2.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

Refer to expected outcome 1.2 Regulatory Compliance for a description of the overall system in relation to this expected outcome.

Evidence that there are systems in place to identify and ensure regulatory compliance related specifically to Accreditation Standard Two - Health and Personal Care includes:

- The monitoring of registrations of the home’s registered and endorsed enrolled nurses, confirmed through registration monitoring documentation.
- The home ensures high care residents are provided with supplies and equipment as required under the Quality of Care Principles.

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

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

#### **Team’s recommendation**

Does comply

Refer to expected outcome 1.3 Education and staff development for a description of how the home monitors and provides education to ensure management and staff have appropriate skills and knowledge.

Review of course documentation and attendance lists for 2008 and 2009 by the team confirms that education relating to health and personal care has been provided for

management and staff in the past year. Examples include, but are not limited to: pain identification and management; assessing depression – Cornell scale; cognitive assessment; first aid; wound care; oral care in the elderly; medication management; promoting well being; responding to behaviours; diabetes medications; clinical skills; care planning documentation; leg ulcer management; dementia.

## 2.4 Clinical care

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

### **Team’s recommendation**

Does comply

The home has systems in place to assess, monitor and evaluate resident’s care needs on entry to the home and on an ongoing basis. Initial assessments and information from residents and representatives provide information for an interim care plan and subsequent more comprehensive care plans which are regularly reviewed and have been adjusted for changes to resident care. Resident representatives are provided with opportunities for input into the review process via case conferences and regular discussion with staff and management. Care staff demonstrate knowledge of residents’ needs and are positive in their attitudes towards the residents and their care role. Residents and representatives interviewed by the team expressed satisfaction with the care provided; advised they have input into the care and representatives confirm they are advised, in a timely manner, of changes to care or critical clinical events. Comments provided to the team by residents and representatives about the staff include: it is good to “have someone care for you”, “the staff are obliging and always smiling”, “staff are wonderful”, and “the staff have been fantastic over the last weeks when our mother has been ill, very attentive”.

## 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

There are systems available for qualified nursing staff to assess, plan, manage and regularly review residents’ specialised nursing care needs. Registered nurses (RN) are available to oversee and monitor care and review care plans. Reviews of resident care, including case conferences, identify specialised or complex nursing needs and ensure ongoing and changing needs are met. Documentation review confirms adverse clinical events and accidents/incidents which may impact on resident care are documented in the progress notes, dealt with in a timely manner and the care plan is adapted as required. The home has access to a range of health professionals to ensure the care provided meets the residents’ specialised care needs such as palliative care, mental health, wound care and dementia services, however if resident’s require complex and highly specialised care arrangements may be made, following consultation, to transfer the resident. Interviews with residents and relatives confirm staff have the knowledge and skills to undertake their roles.

## 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

The home has a wide range of health professionals and allied health specialists available to assist staff meet the residents’ needs and preferences. Referrals are arranged in consultation with residents and representatives, medical officers and in accordance with the resident’s health needs. Feedback from referrals is followed up and incorporated into the care provided to ensure residents’ ongoing needs are met. Referrals to external services include medical,



palliative care, speech therapy, podiatry and physiotherapy services some of whom provide support over the telephone as well as on-site. Staff interviewed have a good understanding of the residents' health needs and the importance of referring to specialist services. Residents and representatives interviewed were satisfied with the arrangements for referral to relevant health specialists.

## **2.7 Medication management**

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

### **Team's recommendation**

Does comply

The home has a system in place to ensure medications are administered in a safe and correct manner. Endorsed enrolled nurses and carers assessed as competent, administer medications from a multi-dose, blister pack system and medication reviews are conducted by an independent pharmacist. A review of medication signing sheets indicates they are correctly documented and contain relevant and correct information including the identification of residents as well as any allergies. Medication incidents are actioned in a timely manner, reviewed at least monthly, benchmarked nationally and trended over time. Residents who self medicate are assessed on a regular basis by their medical officer and on a monthly basis by a registered nurse. A quarterly newsletter titled "Medication moments" is provided to relevant personnel to ensure they keep updated. Residents and representatives interviewed by the team advised that they are satisfied with the care provided, including the management of medication.

## **2.8 Pain management**

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

### **Team's recommendation about compliance**

Does comply

Documentation review confirms the systems in place at the home ensure residents are as free as possible from pain. Pain assessment tools assist care staff in identifying resident's pain levels and pain management strategies are included in the resident's care plan. The resident's response to pain relief is monitored, documented in progress notes and pain management strategies are adjusted when required. There are a range of pain management strategies used by the home including gentle massage, aromatherapy, heat pads, analgesic medication as well as a nerve stimulating machine. Residents are referred to allied health professionals and other specialists for advice and treatment when indicated and following consultation with residents. Resident interviews confirm that staff monitor the effectiveness of pain medication and that management strategies are effective.

## **2.9 Palliative care**

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

### **Team's recommendation**

Does comply

Systems are in place to ensure the comfort, privacy and dignity of terminally ill residents is maintained. Staff advise that residents requiring palliative care continue to be cared for at the home, with the support of allied health and medical specialists, until the care becomes too complex. When this occurs, staff consult with family and the resident's treating medical officer and arrangements are made for more suitable accommodation. Staff identify residents' specific wishes, their spiritual, cultural and emotional needs in relation to palliative care. Care staff are able to describe a range of interventions used to provide palliative care including massage, repositioning, music therapy and medications.

## **2.10 Nutrition and hydration**

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

### **Team’s recommendation**

Does comply

The home’s system to ensure residents have adequate nutrition and hydration includes assessment on entry to the home, identifying food allergies, food and drink preferences and special dietary requirements. This information is used to develop the care plan and inform catering personnel and care staff who are also informed when changes occur. Resident’s weights are monitored regularly, pureed food and nutritional supplements are available if required. The dietician is available to provide advice regarding special dietary requirements. Referrals to the speech therapist are also made for residents with swallowing difficulties. Discussion with staff, and observation by the team, confirms staff understand residents’ needs. Resident interviews confirm there is sufficient quantity and variety of food and drinks available and alternative food is provided when requested.

## **2.11 Skin care**

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

### **Team’s recommendation**

Does comply

There is a system in place for maintaining resident’s skin integrity including initial and ongoing assessments, care planning and regular evaluation of the resident. The team reviewed documentation including progress notes and care plans which confirm skin integrity is consistent with the resident’s general health. Wound charts document treatment, follow up care and the use of various management strategies to facilitate skin care. A range of dressing products and aids to maintain and promote skin integrity are available including moisturising cream, aromatherapy massage creams and continence aids. The home monitors accidents and incidents including wound infections and skin tears and a podiatrist visits the home regularly. Interviews with residents and representatives, staff and documentation review, demonstrates that residents’ skin integrity issues are addressed and documented.

## **2.12 Continence management**

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

### **Team’s recommendation**

Does comply

The home’s continence management system ensures resident’s continence is managed effectively. Assessments are conducted initially and this information is included in the resident’s care plan, which is updated as required. Where indicated close monitoring of continence patterns is conducted and management strategies are adapted as required. Continence management strategies include individualised toileting programs such as prompting, scheduled toileting times, continence aids, high fibre diets and increased fluid intake. Infections are monitored, trended and benchmarked nationally. Bowel management programs are in place and monitoring is via daily recording and reporting by care staff. Various continence management educational opportunities are provided to staff. Observation by the team indicates staff manage resident’s continence in a dignified manner and residents/representatives confirm resident’s continence is well managed.

## **2.13 Behavioural management**

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

### **Team's recommendation**

Does comply

The home has systems in place to identify, assess and effectively manage challenging behaviours. Progress notes and incident reports document challenging behaviours and staff responses. Care plans identify specific strategies and known triggers to assist staff manage residents challenging behaviours and the care plans reviewed have been adjusted for changes in the resident's condition. The home has access to specialist health professionals including the mental health team, psycho-geriatricians and geriatricians. Episodes of aggressive behaviour are monitored, trended and benchmarked nationally. Staff confirm there is ongoing education in managing challenging behaviours. Residents and representatives state they are satisfied with the care given by staff.

### **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' mobility, dexterity and rehabilitation needs are assessed on entry to the home by a physiotherapist who develops individual programmes. Resident falls are collated on a monthly basis, trended and benchmarked nationally. The falls minimisation program includes footwear audits, regular gentle exercises and strengthening exercises, as well as fall risk assessments and authorisations. Documentation review confirms various strategies are implemented and the team observed a range of mobility aid equipment being used by residents. Physiotherapy plans are devised by the physiotherapist and care staff implement these activities. Ongoing staff education in manual handling of residents ensures both resident and staff safety. Residents and representatives interviewed by the team confirm involvement in and satisfaction with, the mobility and dexterity programs offered by the home.

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

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

### **Team's recommendation**

Does comply

The home has a system in place to ensure residents' oral and dental health is maintained. A review of care information confirms that each resident's needs are assessed on entry to the home and when required, expert assessment and treatment is provided. Staff assist residents to attend specialist dental services for example and reviews by the speech therapist also occur when residents have difficulty swallowing. Staff interviews demonstrate knowledge of each resident's oral and dental care needs and verify that sufficient equipment is available. Staff confirm the level of assistance required to maintain oral hygiene is based on the resident's ability to remain independent with oral hygiene. Resident/representative interviews confirm residents are assisted with oral hygiene as required and have regular access to dental practitioners.

### **2.16 Sensory loss**

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

### **Team's recommendation**

Does comply

There is a system in place at the home to identify and effectively manage residents' sensory needs and losses. Assessments of residents' sensory related needs are completed on entry to the home and residents are reviewed when a change in the resident's condition is identified and care plans are adjusted accordingly. Management strategies are developed for residents

with specific sensory needs, such as requiring glasses or hearing devices. Staff identified sensory activities offered to residents such as large print books located in the library in the activity room, a selection of DVDs, and audio books. The home has a process for referring and assisting residents who require hearing and/or visual review or assessment. Residents confirm they receive assistance with care and maintenance of their glasses and hearing aids.

## **2.17 Sleep**

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

### **Team’s recommendation**

Does comply

The home has systems that support residents to maintain sleep patterns through the assessment of their natural sleep patterns, care planning and the provision of a quiet environment. Sleep patterns are identified on entry to the home and a sleep management plan is developed in consultation with the resident and representatives. Documentation review confirms resident’s sleep patterns are documented in the progress notes and care plan. Strategies used include pain management, continence management, massage with aromatherapy cream, one on one time with staff and night sedation when ordered by the medical officer. Residents and representatives confirm they are satisfied with the home’s approach to sleep management.

### **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

Refer to expected outcome 1.1 Continuous Improvement for a description of the overall system of continuous improvement.

The home has made planned improvements in Accreditation Standard Three - Resident Lifestyle including:

- In response to a request from residents for education on various topics a resident education planner has been developed and sessions on topics of interest to the residents are presented every two months. Topics already presented have included guardianship, infection control, physiotherapy and diabetes.
- The activity evaluation form was reviewed and adapted in February 2009 to make it more user friendly for staff.
- Activities staff identified that the library was not being used and was too low for residents to access. The library was moved to an alternate location within the activities room in April 2009 and this has resulted in the resources being more accessible and as a result, is used more by residents.
- A new barbeque has been purchased to provide increased opportunities for residents and their families and friends to socialise.

#### **3.2 Regulatory compliance**

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

##### **Team’s recommendation**

Does comply

Refer to expected outcome 1.2 Regulatory compliance for a description of the overall system in relation to this expected outcome.

Evidence that there are systems in place to identify and ensure regulatory compliance related specifically to Accreditation Standard Three - Resident Lifestyle includes:

- The Charter of Residents’ Rights and Responsibilities is on display in the home.
- The team observed that resident and staff information is stored in a way to ensure confidentiality is maintained and staff sign a privacy agreement.
- All residents are offered the opportunity to sign a residency agreement.

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

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

##### **Team’s recommendation**

Does comply

Refer to expected outcome 1.3 Education and staff development for a description of how the home monitors and provides education to ensure management and staff have appropriate skills and knowledge.

Reviews of course documentation and attendance lists for 2008 and 2009 by the team confirm that education relating to resident lifestyle has been provided for management and staff. Examples include, but are not limited to: guardianship; elder abuse and mandatory reporting; attendance by recreational staff at area diversional therapy meetings.

### **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 their new environment using for example, the residents' handbook which provides information about the support and services that are offered. Residents' emotional, social, leisure and cultural preferences are assessed and documented shortly after admission. Observations during the visit verify that residents receive emotional support from staff. A memorial service is held for each resident who has passed away, provided approval has been gained from the family, and residents and staff are encouraged to attend. Each month individuals from the community attend the home as part of the "wrapped in love" programme and have morning tea and a talk with residents. Interviews with residents/representatives confirm that residents are supported in adjusting to their environment and that staff care about their emotional well-being.

### **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

The home welcomes and encourages visitors and residents to participate in the life within and external to the home. The Uniting Church congregation hold church services in the home, instead of in the church, twice a year, with members of the congregation attending. Local schools also visit at Easter for example and participate in the festivities and residents are assisted to go shopping and also attend activities in the nearby Narrburra Lodge. The team observed personal items in resident rooms such as photographs and other memorabilia and the mobility aids available also assist residents to maintain independence. Information sessions have recently been held for residents on their rights and infection control. Entries in progress notes confirm residents are encouraged to maintain independence in all areas of daily living and staff provide support when required. Residents and representatives confirm their satisfaction with the way staff assist them to maintain and achieve their 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

The systems in place at the home ensure each resident's privacy and dignity is respected and their confidentiality is maintained. Residents and representatives advised the team that staff treat residents with respect and dignity. Activities staff visit proposed community venues to evaluate the venues to ensure they provide amenities suitable for residents. Observations by the team verified staff ensure the privacy of residents who require assistance with toileting. Interviews with staff confirm an awareness of specific privacy needs of residents and the importance of calling residents by their preferred names. Residents' records and personal information are stored securely, with access by authorised staff only. Staff are required to sign

privacy agreements when commencing employment with the home and are provided with education relating to privacy as part of the ongoing education programme.

### **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 in place to identify residents' preferred activities and interests. Documentation review confirms social histories are developed shortly after entry to the home and identify residents' past and present likes/dislikes. Participation in the various activities offered is documented in the daily activity record and staff evaluate group activities to ensure they remain of interest to residents. The activities program includes group activities to meet differing leisure interests and backgrounds such as special days visiting vintage cars, entertainers, gentle exercise, bowls, book and poetry readings, newspaper readings and happy hour. The residents of the home have also "adopted" and follow two local greyhounds which residents named. One on one activities are also provided by the activities officer, the music therapist and aromatherapist. The team observed residents participating in gentle exercises and overheard them laughing with enjoyment during the indoor bowls. Residents and representatives interviewed state they are satisfied with the range of activities offered.

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

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

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

Does comply

The home has systems in place to meet the spiritual beliefs and interests of residents and to ensure that their cultural and ethnic backgrounds are valued and fostered. Catholic communion is held every Wednesday and Anglican and Presbyterian services are held monthly and the Uniting Church also has representation at the home. Residents wanting to participate are encouraged and assisted to attend these services. Provision is also made for the celebration of special religious and cultural days such as Easter, Mother's day, Australia day and Anzac day. Documentation review confirms residents' individual interests, customs, beliefs and cultural and ethnic backgrounds are identified and documented. Residents and representatives interviewed express appreciation for the spiritual support offered and confirm that their cultural and spiritual needs are met.

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

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

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

Does comply

The home has systems in place to ensure residents are able to participate in making choices and decisions about their care and environment and are able to exercise control over their lifestyle. Consultation occurs through the regular resident meetings and group activities are evaluated on a regular basis. Some examples of residents exercising choice and decision making include: meal choices, activities, freedom of movement throughout the home and input into the plan of care. Staff gave examples of how activities have been developed or adapted following discussions with residents such as when a resident suggested a crown of thorns be made for Easter which the local men's shed created and the crown was displayed during the Easter celebrations. Residents interviewed advise they are offered choice in their daily activities.

### **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 team sighted an example of the home's agreement that is signed by the resident/representative on entry to the home. This agreement is discussed with the resident/representative and includes information on the charter of residents' rights and responsibilities, fees and security of residence information. These agreements include information referring to the resident's "right of occupancy". The resident handbook is provided to residents when they enter the home and includes information regarding when residents may need to be moved to alternate accommodation following consultation. Resident meetings provide a forum where issues and concerns can be raised. Residents and resident representatives interviewed are aware of the internal feedback mechanisms and expressed satisfaction with the processes in place.



## **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

Refer to expected outcome 1.1 Continuous Improvement for a description of the overall system of continuous improvement.

The home has made planned improvements relating to Accreditation Standard Four - Physical Environment and Safe Systems, including:

- In response to resident feedback a new menu has recently been implemented. Residents contributed to the development of the new menu via a survey. Residents stated that many of the new dishes are tasty and that they are enjoying the new menu.
- To improve the fire safety at the home a sprinkler system and a new fire panel have been installed.
- A new cement block retaining wall has been built to replace the existing rotting timber wall. The new retaining wall is attractive, provides improved safety and is pleasant to look at now the garden has been re-established.
- At the request of residents an outdoor area has had a roofed pergola constructed so that residents can use the area when the weather is hot. It is a popular area enjoyed by many residents as it also houses two large bird aviaries which residents greatly enjoy.
- During the site audit the assessment team observed a new path under construction which will enable residents to walk around the building on level safe ground. It is hoped the path will promote regular exercise for residents.

### **4.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

Refer to expected outcome 1.2 Regulatory compliance for a description of the overall system in relation to this expected outcome.

Evidence that there are systems in place to identify and ensure regulatory compliance related specifically to Accreditation Standard Four - Physical Environment and Safe Systems includes:

- The home has a current fire safety statement on display.
- The home has guidelines, procedures and suitable equipment for the management of gastroenteritis and influenza should they occur.
- Displaying material safety data sheets near stored chemicals.
- The home is registered with the NSW Food Authority.
- The home has a system for monitoring occupational health and safety issues, provides regular training for staff in manual handling and safe work practice procedures are available to all staff.

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

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

**Team's recommendation**

Does comply

Refer to expected outcome 1.3 Education and staff development for a description of how the home monitors and provides education to ensure management and staff have appropriate skills and knowledge.

Interviews and review of course documentation and attendance lists for 2008 and 2009 by the team confirm that education relating to the physical environment and safe systems has been provided for management and staff. Examples include, but are not limited to: fire safety awareness and evacuation; infection control – cleaning and laundry; risk assessment; incident investigation and reporting; flu epidemic – the chain of infection.

**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

Greenstone Lodge provides all residents with single room accommodation and an en-suite bathroom. The residents' rooms are individually air conditioned which maintains a comfortable environment for the residents. The home is furnished throughout with soft furnishings and comfortable furniture and provides a home like environment. Observations during the site audit and feedback from residents and their representatives and staff indicate that management works actively to maintain a safe, comfortable and clean environment that is in line with residents' care needs. There are processes in place for maintenance issues to be reported and actioned and a routine preventative maintenance schedule is the responsibility of the maintenance team. Residents and their representatives interviewed confirmed that the home is well maintained.

**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 are actively working to provide a safe working environment that meets regulatory requirements. There are systems to record, analyse and review resident and staff accidents and incidents. The occupational health and safety (OH&S) committee reviews audit results, accident and incidents, hazard reports and risk assessments and monitors and evaluates the effectiveness of actions taken. Environmental audits are conducted to ensure that the home meets regulatory requirements and the home's quality and safety standards. Interviews and documentation review show that staff can and do highlight risks and hazards through the hazard and accident and incident reporting systems and are aware of safe work practices. Personal protective equipment is available for staff and the team observed staff using this equipment appropriately. The assessment team observed safe work practices during the Accreditation site audit and staff members state they receive regular education in manual handling. Staff orientation includes training in manual handling and occupational health and safety. The completion of OH&S consultation training and refresher training is a requirement for all OH&S committee members.

**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

Systems are in place to promote the safety and security of residents and staff. These include emergency and fire evacuation procedures including regular checks of detectors, sprinklers, extinguishers, fire doors and other fire equipment. Staff interviewed demonstrate they are familiar with the equipment and procedures and they confirm they have attended regular fire safety training. The assessment team observed emergency flip charts with emergency procedures located at phones. There are a variety of security systems in place including external lighting, the resident call bell system, telephone system and security patrols. Care staff carry two way radios when working which assists with communication between staff. Each resident has access to a call bell pendant which they wear at all times. There is a no smoking policy in the buildings and designated smoking areas are provided for residents and staff in the grounds. Residents and their representatives interviewed stated they feel safe and secure in the home.

**4.7 Infection control**

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

**Team's recommendation**

Does comply

The home's infection control program consists of ongoing education, infection prevention strategies, tracking and analysis of infection rates and workplace audits. Strategies include: the offering of vaccinations to staff and residents; the use of colour coded cleaning equipment, systems for the management and disposal of contaminated waste and an infection control newsletter for staff. Documentation reviews and interviews confirm the infection control registered nurse reviews infection data and develops strategies to minimise infections in consultation with the director of care services. There are policies, procedures and supplies in place for the prevention of and for dealing with an outbreak. Staff interviewed are familiar with infection control practices and confirm that personal protective equipment is readily available. Staff describe and demonstrate the use of various infection control strategies. This includes: the colour coded system used during all aspects of cleaning; the use of personal protective equipment and the implementation of a food safety system. The team observed that hand sanitiser is readily available throughout the home for staff and visitors. The laundry has clearly designated areas for clean and dirty linen with a process for the handling of contaminated laundry.

**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

There are systems to identify residents' meal requirements and preferences on entry into the home and as residents' needs change. Where residents have special requirements these are recorded and provision is made to provide for them. All meals are cooked on site using a four-week rotating menu. The kitchen and servery are clean and orderly. There are regular themed meals to celebrate culturally significant days and to meet the needs of the residents at the home. Resident rooms and common areas were observed to be clean at all times during the visit. Residents and their representatives interviewed stated the home is always clean and tidy. All laundry is washed at the nearby Narrburra Lodge laundry. The team observed adequate stocks of linen. There is a system for the sorting of residents' personal laundry. Residents and their representatives stated they are satisfied with the laundry and cleaning services provided and the variety, quality and quantity of meals.