



Aged Care
Standards and Accreditation Agency Ltd

Decision to accredit Immanuel Gardens Nursing Home

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

The Agency has decided that the period of accreditation of Immanuel Gardens Nursing Home is three years until 6 December 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:	Immanuel Gardens Nursing Home				
RACS ID:	5466				
Number of beds:	80	Number of high care residents:	78		
Special needs group catered for:	Dementia and related conditions				
Street/PO Box:	10 Magnetic Drive				
City:	BUDERIM	State:	QLD	Postcode:	4556
Phone:	07 5456 7600		Facsimile:	07 5456 7699	
Email address:	pamela.robertson@qld.lca.org.au				

Approved provider

Approved provider:	Lutheran Church of Australia QLD District
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Assessment team

Team leader:	Dee Kemsley
Team member/s:	Nicole Goodwin
Date/s of audit:	15 September 2009 to 16 September 2009

Executive summary of assessment team's report

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

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

Accreditation decision

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

Assessment team's reasons for recommendations to the Agency

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Immanuel Gardens Nursing Home
RACS ID	5466

Executive summary

This is the report of a site audit of Immanuel Gardens Nursing Home 5466 10 Magnetic Drive BUDERIM QLD from 15 September 2009 to 16 September 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 Immanuel Gardens Nursing Home.

The assessment team recommends the period of accreditation be 3 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 15 September 2009 to 16 September 2009

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of 2 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:	Dee Kemsley
Team member/s:	Nicole Goodwin

Approved provider details

Approved provider:	Lutheran Church of Australia QLD District
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Details of home

Name of home:	Immanuel Gardens Nursing Home
RACS ID:	5466

Total number of allocated places:	80
Number of residents during site audit:	78
Number of high care residents during site audit:	78
Special needs catered for:	Dementia and related conditions

Street/PO Box:	10 Magnetic Drive	State:	QLD
City/Town:	BUDERIM	Postcode:	4556
Phone number:	07 5456 7600	Facsimile:	07 5456 7699
E-mail address:	pamela.robertson@qld.lca.org.au		

Assessment team's recommendation regarding accreditation

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

Assessment team's recommendations regarding support contacts

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

Assessment team's reasons for recommendations

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

Audit trail

The assessment team spent 2 days on-site and gathered information from the following:

Interviews

	Number		Number
General manager/executive director of nursing	1	Residents/representatives	8
Clinical coordinators	2	General manager continuous improvement	1
Registered nurses	4		1
Endorsed enrolled nurse	1	Workplace rehabilitation coordinator/education	1
Assistants in nursing	9	Workplace health and safety officer	1
Infection control officer/endorsed enrolled nurse	1	Human resources officer	1
Information technology systems facilitator	1	Diversional therapist coordinator	1
Chaplain	1	Catering staff	2
Speech pathologist	1	Laundry staff	1
Fire safety officer	1	Maintenance officer	1

Sampled documents

	Number		Number
Residents' files	8	Medication charts	10
Resident financial folders	7	Personnel files	6
Agency induction records	6	External contracts	3

Other documents reviewed

The team also reviewed:

- 'Global care needs' (interim care plan)
- 'Link up' newsletter
- Activities evaluations
- Activities program
- Agency correspondence folder
- Allied health and chaplain referral books
- Application pack
- Appointment diaries
- Assessment case conference
- Assessment checklist
- Asset register
- Audit schedule
- Audits
- Bowel charts
- Bowel management guidelines
- Catheter and line management chart
- Chart audit (by pharmacist)
- Comments, complaints, compliments register/graph
- Computerised clinical documentation information booklets
- Consent forms and statistics
- Consistency for mug/glass or feeder cup (thickened fluids)
- Continuous improvement register audit identification to closure
- Continuous quality improvement - diversional therapy activities
- Controlled drug register
- Controlled drug request return
- Daily medication orders
- Diversional therapy daily reports folder (participation)
- Diversional therapy resident profile
- Diversional therapy yearly planner
- Doctors folder
- Documentation record
- Duties lists
- Education calendar
- Emergency box contents (impres medications)
- Essential warfrin information
- Evacuation site plan
- Evaluation of suppliers
- Event register
- Fire equipment inspection record
- Food safety plan
- Food temperature records
- Fridge/freezer temperature records
- Guidelines for documentation during initial and annual (review) period
- Handover sheets
- Improvement register plus
- Incident forms
- Infection control surveillance worksheet
- Laundry processes
- Lutheran community care by laws, 2009
- Lutheran community care governance manual

- Lutheran community care model of care
- Lutheran community care risk management plan
- Manual handling (slings and slide sheets) cleaning schedule
- Meal cards
- Medication incident folder
- Medication management policy manual (draft)
- Medication that should not be crushed
- Meeting minutes
- Meeting schedule
- Memo master folder
- Monthly infection control surveillance
- Monthly weight summary
- Morning and afternoon tea lists
- Newspaper distribution listings
- Operational plan 2009-2010
- Orientation program
- Outbreak manual
- Overview of managers toolkit
- Pad book
- Palliative care assessment
- Position descriptions
- Progress report on diversional therapy program for dementia specific unit
- Quality management system form
- Referee check proforma
- Resident advanced health directive
- Resident handbook
- Residential care agreement
- Restraint review dates
- Risk assessments
- Routine medication management reviews (pharmacist)
- Schedules maintenance/inspection program
- Self directed learning packages
- Service reports
- Shower and wash regimes
- Signing sheet audit (medication signing omissions)
- Speech pathology assessments
- Staff handbook
- Staff interview questionnaire
- Staff needs analysis
- Staff signature register
- Staff survey report
- Test and tag schedule
- Visual termite report
- Volunteer agreement
- Weight charts
- Wound care folder

Observations

The team observed the following:

- Activities in progress
- Activities rooms
- Advocacy services and charter of residents rights and responsibilities posters on display
- Automatic hand sanitisers available at entrances
- Board displaying the day, date, month, year, season and weather in communal areas
- Cold water dispensers
- Computer stations for 'on-line' clinical documentation being accessed by staff
- Emergency box – gastroenteritis
- Equipment and supply storage areas
- Family members and volunteers interacting with residents
- Fire safety equipment
- Hair dresser in progress
- Hand washing facilities
- Hi-lo beds and air mattresses
- Infection kits
- Information brochures on display at the entrance to the home
- Information notice and bulletin boards
- Interactions between staff and residents
- Internal and external living environment
- Kitchen environment
- Laminated poster of (new) staff break times
- Laundry environment
- Manual handling and mobility aids being used
- Meal service (using meal cards)
- Medication administration
- Medication storage areas
- Nurses offices
- Physiotherapy room
- Resident, volunteer and visitors sign in/out registers
- Secure garden with external paved walkways
- Secure treatment and medication storage areas
- Sharps disposal kits
- Staff assisting residents to eat
- Staff practises
- Staff room
- Suggestion box
- White boards with daily menu and activities on display

Assessment information

This section covers information about each of the expected outcomes of the Accreditation Standards.

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

Staff and residents/representatives are encouraged to contribute to the Immanuel Gardens Nursing Homes’ (the home) continuous improvement program. Resident and staff meetings are held regularly and suggestion boxes are situated strategically around the campus to provide an opportunity for anonymous feedback. Action minutes are used to document issues/ideas and track progress and follow up of an improvement. Audits are conducted as per an audit schedule with a process in place to ensure that results are reviewed and acted upon where necessary. The home utilises a computerised software program to enter data, and collate and manage the evidence for all improvements. Reports generated include information regarding the improvement, the date the improvement was logged, a milestone description of what has happened, evaluation dates, and the number of days the improvement has been open or whether the improvement has been finalised and closed.

Examples of improvements related to Standard One include:

- An internal audit of the current inventory and equipment process identified that the purchase system needed to be improved to ensure compliance with the monitoring of warranty information. As a result, a procedure has been developed and implemented in relation to collecting and monitoring information about warranty dates of equipment.
- After staff feedback identified problems with the internal communication processes, the home has implemented a master memo folder where all memos are located. Folders were then developed for all areas (clinical and hospitality areas) and an email forwarded to staff to notify them of the new process. Management reported that this has been well received.
- Mandatory training had not previously been advertised on the education planner and an audit of staff attendance indicated lower than acceptable participation rates. As a result, a review to the mandatory training program was conducted and area specific training (and monthly education themes) was devised. Management reported that mandatory training, and the need for staff to attend annual updates, is now on the planner.

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 and processes in place, managed and monitored out of their head office, to ensure that they are kept informed of all relevant legislation, regulatory requirements, professional standards and guidelines. The home subscribes to a service that provides regular updates of legislative and regulatory requirements, and receives regular mail advices from state aged care and nursing peak bodies. Changes are communicated to staff through meetings, emails, the intranet, memos and education programs. The home monitors compliance through internal audits, performance appraisals, a preventative maintenance program and competency assessments. The home has a system in place to ensure that all staff and volunteers have a current favourable criminal record check, and a process to inform residents and their representatives of accreditation audits.

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 an ongoing education program in place that includes a comprehensive two day orientation program, which has recently been reviewed and updated; a checklist is used to ensure all areas of the orientation are covered. In the clinical area new staff are buddied with an experienced staff member for a minimum of two days. If agency staff is utilised to fill a shift in an emergent situation they are requested to commence work a half an hour earlier than the shift start time to enable a half hour orientation to take place. Education needs are identified through an annual staff needs analysis survey, performance appraisals, incident and audit data, or changes to policy, procedure, or legislation. An education calendar is published and placed on display around the home. The home implements different education strategies in order to meet individual needs; these include the use of scheduled weekly televised self-directed learning program, face to face sessions, DVDs, and other (paper based) self directed learning packages. Memos reminding staff about education opportunities are disseminated. Education attendance is monitored and sessions evaluated. Management and staff have knowledge and skills specific to their roles.

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 informs residents/representatives about complaints mechanisms on entry to the home via the resident handbook and information about how to make a complaint is on display throughout the facility. Residents/representatives are encouraged to participate in meetings, case conferences, and to discuss any concerns with staff. Residents/representatives are made aware of the use of the quality management system forms; suggestion boxes are placed strategically throughout the campus. All comments,

complaints and compliments are registered on a data base. Residents/representatives indicated their satisfaction with the complaints process and felt confident that staff would listen to their comments and concerns.

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 has a documented mission and philosophy statement which articulates its adherence to specific values and its commitment to quality. This is outlined on Lutheran Community Care corporate documentation as well as the homes' resident and staff handbooks. Posters are on display within the home.

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 homes' corporate management is working on developing a more robust human resource support structure. This has led to the development of an executive coaching program and an induction program for directors of nursing. An example of roles implemented at a state level to provide support to homes is the chief of operations aged care focus, the director of continuous improvement and nurse force to assist with nursing workforce development. Systems and processes that the home has in place to assist with managing human resources includes position descriptions, orientation and ongoing education programs, and performance appraisals. Rosters are developed to meet resident needs and systems are in place to ensure that staff are recruited to cover absenteeism. Professional registration and criminal history checks are conducted for all staff. A checklist stapled to the front cover of staff files has recently commenced; this is a quality assurance process to ensure that all relevant checks take place and that all relevant paperwork is submitted. Care staff and resident/representatives reported satisfaction with sufficient staff numbers and sufficient time to complete care needs.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The home has systems and processes in place to ensure that quality goods and equipment is available. A comprehensive asset register is maintained and a scheduled maintenance/inspection program ensures that equipment is checked regularly. The Director of Nursing monitors service reports, reactive maintenance requests, payment invoices and complaints to identify equipment replacement requirements. Goods and equipment purchasing protocols are in place. Food goods have temperatures taken when delivered and are not accepted if the temperature is not within safe limits. Staff indicated their satisfaction with goods and equipment availability

1.8 Information systems

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

Team's recommendation

Does comply

The home utilises a number of systems and process to ensure effective information management. Resident information and care needs are documented electronically and is available for staff in both paper and electronic format. The clinical documentation is integrated with all care givers, including the general practitioner, being able to access the relevant resident information; handover notes are generated at the end of each shift. The clinical software program also displays a 'message of the day' banner on the log-on screen. Programs are in place to collect all data related to incidents and complaints; each day the Director of Nursing receives electronic display updates on the computer log in screen, on the number and types of incidents such as falls and infections for monitoring purposes. Staff receive information via emails, intranet, meeting minutes or memos. Resident/representative meeting minutes are displayed on home noticeboards. Staff and resident information is securely stored in locked cupboards, in locked rooms; the home has both onsite and off site archived files that can be easily accessed if required.

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 has a system in place to ensure that services that need to be externally sourced are appropriate and relevant. Written information including contract specifications and requirements is supplied to a prospective contractor. If necessary the prospective contractor can visit the home; once an agreement is arranged a contract is drawn up and signed by both parties. A checklist stapled to the front cover of contractor files has recently commenced; this is a quality assurance process to ensure that all relevant security checks take place and that all relevant paperwork is submitted prior to commencing the contract. The performance of contractors is monitored by resident and staff feedback as well as by using the evaluation of suppliers form. Supplier evaluations are undertaken to ensure high level satisfaction with their service provision is maintained.

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

Staff and residents/representatives are encouraged to contribute to the Immanuel Gardens Nursing Homes' (the home) continuous improvement program. Resident and staff meetings are held regularly and suggestion boxes are situated strategically around the campus to provide an opportunity for anonymous feedback. Action minutes are used to document issues/ideas and track progress and follow up of an improvement. Audits are conducted as per an audit schedule with a process in place to ensure that results are reviewed and acted upon where necessary. The home utilises a computerised software program to enter data, and collate and manage the evidence for all improvements. Reports generated include information regarding the improvement, the date the improvement was logged, a milestone description of what has happened, evaluation dates, and the number of days the improvement has been open or whether the improvement has been finalised and closed.

Examples of improvements related to Standard One include:

- Registered staff identified that scheduling of catheter bag changes and catheter irrigations were not being documented. As a result, the home has developed and implemented catheter bag change and catheter irrigation record forms, which are currently being trialled.
- Following interviews with staff, the home identified the need for a falls management program. As a result, a falls management program has been recently implemented which has included the development of protocols ensuring that all falls are analysed, the development of a falls management flowchart to guide staff on the process of what to do following a fall, and the development of a procedure to guide staff on how to assist a resident if they do find them on the floor.
- An audit of falls incidents identified that the majority of falls were occurring in a particular unit between 6pm and 7pm. As a result, management has implemented a change in staff break times to ensure maximum staff coverage during this time period.

2.2 Regulatory compliance

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

Team's recommendation

Does comply

The home has systems and processes in place, managed and monitored out of their head office, to ensure that they are kept informed of all relevant legislation, regulatory requirements, professional standards and guidelines, maintained out of their head office. The home subscribes to a service that provides regular updates of legislative and regulatory requirements, and receives regular mail advices from state aged care and nursing peak

bodies. Changes are communicated to staff through meetings, emails, the intranet, memos and education programs. The home monitors compliance through internal audits, performance appraisals, a preventative maintenance program and competency assessments. All registered staff are required to provide a current nursing registration prior to commencement of work; expiry dates are monitored by management.

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 has an ongoing education program in place that includes a comprehensive two day orientation program, which has recently been reviewed and updated; a checklist is used to ensure all areas of the orientation are covered. In the clinical area new staff are buddied with an experienced staff member for a minimum of two days. If agency staff is utilised to fill a shift in an emergent situation they are requested to commence work a half an hour earlier than the shift start time to enable a half hour orientation to take place. Education needs are identified through an annual staff needs analysis survey, performance appraisals, incident and audit data, or changes to policy, procedure, or legislation. An education calendar is published and placed on display around the home. The home implements different education strategies in order to meet individual needs; these include the use of scheduled weekly televised self-directed learning program, face to face sessions, DVDs, and other (paper based) self directed learning packages. Memos reminding staff about education opportunities are disseminated. Education attendance is monitored and sessions evaluated. Management and staff have knowledge and skills specific to their roles.

2.4 Clinical care

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

Team's recommendation

Does comply

The home has processes in place to assess residents' initial and ongoing clinical care needs and preferences. On entry to the home a 'global assessment' (interim care plan) is completed for the residents' from information provided by the resident and/or representative, the aged care assessment team (ACAT), hospital discharge notes and medical referral notes. Comprehensive and focus assessments are then completed to form individualised care plans that direct staff's provision of care. Care plans are evaluated every three months by registered nurses, or as care needs change; all care staff contribute towards resident progress notes on an 'exceptional reporting' basis. Residents/representatives are enabled to input into the ongoing provision of their care during the three monthly care plan review process, if there is a change in care needs and/or during case conference which is held as required. Clinical care assessments, planning and monitoring data is recorded in resident clinical care records that are both electronic and paper based. Staff have an understanding of individual resident care needs and preferences; with staff indicating satisfaction with the communication processes utilised to inform them of resident clinical care needs and changes. Residents/representatives are satisfied that the clinical care they receive is appropriate to their needs and preferences.

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 needs and preferences of residents’ requiring ongoing specialised nursing care are identified on entry to the home, or as care needs change; this information is included in the resident’s individualised care plans to guide staff practises. Further focus assessments are initiated where a particular risk or need has been identified. Registered nurses are available on-site 24 hours a day, seven days a week, to assess and oversee specific care requirements, which currently include diabetic management, oxygen and nebuliser therapy, stoma care, catheter management, complex pain and complex wound management. Professional development training, the use of external specialist services and clinical research based resource material is available to support staff to care for residents with specialised needs. Appropriate equipment and sufficient stock is available to enable residents’ specialised nursing care needs to be met. Residents/representatives are satisfied with the quality of care provided at the home and the support received with specialised 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

Residents have access to a wide range of health specialists who provide services such as physiotherapy, speech pathology, podiatry, dietetics, optometry, dental care, audiology, acupuncture, pathology, and alternative medical practitioners/therapists. A written, telephone or fax referral mechanism is initiated by registered staff and/or the clinical coordinators, as a result of resident assessments, care staff observations, or a change in care needs. Health specialists regularly attend the home and staff coordinate external appointments as required. The outcome of referrals, including instructions for ongoing care, are documented and retained in residents’ clinical records with changes incorporated into the residents’ care plan as necessary. Residents and/or representatives are satisfied with choice and access to other health specialists.

2.7 Medication management

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

Team’s recommendation

Does comply

Registered nurses and endorsed enrolled nurses administer residents’ medications, with registered nurses being available 24 hours per day, seven days per week for consultation regarding administration of ‘as required’ (PRN) medication. Resident medications are supplied in a sachet system that is delivered to the home on a weekly basis. Medications are stored securely and medications such as creams and eye drops are dated on opening. Registered staff have an awareness of procedural and legislative requirements relating to the administration and storage of medications and controlled drugs. Review of residents’ medications is undertaken three monthly by the residents’ attending medical practitioner and by an external pharmacist annually; evaluation of the medication administration system is

conducted through the monitoring of medication incidents, observation of staff practises, the auditing processes and review through medication advisory committee meetings. Residents/representatives are satisfied that their medication is administered safely and correctly.

2.8 Pain management

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

Team's recommendation

Does comply

Residents' pain management needs are identified and assessed on entry to the home, and on an ongoing basis as required. Verbal and non-verbal pain assessment occurs and interventions are recorded on the resident's care plan to guide staff's provision of care. Strategies to manage pain include the application of transcutaneous electrical nerve stimulation machine by the physio, exercises, regular pressure area care and repositioning, the application of heat packs and as required analgesia. Pharmacological measures include regular prescribed schedule eight oral analgesia, and topical slow-release narcotic patches. Effectiveness is assessed and monitored by registered staff, with any changes being recorded in the resident's progress notes and referred to the residents' attending doctor as required. Residents/representatives are satisfied that their pain is managed effectively and staff respond to requests for assistance if they experience 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

The home has processes in place to provide appropriate care and comfort for terminally ill residents. Resident's 'end of life wishes' are discussed with the resident and/or representative on entry to the home, or as the residents' health status changes. Residents are supported to remain in the home during the palliative phase of care, and family are encouraged to stay with residents during this time if they so desire. A palliative care pack is available to care staff to assist with resident palliative care needs. Care needs are managed in consultation with residents/representatives, their medical practitioners, the chaplain and allied health specialists. Specialised equipment is available for staff to assist residents to remain as free from pain as possible. Staff have an awareness of the care needs and measures required to provide comfort and dignity for terminally ill residents and support for their families.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

Residents' dietary requirements are identified and assessed on entry to the home including their personal likes and dislikes, and medical dietary needs. Care strategies required to support residents' nutrition and hydration needs are incorporated into their care plans and communicated to all staff, including kitchen staff. Care strategies include assistance with

meals, regular beverage rounds, specialised crockery, thickened fluids and modified texture diets; with referral to medical practitioner, speech pathologists and dietitians as required. Residents are routinely weighed on admission and then monthly; variances in weights are monitored further by the clinical coordinator and unintended weight loss is analysed for causative factors, with supplements and referral to a dietitian initiated as is required. Residents/representatives are satisfied with the meals and fluids provided by the home.

2.11 Skin care

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

Team’s recommendation

Does comply

Residents’ skin integrity is assessed on admission and planned interventions are included in the resident’s care plan to guide staff. The potential for compromised skin integrity is also assessed and preventative strategies are implemented as appropriate, which include the promotion of a balanced diet, assistance with personal hygiene, regular pressure area care and repositioning, the use of aids/equipment such as air mattresses, bed cradles, sheep skins and continence aids, skin/limb protectors and the use of moisturising creams. Wounds and treatments are monitored via wound management plans, with wound care provided by registered staff and reviewed on a weekly basis by the clinical coordinators. The incidence of injury/skin tears is captured and analysed for trends/triggers; interventions are then implemented as appropriate. Staff receive education in manual handling at orientation and on an annual basis, to ensure the correct handling of residents with compromised skin integrity. Residents/representatives’ are satisfied that residents’ skin condition is consistent with their general health.

2.12 Continence management

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

Team’s recommendation

Does comply

Residents’ continence status is assessed on entry to the home with urinary and bowel assessment charts commenced to identify patterns. Residents’ individual continence programs are developed and are detailed on care plans to guide the provision of care. A daily bowel record is maintained for each resident which is monitored by the night clinical coordinator; with management programs being put in place that include the addition of dietary fibre in the form of pear juice and prunes at breakfast, fluids being encouraged, and the administration of aperients as is required. Care plans record strategies to promote and manage resident’s continence needs, including assistance with personal hygiene and provision of appropriate continence aids. The home has a dedicated link nurse who orders and monitors initial and ongoing continence aid use for appropriateness. Staff have an understanding of resident’s individual toileting schedules and continence needs. Residents are satisfied with the level of assistance and aids provided to manage their continence.

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 needs of residents with challenging behaviours are identified during the initial assessment phase and on an ongoing review basis. Behavioural assessments are conducted to identify the types of behaviours exhibited and effective management strategies; individualised care plans are then developed accordingly to guide staff practises. Strategies implemented to manage challenging behaviour include one-on-one interaction, diversion, involvement in group activities (an afternoon program is conducted in the homes’ dementia specific unit as well), and medication review. Specialist advice is available to guide ongoing management of challenging behaviours through referral to a geriatrician, as required. Staff have an understanding of managing residents with challenging behaviours and were observed to interact with residents in a manner that encouraged positive outcomes.

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

A physiotherapist conducts a detailed initial assessment in relation to each residents specific mobility, transfer and therapy needs, and a falls risk assessment where indicated. Individualised mobility care plans are developed together with manual handling instructions (and passive exercise program where appropriate); these are evaluated for their effectiveness on a three monthly basis. Residents are assisted by the physiotherapist to trial and select mobility and dexterity aids appropriate to their needs. Residents and staff are instructed in the use of mobility and transfer aids and staff undergo training on an annual basis. Care staff initiate passive exercise programs with residents during their activities of daily living routines, with the physiotherapy aides performing exercise and walking programs with identified residents. Resident’s at risk of falls are identified and falls are monitored; with actions being taken to improve outcomes for the individual residents. Residents/representatives are satisfied with the level of support and assistance provided to maintain optimum levels of mobility.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

Residents’ oral and dental needs are identified on entry to the home through the completion of oral assessments, with the level of assistance required to maintain the residents oral and dental hygiene determined. Care plans include strategies to assist residents to maintain their oral and dental health and identify the presence of dentures or own teeth. Oral hygiene is provided as part of the resident’s activities of daily living with care staff informing the registered nurses of any concerns, which initiates further referral as appropriate. Mouth swabs are available for residents with no teeth/dentures, or during the palliative phase. A dental specialist will visit the home as required and any external dental appointments are arranged and coordinated by the home, with suitable follow-up noted in resident’s clinical

records. Residents are satisfied with the level of support provided to assist them with the maintenance of oral hygiene and their access to dental health services.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Residents’ sensory needs are assessed on entry to the home or as care needs change; this information is included in the resident’s care plan’s to guide staffs’ provision of care. The home has implemented a number of strategies that include the provision of sensory/activity aids (‘talking’ books, picture and communication boards, microphones for meetings and large print books) and care staff provide assistance with activities of daily living. Residents are referred to specialists such as audiologists, optometrists and speech pathologists based on their assessed needs and in consultation with the resident/representative and medical practitioner. Staff coordinate external appointments as required with any changes being incorporated into the residents’ care plan as necessary. Residents are satisfied with the assistance provided by staff to identify and manage their sensory needs.

2.17 Sleep

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

Team’s recommendation

Does comply

Each resident is assessed on entry to the home and information about their usual sleep patterns, settling routines and personal preferences are documented to form part of the individualised care plan. Night routines maintain an environment that is conducive to sleep and staff have implemented support and comfort measures such as a regular settling routine, supper, attending to toileting and pain management, dimming lights and minimising noise. Pharmacological interventions are administered according to the residents’ attending general practitioners’ orders. Staff are aware of each resident’s sleep and rest patterns and personal preferences/routines. Residents/representatives’ are able to sleep comfortably and are satisfied with the support provided by staff.

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

Staff and residents/representatives are encouraged to contribute to the Immanuel Gardens Nursing Homes’ (the home) continuous improvement program. Resident and staff meetings are held regularly and suggestion boxes are situated strategically around the campus to provide an opportunity for anonymous feedback. Action minutes are used to document issues/ideas and track progress and follow up of an improvement. Audits are conducted as per an audit schedule with a process in place to ensure that results are reviewed and acted upon where necessary. The home utilises a computerised software program to enter data, and collate and manage the evidence for all improvements. Reports generated include information regarding the improvement, the date the improvement was logged, a milestone description of what has happened, evaluation dates, and the number of days the improvement has been open or whether the improvement has been finalised and closed.

Examples of improvements related to Standard Three include:

- Feedback from staff indicated that residents were compromised by the suns glare when sitting in the garden gazebo area. Following a donation received by the home, blinds were constructed in the area to reduce the sun, heat and glare and management reported that this has been well received by the residents.
- Feedback at the resident/representatives’ meeting identified some dissatisfaction with the canned soup being served at meal times. As a result, home made soups are now being served and management reported that this has resulted in positive feedback being received from residents.
- Nursing and care staff identified the need to include the residents’ family members in the development of strategies to care for the resident with challenging behaviours, as well as to provide support to resident family, representative and friends. As a result, the home has initiated a biannual family support group. Management reported that the most recent family support group was held in the form of a high tea, which was well attended by family of residents within the dementia specific unit.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has systems and processes in place, managed and monitored out of their head office, to ensure that they are kept informed of all relevant legislation, regulatory requirements, professional standards and guidelines, maintained out of their head office. The home subscribes to a service that provides regular updates of legislative and regulatory requirements, and receives regular mail advices from state aged care and nursing peak

bodies. Changes are communicated to staff through meetings, emails, the intranet, memos and education programs. The home monitors compliance through internal audits, performance appraisals, a preventative maintenance program and competency assessments. Resident's rights and responsibilities are documented in both staff and resident handbook as well as on display throughout the home.

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 has an ongoing education program in place that includes a comprehensive two day orientation program, which has recently been reviewed and updated; a checklist is used to ensure all areas of the orientation are covered. In the clinical area new staff are buddied with an experienced staff member for a minimum of two days. If agency staff is utilised to fill a shift in an emergent situation they are requested to commence work a half an hour earlier than the shift start time to enable a half hour orientation to take place. Education needs are identified through an annual staff needs analysis survey, performance appraisals, incident and audit data, or changes to policy, procedure, or legislation. An education calendar is published and placed on display around the home. The home implements different education strategies in order to meet individual needs; these include the use of scheduled weekly televised self-directed learning program, face to face sessions, DVDs, and other (paper based) self directed learning packages. Memos reminding staff about education opportunities are disseminated. Education attendance is monitored and sessions evaluated. Management and staff have knowledge and skills specific to their roles.

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

Emotional support is provided to residents and/or representatives upon entry to the home by all staff involved in the admission process, including the resident chaplain. Information about residents' social and family history, lifestyle choices and preferences is collected from the residents/representatives through initial and ongoing assessment, with an individualised care plan developed accordingly. Processes in place to assist new residents include orientation to the home, provision of information on the home and general planned activities, and introduction to other residents. Residents are able to bring personal possessions to furnish their rooms and family visits are encouraged and supported. Staff are aware of residents' needs for support at particular times such as loss and bereavement. Residents/representatives are satisfied with support received from the chaplain and staff, to help to them to adjust to their lifestyle in the home.

3.5 Independence

This expected outcome requires that "residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".

Team's recommendation

Does comply

Residents' current lifestyle preferences, interests and abilities are identified during entry to the home to assist with the development of diversional therapy and clinical care plans that maximise individual resident's independence. Staff promote and support resident's independence within their capacity in relation to personal care and activities of daily living and appropriate equipment such as mobility and incontinence aids are provided to support independence. Diversional therapy staff assist residents to participate in a variety of leisure activities and to maintain links within the community, as well as with family and friends. Monthly resident meetings provide an opportunity for residents to discuss issues and voice suggestions or concerns; concerns can also be addressed through the comments and complaints process. Residents are satisfied with the support provided to enable them to maintain an optimal level of 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 home maintains policies and processes to protect residents' privacy and dignity. On entry to the home, residents are provided with information about privacy and confidentiality which is contained in the resident care agreement and resident handbook. Staff and management demonstrated awareness of the privacy and confidentiality considerations when providing shift handover and attending to resident care needs. Resident personal, clinical and financial information is stored in a secure manner that protects the confidentiality of residents. Residents/representatives are satisfied that their privacy needs are respected and that staff ensure their dignity is maintained.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

Residents' past and current interests are identified through interview and completion of social profile assessment. Individualised diversional therapy care plans are developed in consultation with the resident/representatives, and reflect the resident's physical and cognitive abilities and identified interests. The homes' seven day activity program includes general group and specialist group (for example monthly 'men's shed'), with monthly activity calendars being provided to residents, posted in resident communal areas, written on white boards and communicated to residents by diversional therapy staff. Programs are evaluated by review of participation rates and feedback at resident meetings. The activity program is also benefited by a volunteer support group which augments the activities and one-to-one sessions provided to residents. Residents/representatives indicate that they are satisfied with the leisure and activity programs offered by the home.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

Residents' specific cultural and spiritual needs and preferences are identified on entry to the home and care plans are developed in consultation with the resident/representative. The home currently accommodates residents from culturally and linguistically diverse backgrounds who either speak English or who have family members to assist with any communication requirements. The home has a resident chaplain who provides ongoing pastoral care; an ecumenical service is conducted every Sunday and various other religious denominations provided one-to-one interaction with residents in their rooms. Days of personal, cultural and spiritual significance are planned and celebrated in the home as a community, and on an individual basis. The menu can be altered to accommodate residents' cultural needs as required. Residents expressed satisfaction that their cultural practices and spiritual beliefs are provided for and respected.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

Residents are provided with opportunities to exercise choice and decision making in the planning and provision of care and are encouraged to be actively involved. Input and feedback is sought from residents/representatives throughout their stay at the home through care plan reviews, resident meetings, case conferences, comments and complaints processes, and daily one-to-one interaction between staff and residents. Staff utilise strategies to incorporate choice into residents' daily care routines and leisure interests. Information for residents about internal and external complaint mechanisms are contained in the resident handbook and information displayed in the resident's communal living areas. Residents are satisfied with choices offered in matters relating to their care and lifestyles with staff showing due consideration for their personal preferences and choices.

3.10 Resident security of tenure and responsibilities

This expected outcome requires that "residents have secure tenure within the residential care service, and understand their rights and responsibilities".

Team's recommendation

Does comply

Residents/representatives are provided with information about their rights and responsibilities and security of tenure prior to admission and on admission; this information is re-enforced during their time at the home. Information provided includes fees and charges, the reasons and processes utilised for changes to tenure, services to be provided by the home and the resident's responsibilities. Management ensures that all parties understand the terms of the agreement prior to signing the residency agreement. Further information regarding resident's rights and responsibilities is contained in the resident handbook. Ongoing information is provided through letters, newsletters and discussions at residents/representative meetings as the need arises. Residents are satisfied they have secure tenure within the home and are aware of their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

Staff and residents/representatives are encouraged to contribute to the Immanuel Gardens Nursing Homes’ (the home) continuous improvement program. Resident and staff meetings are held regularly and suggestion boxes are situated strategically around the campus to provide an opportunity for anonymous feedback. Action minutes are used to document issues/ideas and track progress and follow up of an improvement. Audits are conducted as per an audit schedule with a process in place to ensure that results are reviewed and acted upon where necessary. The home utilises a computerised software program to enter data, and collate and manage the evidence for all improvements. Reports generated include information regarding the improvement, the date the improvement was logged, a milestone description of what has happened, evaluation dates, and the number of days the improvement has been open or whether the improvement has been finalised and closed.

Examples of improvements related to Standard Four include:

- Through staff observation it was identified that if a resident (of the dementia specific unit) had a fall within the ‘telephone box’ located in the secure garden, they would not easily be seen by staff at the time due to the telephone box being faced away from the home. As a result, the home has arranged for the telephone box to be turned around and is now visible by staffing the secure garden at all times.
- Following a hospitality audit conducted, and feedback received from staff regarding concerns related to worn out linen bags and the potential risk of spread of infection, the home has purchase of new linen bags.
- Through hazard identification the need to improve safety to resident, within the external garden environment was identified. As a result, a fence has been erected and management reported that this has enhanced the safety of the residents living environment.

4.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has systems and processes in place, managed and monitored out of their head office, to ensure that they are kept informed of all relevant legislation, regulatory requirements, professional standards and guidelines, maintained out of their head office. The home subscribes to a service that provides regular updates of legislative and regulatory requirements, and receives regular mail advices from state aged care and nursing peak bodies. Changes are communicated to staff through meetings, emails, the intranet, memos and education programs. The home monitors compliance through internal audits,

performance appraisals, a preventative maintenance program and competency assessments. The home has appointed a Fire Safety Officer, with two staff members recently attending the relevant fire safety officer training course.

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 has an ongoing education program in place that includes a comprehensive two day orientation program, which has recently been reviewed and updated; a checklist is used to ensure all areas of the orientation are covered. In the clinical area new staff are buddied with an experienced staff member for a minimum of two days. If agency staff is utilised to fill a shift in an emergent situation they are requested to commence work a half an hour earlier than the shift start time to enable a half hour orientation to take place. Education needs are identified through an annual staff needs analysis survey, performance appraisals, incident and audit data, or changes to policy, procedure, or legislation. An education calendar is published and placed on display around the home. The home implements different education strategies in order to meet individual needs; these include the use of scheduled weekly televised self-directed learning program, face to face sessions, DVDs, and other (paper based) self directed learning packages. Memos reminding staff about education opportunities are disseminated. Education attendance is monitored and sessions evaluated. Management and staff have knowledge and skills specific to their roles.

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 home has processes in place to ensure that residents are provided with a safe and comfortable living environment. This is monitored by way of resident surveys, comments complaints process, preventative maintenance program, meetings, incident and audit monitoring, hazard reporting, observation and verbal feedback. All resident rooms have either fans or air conditioning, with air conditioning in the main areas such as the dining rooms. There is a secure external garden area for residents with specific needs like wandering (within the dementia specific unit), but with easy access to a purpose built garden area with post box, telephone box, paved walkways and a gazebo. Restraint is utilised for some residents and appropriate authorisation and monitoring is undertaken. Residents/representatives are satisfied with the maintenance, safety and comfort of their living environment.

4.5 Occupational health and safety

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

Team's recommendation

Does comply

The home is supported by a workplace health and safety officer three days a week. The workplace health and safety officer audits all incidents (excluding medication errors which are audited by the Clinical Coordinators), facilitates the workplace health and safety committee and provides education. All new staff are provided with workplace health and safety education including incident form completion during orientation. There is a manual handling mandatory training program in place for all staff. Chemicals are stored in locked cupboards and the laundry has a direct feed system in place for chemicals. Spill kits and material safety data sheets are available. Staff indicated satisfaction with the availability of personal protective equipment.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

The home has systems and processes in place for detection and action in the event of a fire, security breach or other emergency incident within the home. The home's fire system includes fire detection, alarm and control panel, and fire equipment which is regularly inspected and maintained. Fire procedure manuals and site plans are conveniently located throughout the facility. Staff attend mandatory fire safety training during orientation and annually thereafter; fire evacuation drills are conducted on a regular basis. The home has two trained fire safety officers. The home has a designated lock up process in place, with the registered nurse on duty in the evening responsible for ensuring that all doors are locked by a specific time. An external security company is contracted to attend to three site visits during the night; these include a proximity check, external door check, and escorting staff to and from cars at shift change over. The administration and maintenance area have alarm systems in place which are monitored remotely by an external security company. Emergency and disaster procedure manuals are available for staff and staff have knowledge of their responsibility in the event of a fire or emergency situation.

4.7 Infection control

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

Team's recommendation

Does comply

The home has an effective infection control program in place, with an endorsed enrolled nurse overseeing the infection control portfolio. Procedures in place to prevent infection transmission include, but are not limited to, the monitoring of fridge and freezer temperatures, the monitoring of food temperatures, the wearing of personal protective equipment where indicated, the monitoring of food use by dates, a visitor food policy, colour coded linen skips, hand washing competencies, environmental audits and pest control. Resident infections are monitored with relevant data documented monthly on an 'infection control surveillance worksheet. Signs are on display requesting that people that may have an infection do not enter the facility with hand wash gel is available on entry and exit from the

home. Staff have access to kits and management plans should an outbreak of infection occur. Staff demonstrated awareness of the principles used to prevent cross infection.

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

All catering staff have attended food hygiene courses and there are three accredited food safety officers. Food is cooked in the main campus kitchen and then transported in a hot box (containing heating pads) to the home three times a day, where it is placed into preheated bain-maries and served in the residents' dining rooms; food temperatures are taken when food first arrives and following the last meal served. Menus are changed regularly and are checked by a dietitian; photos of the particular meals are placed on the resident notice boards along with the meal name to assist with ordering. Snack foods, for example sandwiches, are available after hours if a resident is hungry. Cleaning schedules guide cleaning staff on specific cleaning tasks that need to be carried out on the particular shift; management is investigating quotes for high cleaning such as ceiling and wall fans. The on-site laundry has processes in place to ensure that resident clothing is laundered, folded and if required ironed before being returned to resident room. The head chef and laundry supervisor both attend the resident and representative meetings to address any issues that may arise with catering, cleaning and laundry services. Resident/representatives indicated satisfaction with meals and hospitality services