



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Holbrook Hostel

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

The Agency has decided that the period of accreditation of Holbrook Hostel is three years until 30 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:	Holbrook Hostel				
RACS ID:	0310				
Number of beds:	22	Number of high care residents:	6		
Special needs group catered for:	• Nil				
Street/PO Box:	47 Bowler Street				
City:	HOLBROOK	State:	NSW	Postcode:	2644
Phone:	02 6036 2817		Facsimile:	02 6036 3618	
Email address:	hostel@holbrook.nsw.gov.au				

Approved provider

Approved provider:	Greater Hume Shire Council
--------------------	----------------------------

Assessment team

Team leader:	Denise Dwyer
Team member/s:	Sean Mack
Date/s of audit:	3 June 2009 to 4 June 2009

Executive summary of assessment team's report

Accreditation decision

Standard 1: Management systems, staffing and organisational development

Expected outcome	Assessment team recommendations
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

Agency findings

Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Standard 2: Health and personal care

Expected outcome	Assessment team recommendations
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

Agency findings

Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

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

Accreditation decision

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

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

Assessment team's reasons for recommendations to the Agency

The assessment team's recommendations about the home's compliance with the Accreditation Standards are set out below. Please note the Agency may have findings different from these recommendations.



The **Aged Care**
Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of Home	Holbrook Hostel
RACS ID	0310

Executive summary

This is the report of a site audit of Holbrook Hostel 0310 47 Bowler Street Holbrook NSW from 3 June 2009 to 4 June 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends that the Aged Care Standards and Accreditation Agency Ltd accredit Holbrook Hostel.

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

Assessment team's recommendation regarding support contacts

The assessment team recommends that 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 3 June 2009 to 4 June 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:	Denise Dwyer
Team Member/s:	Sean Mack

Approved provider details

Approved provider:	Greater Hume Shire
--------------------	--------------------

Details of home

Name of home:	Holbrook Hostel
RACS ID:	310

Total number of allocated places:	22
Number of residents during site audit:	19
Number of high care residents during site audit:	6
Special needs catered for:	mail@greaterhume.nsw.gov.au

Street/PO Box:	PO Box 99 Holbrook	State: NSW	2644
Phone number:	02 2603 0100	Facsimile:	02 2603 2683
E-mail address:	mail@greaterhume.nsw.gov.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends that the Aged Care Standards and Accreditation Agency Ltd accredit Holbrook Hostel

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

Assessment team's recommendation regarding support contacts

The assessment team recommends that 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
Care manager	1	Residents	11
Manager, Community services (Greater Hume Shire Council)	1	Relatives	2
Accreditation officer (Greater Hume Shire Council)	1	Volunteers	1
Registered nurse/educator	1	Catering staff	1
Care staff	4	Maintenance officer	1
Administration assistant/fire officer	1	Food safety supervisor (Greater Hume Shire Council)	1
Domestic care staff	1	Care staff/infection control officer	1

Sampled documents

	Number		Number
Residents' files including assessments, care plans and progress notes	5	Medication profiles, signing sheets and packs	14
Scheduled toileting charts	3	Residents' agreements	4
Blood sugar level charts	2		

Other documents reviewed

The team also reviewed:

- Accident/incident reports
- Appliance maintenance and testing records
- Audit schedule
- Audits/surveys and associated results
- Behaviour charts
- Benchmarking data
- Bowel charts,
- Building and fire compliance documentation
- Cleaning schedule
- Comments and complaints register and associated documentation
- Communication diary
- Competency assessment worksheets
- Complaints forms and brochures (external)
- Consolidated records of incidents [of] abuse
- Correspondence from Director Environment and Planning, Greater Hume Shire, re food premises inspection carried out 2 June 2009 (dated 3 June 2009)
- Diet analysis forms
- Education program 2008 and 2009
- Educational materials and training attendance records
- Equipment calibration records
- External service agreements and documentation
- Fire evacuation procedures (including resident evacuation folder)
- Fire service maintenance logbooks
- Food safety audits and guidelines
- Food safety plan
- Food service survey 2009
- Gastro outbreak report (September 2008)
- Hazard reports and associated risk assessments
- Immunisation register
- Infection control checklists and orientation material
- Infection control manual
- Information folders on various clinical topics
- Job descriptions and duty lists
- Legislative information and source material
- Lists of food likes and dislikes, and dietary requirements
- Lists of new equipment purchased
- Maintenance plans, records and schedules
- Meeting minutes for 2008 and 2009 (including quality meetings, Greater Hume Shire occupational health and safety committee, and residents' meetings)
- Memos
- Menus
- Monthly observation charts
- Newsletters
- NSW Food Authority license (expiry 22 September 2009)
- Organisation chart
- Orientation material
- Pain assessment and treatment chart
- Planning documentation (including aged services committee)
- Police checks documentation
- Policy and procedures manuals
- Purchase order books
- Quality assurance and continuous improvement plan
- Recruitment policies and procedures

- Resident evacuation information folder
- Resident satisfaction and other survey results
- Residents' information handbook
- Residents' review meetings folder
- Scheduled toileting programs
- Staff competencies folder
- Staff handbook
- Staff rosters
- Statistical data (infections, accidents, incidents, falls)
- Temperature testing and recording sheets
- Test records of fire detection system
- Thermostatic mixing valves (TMV) maintenance checklist
- Treatment folder
- Vision, mission and philosophy statements
- Weight charts
- Work instructions
- Workplace inspections documentation
- Wound assessment and treatment charts

Observations

The team observed the following:

- Activities in progress
- Charter of Residents' rights and responsibilities displayed
- Chemical storage areas
- Electrically operated beds
- Emergency response flip charts
- Equipment and supply storage areas
- Fire safety systems and equipment
- Fish tank
- Hand hygiene posters
- Hand rails in houses
- Infection control resources including hand washing facilities, appropriate signage, hand sanitising gel, outbreak management kits, spills kits, personal protective and colour coded equipment
- Interactions between staff and residents
- Internal/external complaints information (displayed)
- Labelled clothing to assist laundry sorting
- Living environment
- Material safety data sheets (MSDS)
- Medication round
- Mobility aids
- Morning exercises in progress
- Pressure relieving mattress overlays
- Resident amenities
- Staff access to computers and information
- Staff and residents' noticeboards and wall plaques
- Staff work areas including administration, clinical, kitchen and laundry
- Storage of medications
- Vision, mission and philosophy statements (displayed)

Standard 1 – Management systems, staffing and organisational development

Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

1.1 Continuous improvement

This expected outcome requires that “the organisation actively pursues continuous improvement”.

Team’s recommendation

Does comply

The home (in conjunction with the approved provider, the Greater Hume Shire Council) has in place a well-developed and effective system for actively pursuing continuous improvement, encompassing all four Accreditation Standards, including this Standard. The system is supported by an accreditation officer, who operates across the three residential aged care services operated by the approved provider. The system is based on quality meetings and residents meetings, and other communication processes through which management, staff, residents and residents' representatives are encouraged and supported to make suggestions for improvement in all areas of the home. Other supporting quality activities include, but are not limited to, audits, surveys, benchmarking, accident and incident reporting, complaints, hazards logs, data collection, and other monitoring systems. Stakeholders are provided with feedback on improvement actions taken, as appropriate.

Examples of specific improvements relating to this Standard include, but are not limited to:

- reviewing and improving the management structure at both the Shire and local levels, to ensure effective management and direction for the home – this includes among other things the Shire’s manager of community services now overseeing the operation of the three residential aged care facilities within the Shire; recruitment of a new care manager, an activities officer and a maintenance officer at the home; and at the Shire level the appointment of an accreditation officer and a food safety officer, to provide appropriate support across the three homes
- reviewing and updating/rewriting the home’s policies and procedures, work instructions and staff handbook to ensure their relevance and accessibility for staff and management
- implementing a new format for reporting of complaints, comments and suggestions, resulting in a more accessible and efficient system for all relevant stakeholders
- reviewing and reinforcing the home’s arrangements for ensuring compliance with elder abuse and mandatory reporting measures, including policies and procedures, associated documentation and registers, and staff education
- moving to having upright staff overnight, including rearranging shifts, reviewing work schedules and making other arrangements to ensure the effective transition – this has freed up time for staff to spend more time with residents during the day and has also resulted in residents feeling more secure and supported knowing that there is a staff member awake and on duty overnight
- improving the staff management system through the setting up of a criminal record register for staff, volunteers and external contractors that ensures that such records are accessible and up to date.

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’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. Any changes in regulatory requirements and professional standards are monitored by the home (in

conjunction with the approved provider, the Greater Hume Shire Council) through updates from government and aged care industry bodies, staff membership of relevant professional organisations and networks, attendance at external education and industry conferences, and access to the internet. Staff are advised of regulatory requirements and any relevant changes to them, through policy updates, memos, staff handbooks, induction programs, training, education and meetings, as well as on notice boards. The team sighted relevant legislation and/or legal documentation displayed in various locations in the home. The home's regulatory requirements are subject to periodic audits to monitor and ensure compliance. As examples of regulatory compliance related to this Standard, the team noted that residents and other stakeholders have access to appropriate complaints mechanisms, employment arrangements are in line with relevant employment legislation, police checks for all staff and other relevant persons are conducted, systems for mandatory reporting (including elder abuse and missing residents) and recording reportable assaults are in place, and access to information is subject to relevant privacy legislation.

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

It was evident from the team's observations, document review and interviews that management and staff have appropriate knowledge and skills to perform their roles effectively. The home has in place an education program, which is based on educational needs identified in a number of ways including job skills, competency assessments, staff appraisals, audit results, survey results, mandatory requirements, changes in the regulatory environment, changes in resident care needs, residents' and relatives' feedback, and issues raised at meetings. The education program is comprehensive and covers a range of functional areas, encompassing all four Accreditation Standards, including this Standard. The home's orientation program incorporates a range of topics relating to management systems, staffing and organisational development. The team noted that other areas relevant to this Standard in the last 12 months covered the aged care funding instrument (ACFI), care-related documentation, mandatory reporting, quality and the accreditation framework, teamwork, and managing change and innovation. In addition, staff also have access to relevant external educational opportunities and, where appropriate, are supported to obtain formal qualifications. (See expected outcome 1.6 Human resource management, for other mechanisms designed to ensure appropriate staff performance.)

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 in place policies, procedures and processes to ensure that each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms. Residents/representatives and staff are made aware of internal and external complaints mechanisms through the residents' handbook, the residents' agreement, newsletters, complaints forms, other information displayed in the home, and residents' meetings. There is a procedure in place to ensure that any complaints raised are recorded for review, action, follow up and feedback, as appropriate. Residents/representatives interviewed advised that they feel comfortable approaching management about any concerns or suggestions they might 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 home (in conjunction with the approved provider, the Greater Hume Shire Council) has documented its vision, values, philosophy, objectives and commitment to quality. This documentation (in the form of vision mission and philosophy statements) has been made available and communicated to all stakeholders in the home through distribution of information booklets, display of wall plaques and other means.

1.6 Human resource management

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

Team's recommendation

Does comply

The home (in conjunction with the approved provider, the Greater Hume Shire Council) has in place a range of human resource policies and procedures to ensure that there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with the Accreditation Standards and the home's philosophy and objectives. A human resources system (consisting of position descriptions, recruitment and selection processes, staff rosters, induction and orientation, training and staff development, ongoing supervision, performance appraisals, and competency assessments) has been established to ensure appropriate staffing and skills levels for quality service provision. The team noted that, in addition to the registered nurse, many other staff have obtained or are currently obtaining formal qualifications relevant to their job roles. (See expected outcomes 2.3, 3.3 and 4.4 Education and staff development, for further details.) There are systems and processes in place to monitor and ensure that staffing levels operate according to the resident mix and residents' changing needs, and are sufficient to ensure the desired quality of care, in line with the demands and workflows of the daily routine of the home. A recent improvement is the transition to upright staff shifts overnight, including the associated review of work schedules.

1.7 Inventory and equipment

This expected outcome requires that "stocks of appropriate goods and equipment for quality service delivery are available".

Team's recommendation

Does comply

There are policies and procedures in place for ensuring that there are adequate supplies of inventory and equipment available for quality service delivery. A stock monitoring and ordering system is in operation, with particular staff roles having specific responsibility for particular areas of inventory monitoring and ordering. The home also has in place clear procedures for purchasing and replacing necessary equipment for use in various functional areas. The team observed storerooms and functional areas such as staff areas, clinical areas, and the kitchen, to be well equipped, well stocked, and well maintained. Staff advised in interviews that there were adequate supplies of inventory and equipment for them to perform their job roles effectively. A routine and preventive maintenance program is in place for the home, which among other things, ensures that equipment is maintained and ready for use.

1.8 Information systems

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

Team's recommendation

Does comply

The team's observations, document review and interviews indicate that effective information management systems are in place, and that these support the range of functional areas in the home. The resident information system includes, but is not limited to, administration forms, the residents' handbook, resident agreements, residents' meetings, resident assessments, care plans and clinical records. Staff communication systems are in place to ensure relevant information provision to and between staff. These systems include a combination of meetings, access to computers, distribution of materials (e.g. policies and procedures, memos, minutes of meetings), staff noticeboards, communication books, and induction and training. The team observed that resident and staff records are kept in secured areas to help ensure appropriate security and confidentiality of information. Computers are secured by password and a backup system is in place. The team's interviews indicated that residents and staff receive information appropriate to their needs.

1.9 External services

This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".

Team's recommendation

Does comply

The home (in conjunction with the approved provider, the Greater Hume Shire Council) has in place policies and procedures to ensure appropriate levels of quality service provision from external service providers. A range of contractors and external service providers operate within contracts and formalised agreements, covering resident and care related services, fire systems and various building maintenance and related services. The contracts/agreements are subject to formal and informal review processes, on an as required basis. Moreover, agreements are only entered into following a trial period. In addition to this, the home continually monitors the performance of external service providers and takes any necessary appropriate action, in order to ensure that services are provided at the level of quality desired for the home. The home also relies on feedback from residents/ representatives to assess the quality of service providers such as podiatry, allied health services and other similar resident-related services. It was reported that there are good working relationships with the range of visiting service providers.

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's well-developed and effective approach to continuous improvement, described in expected outcome 1.1 Continuous improvement, operates across the four Accreditation Standards, including this Standard.

Examples of specific improvements relating to this Standard include, but are not limited to:

- implementing the aged care funding instrument (ACFI) including redeveloping the home's assessment instruments and care plans, and conducting associated education for staff
- implementing a system that ensures that residents have a comprehensive medical assessment (CMA) done by a GP on their entry to the home
- developing palliative care guidelines and conducting associated training in conjunction with the GP network, thereby enabling staff to provide the appropriate care and giving residents more options to choose to stay on site, if palliative care is needed
- having the menu reviewed by a dietician to ensure that it meets the dietary and nutritional standards for individual residents
- purchasing heel protectors for residents at risk of developing pressure areas
- arranging for hearing and vision services to visit the home, thereby reducing the need for residents to travel to Albury or Wagga to access such services.

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's systems for ensuring regulatory compliance, outlined in expected outcome 1.2, encompass all four Accreditation Standards including this Standard. As examples of regulatory requirements related to this Standard, the team noted that appropriate arrangements are in place to ensure the correct management and administration of medications, mandatory reporting of elder abuse and missing residents, and recording reportable assaults. The home also ensured appropriate staff education for the introduction of the new ACFI system (see 2.1 Continuous improvement, for further details).

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's comprehensive approach to education and staff development, outlined in expected outcome 1.3 Education and staff development, encompasses all four Accreditation Standards including this Standard. The team noted that the education program includes a range of subjects specific to residents' health and personal care, and is reinforced by competency assessments in appropriate clinical areas. Examples of relevant topics covered in the last 12 months include resident assessment and documentation (ACFI), medication management, continence management, palliative care, pain management, wound

management, oxygen concentrator (use and maintenance), dementia care and sundowning, behaviour management, falls prevention, insulin administration, care of frail aged during heat wave conditions, and various other aspects of resident care. In addition, all care staff hold either certificate III or IV in aged care, or are working towards obtaining same.

2.4 Clinical care

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

Team’s recommendation

Does comply

Because of Holbrook Hostel’s location in a small town, its distance from major centres and reduced access to allied health personnel there are limits to the level of care the home is able to provide. The team noted however that staff are well trained and diligent in the care of their residents.

Staff described the processes implemented to ensure that residents’ physical, psychological and cultural needs are identified and care plans developed to provide appropriate care for all residents. A registered nurse (RN) is employed by the home one day a week to supervise care and guide staff in clinical matters. A practice nurse from the area general practice (GP) network is also available to complete confidential medical assessments of residents as required. Pre-entry history, a series of assessments of residents’ needs, feedback from staff and residents and/or families are all taken into account in the compilation of an appropriate plan of care for each resident. The RN has regular residents’ review meetings with staff to discuss residents’ needs and the effectiveness of care interventions and there is a system to ensure that exceptional events are entered in the progress notes daily and that all residents have an entry made regularly. The care plans are evaluated regularly and updated as necessary and there is a system to ensure that the home is kept informed of the results of any visits that residents make to the local doctor’s surgery. A review by the assessment team (the team) of residents’ clinical notes and care plans confirmed this process. Information relating to residents’ care needs is communicated between shifts during a verbal handover report, in the communication book and in the progress notes. Clinical care incidents such as falls, skin tears and infections are documented, collated on a monthly basis and discussed at quality meetings. All residents and residents’ representatives interviewed stated that they are very satisfied with the care provided by the home’s nursing staff.

2.5 Specialised nursing care needs

This expected outcome requires that “residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s recommendation

Does comply

The home has documented policies and procedures relating to specialised nursing care and a system of assessment and monitoring to ensure appropriate management of residents’ specialised nursing care needs. The home is able to call on the RN to advise on clinical care of residents and there is a good relationship with the staff of the local hospital who can provide back-up assistance when necessary. Documentation reviews and interviews with residents/representatives and staff indicated that residents’ specialised nursing care needs including administration of pain management, oral hygiene, ileostomy and catheter management and wound care are met, that residents’ blood sugar levels are monitored if indicated and residents are referred to appropriate specialists and health professionals as necessary. There are also systems in place to ensure that appropriate stock is available, equipment is checked regularly, is accessible and maintained to ensure that the home is equipped to manage specialised nursing care needs.

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

All residents' clinical notes reviewed by the team indicated that they have been referred to a wide range of other health professionals of their choice when necessary. If required, staff members assist by obtaining referrals and arranging appointments with health care specialists in consultation with the resident or their representative/s. The team was informed that residents are referred to specialised health care services in Albury or Wagga as necessary and the home is able to access other services such as physiotherapy, dietetics and speech pathology through the GP network. Clinical records reviewed by the team confirmed that residents have received a wide range of services including mental health, audiology, ophthalmology, optometry, speech pathology, podiatry, dental, X-ray and pathology services.

2.7 Medication management

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

Team's recommendation

Does comply

The team's observations and interviews with staff members and residents indicated that systems are in place to ensure medication orders are current, residents' medications are reviewed, the medication management system is monitored and medications are administered safely. Medications are administered from multi-dose blister packs by care service employees (CSEs) who have been trained and assessed as competent. The team found on review, that all medications are stored and administered in a safe and correct manner, that residents' 'medication profiles' are current and with one exception matched the blister packs and signing sheets which have been signed by staff when medication is given. There is a system in place to monitor residents and, if necessary, change the dose of medication such as warfarin and for the disposal of eye drops and ointments according to manufacturer's instructions. After some difficulty, a consultant pharmacist has been engaged and is scheduled to visit the home for the first time on 5 June 2009. Medication errors/incidents are reported and acted upon and the home regularly monitors the system to ensure compliance with its policy and procedures.

2.8 Pain management

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

Team's recommendation

Does comply

The home has systems in place to ensure that residents are as free as possible from pain. Assessment of verbal and non-verbal indicators of pain and strategies for its relief are recorded on entry to the home and reviewed as indicated. The response of residents who are having analgesia and other pain relief measures is recorded in their progress notes. Care staff provide a range of treatments including physical therapy, gentle exercises, re-positioning, comfortable mattresses, limb support, massage and heat packs. All treatments are regularly evaluated for effectiveness. Interviews with residents, resident representatives, staff and document review confirmed that all residents are as free as possible from 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

There is a system in place to obtain the end of life wishes of residents if possible and if residents require care beyond the capacity of the home to provide, assistance is given in arranging their transfer to a facility providing the necessary level of care. If residents are able

to be cared for in the home during their last days, staff ensure that their comfort and dignity is maintained by the use of such things as comfortable beds, regular repositioning, appropriate diets/drinks, oral care and gentle massage. Information regarding residents receiving palliative care is written on coloured paper to alert staff to the resident's status and care needs. Clergy of various denominations would be contacted if desired to provide emotional and spiritual support for residents and their representatives when necessary. Family members are supported to remain with their relative for as long as they wish.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

A review of clinical documentation and discussion with staff members and residents/representatives identified that systems are in place for ensuring residents receive adequate levels of nourishment and hydration. There is initial and ongoing assessment of each resident's likes and dislikes, nutritional and hydration needs, eating and drinking requirements, medical requirements, and a process for the monitoring of each resident's nutritional status through regular measurement of weights. If indicated, supplements to reverse weight loss are provided. Meals of varying consistency including thickened fluids as well as special diets are supplied as necessary. Staff supervise and assist residents with their meals as necessary and adapted crockery and cutlery is available to help residents retain their independence in eating their meals. Feedback from residents is acted upon and residents' swallowing ability is assessed by a speech pathologist if indicated. The home uses a variety of products such as icy poles, iced coffee, milk shakes and other drinks to ensure that residents have sufficient fluids in hot weather. All residents and representatives interviewed stated residents have choices and are satisfied with the meals offered. Because of possible inaccuracies in reading weights of residents on 'bathroom' scales, the home has put a proposition to local fundraisers to allocate money recently raised for the home for the purchase of a weigh chair.

2.11 Skin care

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

Team's recommendation

Does comply

The home has a system of assessment, interventions and reporting requirements to ensure that residents' skin integrity is consistent with their general health status. Documentation review and interviews with residents/representatives and staff confirmed that residents' skin is assessed on entry to the home and as necessary in order to maintain skin integrity. Tools used include risk assessments, regular care reviews, documentation of care and providing for residents' specific skin, hygiene, continence, nutrition, hair and nail care needs. The home's registered nurse provides advice on skin integrity matters, treatments required are documented and referrals to appropriate specialists and allied health professionals are undertaken when indicated. When necessary residents are able visit the local hospital for complex wound dressings. The team noted that special mattresses, sheepskin pads and limb protectors are used when indicated. Staff are educated to report early signs of changes in skin integrity, moisturisers are used to help maintain intact skin and a podiatrist visits the home every six weeks. Skin integrity statistics are collated and presented at appropriate meetings and the team observed that there are stocks of skin care and dressing materials available to assist in improving or maintaining residents' skin integrity.

2.12 Continence management

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

Team's recommendation

Does comply

Residents' continence, urinary flow patterns, bowel management and toileting needs are assessed on entry to the home and the effectiveness of continence management programs is monitored and evaluated. There is a system in place to assist residents with their toileting needs and to access disposable continence aids of appropriate size and type over a 24 hour period if required. There is a system in place to assist residents with their toileting needs (including the provision of raised toilet seats if necessary) and to provide disposable continence aids of appropriate size and type over a 24-hour period if required for residents classified as needing a high level of care and to assist in accessing suitable continence aids for residents classified as requiring a low level of care. Staff have received education regarding continence and a review of care plans by the team indicated a number of measures to maintain continence including the identification of voiding patterns, scheduled toileting, regular monitoring of residents at night and staff assistance as necessary. Bowel movements are monitored daily and residents with a history of constipation have bowel management strategies aimed at reducing the risk of constipation including adequate fluids, fruit, high fibre diets and the use of aperients as necessary. Some residents with a history of urinary tract infections are receiving prophylactic medications. Residents/resident representatives interviewed expressed satisfaction with continence management.

2.13 Behavioural management

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

Team's recommendation

Does comply

Review of documents, observation and resident/representative interviews indicated that the needs of residents with challenging behaviour are identified and met. Entry information obtained from residents/representatives and medical officers, together with staff observations and assessments of individual needs and triggers, are used to develop a care plan documenting strategies for staff to implement. The care plan is monitored and evaluated to assess its effectiveness, and changes are made if indicated. A review of clinical notes confirmed the above processes to reduce or eliminate episodes of challenging behaviour. The home accesses a psychogeriatrician and a mental health team as necessary. Physical restraint would be used only as a last resort and the team noted that authorisation for the use of chemical restraint for a resident has been completed according to the home's policy. Staff stated, and documentation confirmed, the residents' care plans and all interventions are developed in a way to provide a calm and supportive environment and the team noted relaxed and supportive interactions between residents and 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

The team's observations, interviews with residents and staff, and a review of documentation confirmed that the home's systems have been effective in maintaining residents' mobility, dexterity, rehabilitation and independence. The mobility, dexterity and balance of residents is assessed on entry to the home and where indicated, residents are referred to a physiotherapist in Albury or Wagga. Exercise programs are carried out by care staff and recreation staff initiate group exercises, indoor games and walks to maintain or improve residents' mobility. Changes in mobility are identified and documented as part of the care planning process and walking sticks, frames and wheelchairs are available for residents who need them. Walkers are regularly maintained and are checked to ensure they are the correct

height for the resident. Staff ensure that residents wear suitable footwear to reduce the risk of falls and a podiatrist provides regular foot care for residents. Manual handling training is mandatory for staff and residents/representatives interviewed informed the team that they are satisfied with the efforts made to maintain mobility and the team observed group exercises being carried out.

2.15 Oral and dental care

This expected outcome requires that “residents’ oral and dental health is maintained”.

Team’s recommendation

Does comply

The home’s policies and procedures ensure that residents’ oral and dental health is maintained through initial and ongoing assessment, maintenance and evaluation of residents’ oral and dental health include arranging for the provision of dental services such as denture care and visits to a dentist as necessary. The need for staff assistance with teeth cleaning and oral hygiene is documented and staff assist residents to maintain oral hygiene as required. A review of clinical documentation confirmed the above. The home is currently trying to obtain the services of a dentist to assess the oral health of all residents. All residents and resident representatives interviewed stated that residents’ oral and dental care needs are effectively managed.

2.16 Sensory loss

This expected outcome requires that “residents’ sensory losses are identified and managed effectively”.

Team’s recommendation

Does comply

A review of clinical documentation and care plans confirmed that the home arranges for resident review by providers of ophthalmic, ophthalmology, audiometry, and speech therapy services if necessary. The home has utilised Hearing Australia and Vision Australia to assess residents and provide education for staff and has recently updated its sensory assessment form to more fully assess taste, smell and touch. There is system in place to assess, monitor and evaluate residents’ sensory losses to ensure that they are managed effectively, that staff monitor that residents are wearing their glasses and that hearing aids are functioning correctly. Adequate lighting and large print books assist residents with sensory impairment to maintain independence and safety.

2.17 Sleep

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

Team’s recommendation

Does comply

The home has a system in place to assess, monitor and evaluate sleeping patterns to assist residents to achieve natural sleep. The use of night sedation is minimised by maintaining a quiet environment and a comfortable temperature, the use of comfortable mattresses and/or pressure relieving devices, keeping the resident/s as free from pain as possible, by the use of continence aids to minimise disturbance and by the availability of snacks and the provision of warm drinks. The purchase of new insulating and light block out curtains for rooms has improved temperature and light control and contributed to improved sleep for residents and the change to a ‘stand up’ staff member at night has also improved continence management and resulted in improved sleeping patterns for one resident. All residents interviewed by the team stated that they sleep well.

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’s well-developed and effective approach to continuous improvement, described in expected outcome 1.1 Continuous improvement, operates across the four Accreditation Standards, including this Standard. Of particular relevance to this Standard, the home gains feedback and suggestions for improvement from regular meetings and surveys of residents.

Examples of specific improvements relating to this Standard include, but are not limited to:

- reviewing and updating the resident agreement including aspects relating to security of tenure, and updating staff understanding of same, thereby ensuring more understanding and confidence in the security of tenure arrangements
- reviewing and reinforcing the home’s arrangements for ensuring compliance with elder abuse and mandatory reporting measures, including policies and procedures, associated documentation and staff education, thereby highlighting residents’ rights
- constructing raised gardens so that residents are able to do gardening as an activity in the home
- accessing talking tapes so that residents who are sight impaired are able to keep up to date with the news, thereby enabling them to join in conversations with staff and other residents about what’s happening in the world
- purchasing new TVs and DVDs for the lounge rooms in the home’s three accommodation units, meaning that residents can now watch TV in their own lounge rooms and feel more at home.

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’s systems for ensuring regulatory compliance, outlined in expected outcome 1.2 Regulatory compliance, encompass all four Accreditation Standards including this Standard. In relation to regulatory requirements for this Standard, the team noted for example that the home has various arrangements in place to meet its obligations regarding privacy legislation, staff and residents’ confidentiality and privacy provisions, residents’ security of tenure, prudential arrangements, informing residents of their rights and responsibilities, and mandatory reporting.

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’s comprehensive approach to education and staff development, outlined in expected outcome 1.3 Education and staff development, encompasses all four Accreditation Standards including this Standard. Induction and in-service education sessions canvass issues related to resident lifestyle such as ethical practices in aged care, residents’ rights, and

cultural sensitivity. In addition, various aspects of resident lifestyle are covered in the certificate III or IV in aged care, which are held or being obtained by all care staff. Moreover, the activities officer holds a certificate IV in leisure and lifestyle.

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

All residents and representatives interviewed are very satisfied with the ways in which staff provided information prior to entry, assisted them to adjust to life within the home and for their ongoing emotional support through the entry processes, assessments, care planning, and the evaluation of the care provided. Visiting families and friends are welcomed and residents are encouraged to go on outings if possible. Residents are encouraged to bring in personal items and photos to help create a homelike atmosphere. Staff interviewed informed the team of ways they provide residents with emotional support, including the provision of one to one support; the compilation of a newsletter and the use of volunteers. The home has a fish tank in the main lounge, a resident cat and there are regular visits by small dogs. Residents' representatives are encouraged to have a meal with residents if they wish and one resident representative regularly takes advantage of this offer.

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

Strategies to enable residents' independence to be maximised are identified and added to the individual resident's record. Residents' preferences in relation to a range of activities of daily living and lifestyle are sought and acted upon. The home welcomes visits from resident representatives, volunteers and community groups and residents are free to participate in life outside the home when possible. The team observed public telephones for resident use, internal signage and mobility aids including motorised scooters readily available. A review of records revealed that residents are encouraged to achieve independence (within their limits) in health care choices, participation in decision-making, and personal care. There is an exercise program to assist residents to maintain independence through individual and group interventions, the use of mobility and other aids and encouraging them to do as much as they can for themselves. The use of coloured plates enhances the independence and dignity of a vision impaired resident at mealtimes. The home also facilitates voting for those residents who wish to vote at elections. This was confirmed during resident/resident representative interviews.

For further information, see expected outcome 2.14 Mobility, dexterity and rehabilitation.

3.6 Privacy and dignity

This expected outcome requires that "each resident's right to privacy, dignity and confidentiality is recognised and respected".

Team's recommendation

Does comply

The home recognises and respects each resident's privacy, dignity and confidentiality. This was confirmed by information contained in the residents' and staff handbooks, by resident/representative feedback and observation during the site audit. Permission is sought from residents for the disclosure of personal or clinical information and residents understand

that their consent is required before treatments are carried out. Staff and management interviewed and observed demonstrated an awareness of privacy and dignity issues in their daily practices, such as calling residents by their preferred names, appropriate door signage and knocking prior to entering rooms. Confidential resident records and belongings are stored securely. There are lounge areas within the home and gardens and walkways containing outdoor furniture where residents can be with their friends and relatives in private.

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

Document review, resident and staff interviews and observation confirm that the home has well developed systems to encourage and support residents to participate in a wide range of interests and activities of interest to them. On entry to the home, residents' social history and individual interests are documented and contribute to the development of programs of group and individual activities, which are assessed for their appeal to residents. New activities are added to the program in response to suggestions from residents. A copy of the home's monthly activities program is displayed for the information of residents and 'talking' and large print books are supplied by the local library. Birthdays and special days are celebrated and other activities include group exercises, footy tipping, bingo, bus trips, card playing, music/concerts, guest speakers, quizzes, gardening, pet visits, happy hour, luncheon, fishing and/or riverboat trips. The home produces a regular newsletter and has hosted and performed in a concert for local people and neighbouring aged care homes. One hundred and fifty videos have recently been donated to residents at the home. Residents' participation in all activities is documented.

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 foster residents' cultural and spiritual needs through the identification and communication of residents' individual interests, customs, cultures, dietary prohibitions and religions. If required, residents would be provided with support for participation in culturally diverse celebrations and meals. Provision is made for the celebration of special national, cultural and religious days. Information obtained on entry to the home is documented and communicated to the relevant staff. Regular non-denominational and specific religious services are held in the home, lay members of the major local churches visit regularly and chaplaincy services are accessed for palliative care residents as desired. Residents/resident representatives interviewed are satisfied with the care the home provides for the support of residents' cultural and spiritual lives.

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

Personal preferences, needs and choices are identified on entry to the home, using a range of assessments and consultation with health care providers and residents and/or their representatives. The resident handbook outlines the care and services provided, residents' rights and responsibilities and complaints mechanisms. Residents are encouraged to

participate in decisions about their care and the services provided by the home using processes such as surveys, meetings, and other feedback opportunities. Information on residents' rights and responsibilities is included in the residents' agreement and displayed in the home. Residents are encouraged to exercise choice and control regarding all aspects of their care. Residents and resident representatives interviewed indicated they are satisfied with choices available to them and that their decisions are respected.

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

Interviews with residents identified that they are satisfied with the information the home provides on entry regarding security of tenure and said they felt confident that they would be consulted before any changes were made in their accommodation or treatment. Residents/representatives confirmed that they were provided with a copy of the residents' agreement and encouraged to obtain advice before signing and management staff at the home are also able to provide information on the residents' agreement if necessary. The team noted that the resident agreement provides information on residents' rights including security of tenure, fees and charges and the services provided by the home.

Standard 4 – Physical environment and safe systems

Principle: Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

4.1 Continuous improvement

This expected outcome requires that “the organisation actively pursues continuous improvement”.

Team’s recommendation

Does comply

The home’s well-developed and effective approach to continuous improvement, described in expected outcome 1.1 Continuous improvement, operates across the four Accreditation Standards, including this Standard.

Examples of specific improvements relating to this Standard include, but are not limited to:

- purchasing new lounges, thermal-backed curtains, tables and chairs for the home’s three accommodation units (houses), thereby improving the comfort of the residents’ living environment, especially the temperature control that has come from the thermal-backed curtains
- installing shade cloth outside two of the houses, thereby improving the comfort for the residents who use these outside areas
- constructing a garden and fountain within the facility grounds, thereby improving residents’ overall amenity
- restructuring the occupational health and safety committee, that operates across the three residential aged care facilities operated by the Shire, so that there is more effective representation and overview
- completing the purchase of hi-low electric beds for all residents throughout the facility, thereby increasing resident safety and enhancing manual handling for staff
- revising and updating outbreak management procedures and upgrading infection control kits, to ensure that the home is ready for any outbreaks that may occur
- purchasing a new hot box for meal delivery, thereby ensuring that meals are provided to residents at the desired temperature
- purchasing individual laundry bags for each resident thereby helping to ensure a more effective laundry service.

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’s systems for ensuring regulatory compliance, outlined in expected outcome 1.2 Regulatory compliance, encompass all four Accreditation Standards, including this Standard. As examples of regulatory requirements related to this Standard, the team observed on display in the home relevant regulatory information concerning occupational health and safety, fire safety and other relevant matters, and noted that fire safety and other mandatory training takes place. (See expected outcomes 4.3 Education and staff development and 4.6 Fire, security and other emergencies, for other details). It also has in place other environmental safety provisions that meet regulatory requirements such as thermostatic mixing valves, appropriate chemical storage and access to material safety data sheets (MSDS). In addition, the team noted that the home has in place a NSW Food Authority license and a food safety program, in line with the vulnerable person’s food safety scheme.

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's comprehensive approach to education and staff development, outlined in expected outcome 1.3 Education and staff development, encompasses all four Accreditation Standards including this Standard. Particularly in relation to this Standard, staff have undertaken compulsory training in fire safety, manual handling and other facets of occupational health and safety, as well as training in various aspects of infection control and food safety. There have also been sessions on the use of chemicals and cleaning products.

4.4 Living environment

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

Team's recommendation

Does comply

The management of the home (in conjunction with the approved provider, the Greater Hume Shire Council) has put in place mechanisms that demonstrate that they are actively working to provide a safe and comfortable environment consistent with residents' care needs. These mechanisms include regular environmental safety inspections, cleaning, maintenance and other safety related checks, warm water systems, electrical equipment checks, fire safety systems, hazard assessment, and incident and accident reporting. There are also resident feedback mechanisms, such as residents meetings, surveys and direct discussions with management, in relation to the comfort and safety of the living environment. Interviews and survey results indicated that residents/ representatives feel that the home is safe and comfortable. This view was also supported by various safety monitoring and reporting data reviewed by the team.

4.5 Occupational health and safety

This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's recommendation

Does comply

There are effective mechanisms in place to ensure that management is actively working to provide a safe working environment that meets regulatory requirements. The home's safety system comes under the guidance and direction of the Greater Hume Shire Council's occupational health and safety committee, and the home has an occupational health and safety representative to promote overall safety. The safety system includes, among other things, regular staff training (including manual handling), regular safety related audits and inspections, work instructions, access to material safety data sheets, electrical equipment checks, manual handling equipment, personal protective equipment, hazard reporting, and accident and incident reporting. A preventative and routine maintenance program is in place for the facility, which helps ensure the overall safety of the environment and equipment. The team's review of data and discussion with management staff indicated that generally there have been minimal staff safety incidents.

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's management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. There are documented

emergency procedures in place. Fire safety systems in the home include, but are not limited to, a designated fire officer, fire alarms, fire panel, fire hoses and extinguishers, a sprinkler system, exit signs, evacuation plans at every exit, and a resident evacuation folder. The home has formal, external contractual arrangements for the monitoring and maintenance of all fire safety equipment and systems on the site, as per regulations. Staff training records confirm that staff participate in regular fire safety training; staff interviewed are aware of fire safety and emergency procedures. The team observed that the home provides a secure environment including secured internal doors, systems to prevent unauthorised entry through external doors, external security lighting, evening lock-up procedures, distress alarms and adequate overnight staffing arrangements.

4.7 Infection control

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

Team's recommendation

Does comply

The home has in place an effective infection control program, including infection control policies and practices, which is supported by a designated infection control officer. The program includes the use of standard precautions, regular environment audits, management of contaminated waste, appropriate linen handling and transporting, outbreak management (including outbreak management kits), spill kits, regular and appropriate use of personal protective equipment, staff and resident access to immunisation, a cleaning regime, temperature monitoring, colour coding and hand washing. The team observed that there are appropriate infection control practices in operation in the kitchen and laundry areas. The home has in place a food safety program, including the support of a food safety officer who operates across the three residential aged care services operated by the approved provider. Education on infection control procedures has been conducted and staff interviewed indicated that they are aware of their responsibilities in this regard. Clinical data is used to monitor infection rates on a regular basis; it was noted that infection rates are at relatively normal levels.

4.8 Catering, cleaning and laundry services

This expected outcome requires that "hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment".

Team's recommendation

Does comply

The home's management have put in place policies, procedures and appropriate arrangements to ensure that hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment. The hospitality services are subject to regular audits and surveys to ensure that they are operating at desired levels. The home's catering system ensures that residents' preferences are taken into account in the food planning process, and that appropriate choices and alternatives are offered. Residents have input into menus through feedback directly to staff, satisfaction surveys and residents' meetings. The home's cleaning system is well organised and effective, with common areas and each resident's room being cleaned regularly. Linen laundry services are provided by an external contractor. All personal laundry is done on site. The home's staff ensure that residents' personal items are sorted and returned to their owner, within a reasonable turnaround time. Interviews and survey results indicated that residents and representatives are satisfied with the way in which the home provides catering, cleaning and laundry services.