Aged Care
Standards and Accreditation Agency Ltd

Decision to accredit Janoah Gardens

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

The Agency has decided that the period of accreditation of Janoah Gardens is three years until 20 November 2013.

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:	Janoah Gardens		
RACS ID:	5759		
Number of beds:	36	Number of high care residents:	18
Special needs group catered for:	• Nil specific		

Street/PO Box:	11 Audell Street				
City:	Manly West	State:	QLD	Postcode:	4179
Phone:		07 3900 4700		Facsimile:	07 3348 7199
Email address:		yvonne.crosby@bethanycc.org.au			

Approved provider

Approved provider:	Bethany Christian Care

Assessment team

Team leader:	Kimberley Reed
Team member/s:	Mark Rankin
Date/s of audit:	23 August 2010 to 24 August 2010

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

Executive summary of assessment team's report

Accreditation decision

Standard 3: Resident lifestyle

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

Standard 4: Physical environment and safe systems

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

Assessment team's reasons for recommendations to the Agency

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

SITE AUDIT REPORT

Name of home	Janoah Gardens
RACS ID	5759

Executive summary

This is the report of a site audit of Janoah Gardens 5759 11 Audell Street Manly West QLD from 23 August 2010 to 24 August 2010 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Janoah Gardens.

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

Assessment team's recommendations regarding support contacts

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

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 23 August 2010 to 24 August 2010.

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

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

Assessment team

Team leader:	Kimberley Reed
Team member/s:	Mark Rankin

Approved provider details

Approved provider:	Bethany Christian Care

Details of home

Name of home:	Janoah Gardens
RACS ID:	5759

Total number of allocated places:	36
Number of residents during site audit:	34
Number of high care residents during site audit:	18
Special needs catered for:	Nil specific

Street/PO Box:	11 Audell Street	State:	QLD
City/Town:	Manly West	Postcode:	4179
Phone number:	07 3900 4700	Facsimile:	07 3348 7199
E-mail address:	yvonne.crosby@bethanycc.org.au		

Assessment team's recommendation regarding accreditation

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

Assessment team's recommendations regarding support contacts

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

Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

	Number		Number
Care Manager	1	Residents/representatives	9
Operations Manager	1	Diversional Therapist	1
Care Support Coordinator	1	Activities Assistant	1
Registered Nurse	1	Maintenance Coordinator/ Workplace Health and Safety Officer	1
Enrolled Nurse	1	Maintenance Officer	1
Lifestyle Assistant	4	Administration Assistant	1
Domestic Services Coordinator	1	Cleaning staff	1
Chef/ Services Manager	1	Laundry staff	1

Sampled documents

	Number		Number
Residents' clinical files	8	Medication charts	12
Residents' administration files	5	Personnel files	5

Other documents reviewed

The team also reviewed:

- 24 hour fluid chart
- Activities outing list
- Activity participation record
- Activity program
- Admission assessment and documentation guide
- Advice of legislative change form
- Annual report
- Application for accommodation
- Audit results

- Bowel chart
- Catering order form
- Catheter and line management chart
- Clinical oversight report
- Community visitor scheme
- Compliments and complaints folder
- Controlled drug registers
- Daily cleaning and sanitising schedule
- Dishwasher temperature record
- Diversional therapy care plans/birthday list/cultural/spiritual
- Duty lists
- End of life instructions/ palliative care needs
- External complaints brochures
- External provider register
- Fire safety review sheets
- Follow up record form
- General sleep pattern
- Health services
- Hot and cold food service record
- Immediate care needs on entry
- Infection notification
- Job descriptions
- Kitchen temperature control forms
- Leisure interest survey form
- Maintenance log
- Maintenance request forms
- Mandatory training day program
- Master performance appraisal schedule
- Meeting minutes
- Nutritional data card
- Orientation package
- Pain management and evaluation chart
- Plan for continuous improvement
- Post-admission survey
- Pre-admission checklist for family
- Processing of completed audit
- Protocols manual
- Quality management plan
- Record of completion action form
- Recruitment policies and procedures
- Registered staff registration matrix
- Report form
- Reportable elder abuse register
- Resident admission form
- Resident and families handbook
- Resident details
- Resident drink list
- Resident health care admission data
- Resident medication management review
- Resident orientation program and evaluation
- Resident transfer form
- Resident's medical information
- Residents' information package and surveys

- Restraint record sheet
- Risk assessment form
- Shower list
- Social, cultural family history
- Staff handbook
- Staff police check matrix
- Staff roster
- Staff training records
- Temperature record cold storage equipment
- Temperature record medication fridge
- The key to me
- Visitors log
- Weekly oxygen cylinders check
- Wound assessment and progress chart
- Wound progress chart

Observations

The team observed the following:

- Activities in progress
- Activity programs on display
- Administration of medication
- Cleaning schedules
- Equipment and supply storage areas
- Evacuation signage
- Exit signage
- Feedback information stand
- Handover processes
- Interactions between staff and residents
- Internal and external living environment
- Kitchen and laundry cleaning schedules
- Kitchenettes
- Laundry and kitchen
- Maintenance room
- Meal service
- Pan room
- Resident activity areas
- Resident elevator
- Staff hand washing facilities
- Staff room
- Storage of medications
- Suggestion box

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 has forms and processes to document, review and action continuous improvements generated from residents, staff and other parties both verbally and in writing. Improvement suggestions are captured through meetings, resident/staff surveys, verbally, report forms and audit results. Residents unable to complete a report form are assisted by staff to document and submit their suggestions and residents are encouraged to raise concerns at resident meetings. Report forms are collected, reviewed and entered into a register electronically for continuous improvement by key management staff with management utilising meetings/meeting minutes and individual discussions as monitoring and resolution strategies. The quality system is monitored by senior management at the service improvement team meetings in conjunction with the quality improvement team meetings held monthly. Feedback is provided to originators of suggestions verbally or in writing. Residents and staff are familiar with the home's forums to initiate a suggestion and reported that management are receptive to their suggestions, give feedback and responds to their requests in a timely manner.

Improvements reported by management and staff in relation to Standard One include:

- It was identified through resident feedback that the family satisfaction survey did not adequately reflect an assessment of the homes care staff. A new form has been developed to reflect care given by the different levels of nursing staff at the home. Family interviewed explained this makes the form more reflective of care given at the home.
- To improve the interview process regarding overseas employment applicants, the home has created an information folder detailing relevant overseas visa and work requirements applicable to enquiries from individuals wishing to work at the home. Management commented to the team that this has streamlined the selection process regarding these applicants.
- To better inform agency staff that may work at the home, the home has developed an information form called the "Handover prompts for agency staff" which allows for the capturing of more specific and fundamental information in the delivery of care to residents. Management at the home indicated to the team that this information has enabled agency staff to assimilate quicker to specific tasks required in the delivery of care and requires less verbal information having to be given.
- It was identified that a number of 'Report forms' were being misplaced after being logged into the homes computer system. The home has developed a new system whereby the forms are now photocopied, placed in the complaint/compliment register until the issue has been closed out. Staff commented that this now ensures easy access to forms for information purposes and feedback and forms are no longer misplaced.

1.2 Regulatory compliance

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

Team's recommendation

Does comply

The home has systems in place through its organisational head office, the internet, professional bodies and membership to industry based organisations which identify current legislation, regulatory requirements, professional standards and guidelines applicable to the accreditation standards. Policies are reviewed at an organisation level and are referenced to relevant legislation or professional guidelines which are then sent to the Care Manager who distributes this to relevant staff at the home via memos, meetings and staff training with the latest changes kept in the regulatory changes folder. Staff meetings are held to keep staff informed with staff also having access to hard copy of policies, procedures, legislation and professional guidelines on site with non-compliance by staff being addressed by a formal letter and further education if required. Regulatory compliance is monitored via observation, attendance at mandatory training, audits and competency assessments with organisational monitoring achieved through organisational audits. All staff at the home has current criminal record checks with systems in place to identify non-compliance. Staff reported they receive information on changes to work practices or requirements through meetings, memos and staff notice boards.

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 strategies which identify the knowledge and skills required for the roles performed at the home including key selection criteria, position descriptions, head office requirements and duty lists. The education and training program is reviewed annually, entered onto the annual education plan and is developed in response to meetings, staff surveys, key performance indicators and the clinical needs of residents. Education reminders are given to staff to ensure all staff receive education in regard to mandatory responsibilities with standard one education including discrimination and harassment. The home has systems in place to offer staff qualification development for all positions at the home. Training records are maintained and staff attendance is monitored by the Care Manager at present. Staff demonstrated skills and knowledge relevant to their roles and are satisfied with the support they receive from the home to identify and develop their skills.

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's comments and complaints processes are discussed during entry to the home, at resident meetings, and are documented in the residents' handbook and the resident agreement. Pamphlets and brochures are on display at the various entrances to the home regarding external complaints processes. Staff are aware of the complaints mechanisms

available for residents and confirm their role should a complaint be raised directly with them. Management maintains an ‘open door’ policy to both residents and representatives to discuss issues of concern. The Care Manager investigates all complaints and ensures a response is made. Ongoing monitoring of resident satisfaction is conducted through audits, surveys and meetings with the comments and complaints system operating through report forms for both staff and residents. Organisational management receives monthly reports and trending of comments and complaints from the Care Manager with input tabled at regular management meetings. Residents/representatives confirm knowledge of the complaints mechanisms available to them and are satisfied that management address issues of concern when raised.

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

Management incorporates documented organisational mission, vision and values into the home’s daily activities. These quality statements are available to residents/representatives, staff and other interested parties via a variety of information documents. The home’s quality statements are provided to resident/representatives in the resident information handbook and to staff during orientation in their handbooks. The homes vision is displayed throughout 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 home has appropriately skilled and qualified staff sufficient to ensure services are delivered to residents by incorporating organisational recruitment and selection processes. Staff positions are advertised on internet sites and locally with the Care Manager monitoring all the home’s staffing. Staff are provided with an orientation program, individually tailored buddy shifts, a staff handbook, position description, work instructions, emergency information and educational directives. After a three month probationary period staff are appraised, then annually or as needed thereafter. The home has registered staff on site at all times with the home utilising a bank of casual and agency staff to address planned and unplanned absences. Senior staff members supervise staff practices and education is provided in response to staff needs and residents’ changing care needs. Residents/representatives are satisfied that their needs are met by appropriately skilled staff.

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 to ensure that a stock of appropriate goods and equipment is available. These processes include input from staff, allied health professionals, organisation requirements, risk assessments and trials on new equipment and resident and staff meetings. Storage for equipment and goods is available within the premises of the home and staff have access to these storage areas. Stocks levels are ordered and monitored by identified personnel and are rotated and monitored for expiry dates. Equipment is monitored as per a maintenance schedule and through maintenance request sheets by the maintenance officer. Faulty equipment is identified, removed from service and replaced or returned to suppliers for replacement. There is a system for urgently required stock with medical supplies being available through an external provider in case of emergencies. The Care Manager reviews and oversees all stock control and ordering with staff satisfied with the stocks of appropriate goods and equipment at the home.

1.8 Information systems

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

Team's recommendation

Does comply

The home manages information in a secure and confidential manner with processes and procedures in place including restricted access to information, resident and personal files and secure storage areas with password protected computers. The home collects and uses information in relation to clinical indicators, incidents, hazards and infections related to residents and staff. Computerised data is backed-up on site and organisationally. Resident clinical information is maintained in computerised and hardcopy formats and stored securely. Residents receive information during pre-entry case conferencing and then ongoing through meetings, memos and regular case conferencing. Management has access to current information via external providers, peak bodies and key personnel at the home. Information is communicated to residents/representatives verbally and in writing; information is communicated to staff verbally, electronically or in writing. The home has procedures and facilities in place for archiving and destroying documents as per the home's organisational policies. Resident/representatives and staff are satisfied with information management at the home.

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

External service agreements are in place and reviewed annually or as required by the Care Manager and organisational personnel. The home has contracts with external services including, but not limited to, allied health professionals, continence products, medical and chemical supplies, and catering supplies with the organisation head office maintaining a register of external suppliers. Feedback from identified key personnel is provided to

management to ensure quality services are maintained; feedback on external services is also provided through resident and staff meetings with additional monitoring achieved through both internal and organisational audits and surveys. Service providers are supervised by relevant personnel when conducting services at the home. Allied health professionals are consulted as required to ensure residents' needs are reviewed regularly. Staff and management are satisfied with the external services provided.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

The home has forms and processes to document, review and action continuous improvements generated from residents, staff and other parties both verbally and in writing. Improvement suggestions are captured through meetings, resident/staff surveys, verbally, report forms and audit results. Residents unable to complete a report form are assisted by staff to document and submit their suggestions and residents are encouraged to raise concerns at resident meetings. Report forms are collected, reviewed and entered into a register electronically for continuous improvement by key management staff with management utilising meetings/meeting minutes and individual discussions as monitoring and resolution strategies. The quality system is monitored by senior management at the service improvement team meetings in conjunction with the quality improvement team meetings held monthly. Feedback is provided to originators of suggestions verbally or in writing. Residents and staff are familiar with the home's forums to initiate a suggestion and reported that management are receptive to their suggestions, give feedback and responds to their requests in a timely manner.

Improvements reported by management and staff in relation to Standard Two include:

- Key personnel identified that the information being presented on infection control for mandatory training with regard to clinical training did not adequately reflect specific requirements at the home. The Care Manager and Domestic Services Manager have developed a site specific program that is more relevant to nursing staff at the home.
- Case conferencing identified the need for a coloured sticky label to be placed on clinical files to quickly identify advanced health directives for residents. Staff commented to the team that this assists them in emergency situations.
- To better facilitate information on residents regarding medical officer and allied health professionals when visiting the home, the home has introduced a communications folder identifying which residents need to be seen by the above medical staff. Staff commented that this now ensures all information is in one place for the visiting medical officer and allied health professional.
- To improve the monitoring of heat pack applications for residents, the home has developed a 'Heat pack application form' that monitors the details of heat packs being administered to residents. Staff commented that this has enabled easier monitoring of resident usage and results of heat pack applications.

2.2 Regulatory compliance

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

Team's recommendation

Does comply

The home has systems in place through its organisational head office, the internet, professional bodies and membership to industry based organisations which identify current legislation, regulatory requirements, professional standards and guidelines applicable to the accreditation standards. Policies are reviewed at an organisational level and are referenced to relevant legislation or professional guidelines which are then sent to the Care Manager who distributes this to relevant staff at the home via memos, meetings and staff training with all recent regulatory changes kept in the regulatory compliance folder. Staff meetings are held to keep staff informed with staff also having access to hard copy of policies, procedures, legislation and professional guidelines on site with non-compliance by staff being addressed by a formal letter and further education if required. Regulatory compliance is monitored via staff observation, attendance at mandatory training, internal audits and competency assessments with organisational monitoring achieved through organisational audits. There is a system to ensure all nurse registration is current with identified non-compliance followed up and action taken. Staff report they receive information on changes to work practices or requirements through meetings, memos and staff notice boards.

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 strategies which identify the knowledge and skills required for the roles performed at the home including key selection criteria, position descriptions and duty lists. The education and training program is reviewed annually and developed in response to meetings, staff surveys and the clinical needs of residents. Education is planned through the annual education plan and displayed in advance to ensure all staff receive education in regard to mandatory responsibilities. Education specific to Standard Two includes medication management, continence management, wound care, urinary tract infections and oral care with staff being offered and encouraged to obtain higher qualifications in respect to their roles at the home. Training records are maintained and staff attendance is monitored by the Care Manager. Staff demonstrate skills and knowledge relevant to their roles and are satisfied with the support they receive from the home to identify and develop their skills

2.4 Clinical care

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

Team's recommendation

Does comply

Residents' clinical needs are assessed on entry to the home through interviews with residents/representatives, information completed prior to entry to the home and discharge summaries as provided. Immediate care needs are recorded derived from an assessment (on entry to the home) completed by the registered staff, overseen by the Care Manager, guide staff practice until individualised care plans are established following information

collated from appropriate clinical assessments and nursing histories. Care plans are reviewed regularly and as residents' care needs change, by registered staff with input from care staff across all shifts. Care staff are knowledgeable of individualised resident's requirements, and their knowledge is consistent with care plans. Information relating to residents' health status is discussed at shift handover and recorded in progress notes and communication diaries. Reassessment occurs if indicated; changes are actioned, and care plans are amended as required. Residents/representatives are satisfied with the clinical care that is provided by 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 systems in place to support the specialised nursing care needs of residents. The home is currently providing and has equipment and skills to support care needs such as diabetes management, anti-coagulant therapy, wound management, pain management and palliative care, catheter management and chronic infections. The registered staff, overseen by the Care Manager assesses the initial and ongoing specialised nursing care needs, and establishes residents' preferences. Care plans are developed to guide staff practice, care guidelines and treatment management plans are in place to support specific care needs and interventions are evaluated regularly or as required. Registered nurses are onsite or contactable 24 hours a day, and oversee and assess specific care requirements. Where care needs exceed the knowledge and skill of staff, external education is sourced from specialised health care services to support care delivery and provide training to staff. 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

The home has processes in place to support referral to other health and related services where residents' health needs dictate. Residents' needs and preferences are assessed on entry to the home and on an ongoing basis. Residents are supported and encouraged to access other health professionals and health services including optometry, audiology, podiatry, dietetics, physiotherapy, pathology, dental care, wound care, palliative care and speech pathology. Some services are provided on site and assistance for residents to attend external appointments is facilitated when necessary. Specialists' reports are received, information is documented in progress notes and changes made to care plans as required. Residents/representatives are satisfied with the range of and access to allied health specialists.

2.7 Medication management

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

Team's recommendation

Does comply

Residents' medication needs are assessed on entry to the home and on an ongoing basis. Medications are managed using a packaged system and individually dispensed items for medications that are unable to be packed. Medications are administered by registered staff who have been deemed competent through regular assessment. Care staff are assessed and are able to apply creams to residents during hygiene cares. Policies and procedures guide staff in ensuring residents' medication is managed safely and correctly. Residents who prefer to self administer their medication have been deemed competent and clinical files contain relevant authorities. Medications are stored securely and records of controlled medication are maintained in accordance with State regulatory requirements; those medications required to be stored at specific temperatures are stored within refrigerated confines. Medication incidents capture information related to medication errors and staff practice is reviewed following incidents. Residents' medication charts are reviewed by their medical officer and pharmacist regularly. Residents/representatives receive their medication in a timely manner and are satisfied with the support they receive in relation to medications.

2.8 Pain management

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

Team's recommendation

Does comply

The pain management needs of residents are identified through initial assessments on entry to the home using focus tools with provisions for non-verbal assessments as required. Pain strategies are implemented as required and include medication, heat packs and pressure relieving devices. Pharmacological measures include regular prescribed oral analgesia and topical narcotic analgesic patches. The use of analgesia is monitored for effectiveness and 'as required' analgesia is recorded and monitored for frequency of use. Pain assessments are commenced on residents identified as requiring regular 'as required' analgesia or experiencing acute pain and are also completed monthly for residents who are receiving narcotic analgesia. Pain management strategies are reviewed regularly, and as required, to ensure the interventions for pain are current and changes are communicated to staff as required. Residents are as free from pain as possible and are satisfied with the care they receive to minimise 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

Palliative care strategies and wishes are discussed with residents/representatives on entry to the home or at a time which is suitable, and when palliative needs are required. Information such as enduring power of attorney, alternate decision makers and advanced health directives are located in the resident records if required. The home is supported by local hospital and palliative services and specific care instructions are communicated to staff using care plans, one-to-one instruction, handover processes and progress notes. Staff have access to palliative care resources such as narcotic analgesia to ensure appropriate care

provision. Family member are encouraged and welcome to stay at the home during the palliative phase. Staff are aware of the care needs and measures to provide comfort and dignity for terminally ill residents.

2.10 Nutrition and hydration

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

Team's recommendation
Does comply

Residents' dietary needs, allergies, likes and dislikes are identified on entry to the home and on an ongoing basis. Nutrition and hydration requirements, special diets and preferences are reflected in care plans and nutritional data records to guide staff practice. Residents' dietary requirements are reviewed regularly and as required. Catering staff are alerted to changes in resident diets and fluid requirements via amended nutrition data records. Residents are weighed in accordance to their individual requirements and changes in weight are monitored by the registered staff to support changes in diet and/or referral to the Dietitian and Speech Pathologist if required. Strategies implemented to assist residents to maintain adequate nourishment and hydration include assistance with meals, texture modified meals and fluids, modified eating utensils and dietary supplements. Residents/representatives are satisfied with the quantity of food and fluid received and the assistance they receive to maintain their nutritional and hydration status.

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 entry to the home and planned interventions are included in the residents' care plan to guide staff practice. The potential for compromised skin integrity is also assessed and preventative strategies implemented as appropriate, including moisturisers, limb protectors and assistance with personal hygiene. Skin care needs are reviewed during hygiene routines, reassessed regularly and changes communicated in daily handover reports, care plans and progress notes. Wound care is managed by registered staff guided by wound management plans. The home receives support and education from external wound specialist services if required. Staff have an understanding of factors associated with risks to residents' skin integrity. The incidence of injury/skin tears is captured on care issue notifications and interventions are implemented as appropriate. The home has sufficient supplies of wound and skin care products to ensure effective skin care management when required. Residents/representatives are satisfied with the management of their skin integrity.

2.12 Continence management

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

Team's recommendation
Does comply

Residents' continence needs are assessed on entry to the home and on an ongoing basis. Residents' individual continence programs are assessed and developed by the registered

nurses in consultation with the home's supplier of incontinence aids. Care plans and care guidelines direct staff practice and ensure individual residents' preferences are met. Staff have an understanding of continence promotion strategies such as the use of aids and toileting programs. Staff monitor and record urinary and bowel patterns; care plans are reviewed every regularly and as required. Individualised bowel management programs are developed and include pharmacological and non-pharmacological interventions with bowel patterns monitored on a daily basis by care staff. Residents are satisfied with the assistance by staff to maintain 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

Residents are assessed on entry to the home and actual or potential indicators for challenging behaviours are identified. Care staff monitor and chart challenging behaviour to enable assessment by the registered staff, overseen by the Care Manager and Care Support Coordinator and the development of care plans that identify risks, triggers and the effectiveness of interventions. A range of individualised strategies are documented and utilised; staff are knowledgeable of individual resident needs and risks. The Diversional therapy and care staff support residents in maintaining their abilities and interests as well as providing distraction and one-on-one support when they are unsettled. Staff receive ongoing training in dementia care and the effectiveness of strategies used by various staff members is discussed during handover processes and communicated in progress notes. Residents/representatives are satisfied with the way challenging behaviours are managed; staff are discreet and supportive in their interventions.

2.14 Mobility, dexterity and rehabilitation

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

Team's recommendation
Does comply

Residents' mobility, transfer and dexterity needs and falls risks are identified on entry to the home. Referral to physiotherapy services occurs if a need is identified. Care plans are developed and reviewed regularly and as required. Care staff, physiotherapy and diversional therapy staff provide assistance to residents with exercise and range of movement activities. Mobility aids such as hoists, wheelchairs and wheeled walkers are provided if required. Care issue notifications are utilised to record the incidence of falls and actions are taken including the use of walking aids and sensor mats to reduce the risk of further falls. Staff are provided with mandatory training in manual handling techniques. Residents/representatives are satisfied with the assistance provided to maintain mobility and maximise independence.

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 care needs are assessed on entry to the home and care strategies are developed including consideration for resident preferences. The level of assistance required maintaining oral and dental hygiene is determined and this information is included in the resident's care plan to guide staff practice. The effectiveness of care plans are reviewed regularly and as care needs change. External dental prosthetic services have visited the home, and assistance is provided to access resident's preferred dental provider when required. Resources such as mouth care products are utilised to meet residents' oral hygiene needs. Residents/representatives are satisfied with the assistance given by staff to maintain oral and dental health.

2.16 Sensory loss

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

Team's recommendation
Does comply

Residents' care needs in relation to senses such as hearing, vision, speech and communication are assessed on entry to the home, reassessed regularly and when care needs change. Care plans are developed to guide staff practice and strategies are in place to address identified needs and personal preferences including reference to the use of assistive devices. The diversional therapy program includes activities to stimulate residents' senses such as musical activities. Audiology and optical specialists are accessed as required to identify and address identified concerns and/or provide ongoing management. The environment at the home supports the needs of residents with sensory loss by the use of specific storage areas with adequate egress. Staff assist residents to clean and fit sensory aids. Residents/representatives are satisfied with the care and support offered to minimise the impact of any sensory loss.

2.17 Sleep

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

Team's recommendation
Does comply

Residents' preferred sleep and rest patterns are identified prior to and on entry to the home. Focus tools are utilised by staff to monitor sleep patterns and triggers for sleep disturbances such as pain or toileting needs are identified. This information is recorded on care plans including a range of interventions to assist residents to sleep or to resettle after waking such as position changes, warm drinks, pain relief and sedatives. Staff at the home maintain a quiet environment to assist residents to settle and remain asleep. Residents' medical officers are consulted if interventions are considered to be ineffective. Residents/representatives are satisfied with the interventions by staff to assist them to achieve their desired sleep and rest patterns.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team's recommendation

Does comply

The home has forms and processes to document, review and action continuous improvements generated from residents, staff and other parties both verbally and in writing. Improvement suggestions are captured through meetings, resident/staff surveys, verbally, report forms and audit results. Residents unable to complete a report form are assisted by staff to document and submit their suggestions and residents are encouraged to raise concerns at resident meetings. Report forms are collected, reviewed and entered into a register electronically for continuous improvement by key management staff with management utilising meetings/meeting minutes and individual discussions as monitoring and resolution strategies. The quality system is monitored by senior management at the service improvement team meetings in conjunction with the quality improvement team meetings held monthly. Feedback is provided to originators of suggestions verbally or in writing. Residents and staff are familiar with the home's forums to initiate a suggestion and reported that management are receptive to their suggestions, give feedback and responds to their requests in a timely manner.

Improvements reported by management and staff in relation to Standard Three include:

- It was identified that greater awareness by staff was needed regarding delivery of culturally appropriate care to specific residents. The home has added a series of questions to the six monthly audits that reflects residents' cultural and spiritual life. Management commented that this has added to their ability to respond to these residents needs.
- It was identified that information was not being accurately collected regarding resident participation in activities between morning and evening events. A new 'Activities Participation Record' has been formatted which lifestyle staff commented to the team captures all resident participation in activities enabling easier monitoring.
- The diversional therapy team has recently held morning teas with residents attending from both floors of the home. The Activity Assistant indicated this was enjoyed by the residents and created a bond between all residents at the home, this initiative is planned to continue in the future.

3.2 Regulatory compliance

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

Team's recommendation

Does comply

The home has systems in place through its organisational head office, the internet, professional bodies and membership to industry based organisations which identify current legislation**,** regulatory requirements, professional standards and guidelines applicable to the accreditation standards. Policies are reviewed at an organisational level and are referenced

to relevant legislation or professional guidelines which are then sent to the Care Manager who distributes this to relevant staff at the home via memos, meetings and staff training. Staff meetings are held monthly to keep staff informed with staff also having access to hard copy of policies, procedures, the regulatory compliance folder, legislation and professional guidelines on site with non-compliance by staff being addressed. Regulatory compliance is monitored via staff observation, attendance at mandatory training, internal audits and competency assessments with organisational monitoring achieved through organisational audits. There is a system in place to manage the reporting of assaults and absconding residents in accordance with regulatory requirements, and identified non-compliance is followed up. Staff report they receive information on changes to work practices or requirements through meetings, memos and staff notice boards

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 strategies which identify the knowledge and skills required for the roles performed at the home including key selection criteria, position descriptions and duties lists. The education and training program is reviewed annually, monitored through the annual education planner and developed in response to meetings, head office requirements, staff surveys and the clinical needs of residents. Mandatory training requirements is planned and displayed to ensure all staff receive education specific to their roles. Education specific to Standard Three includes mandatory reporting of abuse and behaviour management. Training records are maintained and staff attendance is monitored. Staff demonstrate skills and knowledge relevant to their roles and are satisfied with the support they receive from the home to identify and develop their skills.

3.4 Emotional support

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

Team's recommendation
Does comply

The entry process at the home includes gathering information from the resident and/or their representative to identify residents' lifestyle background, personality traits, likes, dislikes, current abilities and assessment of emotional needs for the development of care plans. This knowledge enables staff to provide support in a manner that minimises the adjustments necessary for residents settling into communal living accommodation. Pastoral care is available to support residents' emotional needs and residents are given the choice of continued visitation. Clinical staff use assessment tools to assist in the early detection of residents with depression and referrals and support systems are implemented as necessary. Feedback from residents/representatives is gained during individual case conferences, written correspondence, thank you cards, resident meetings and one to one conversations. Residents/representatives are satisfied with the emotional support provided by the staff.

3.5 Independence

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

Team's recommendation
Does comply

The home has systems in place to ensure that residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Residents are assisted to maximise their independence through health care interventions and are encouraged to be independent by participating in outings within the local community. Residents' independence is also fostered by providing individualised mobility aids, eating utensils, assistance to vote if desired, and the opportunity to have telephones, televisions and radios in their room. Social functions and interaction with friends and family is promoted within the home environment. Staff practices promote and support residents' independence within their capacity in relation to personal care and activities of daily living. Residents are satisfied with the level of independence afforded to them.

3.6 Privacy and dignity

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

Team's recommendation
Does comply

Residents/representatives right to privacy, confidentiality, dignity and respect is recognised and maintained by management and staff. Information about the right to privacy and dignity is contained in the information package and handbook and explained to residents/representatives on entry to the home. Residents' administrative and care files are stored and accessed in a way that provides security and confidentiality of resident information. Information about each resident's personal preferences and needs regarding privacy and dignity are collected and specific needs are incorporated into care plans and communicated to relevant staff. Staff practices in relation to interactions with residents ensures that their privacy and dignity is maintained for example knocking on doors, addressing residents by their preferred name and closing doors when personal care is provided.

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

Information about residents' interests (past and present), capabilities and significant relationships is collected on entry to the home and reviewed as needs change. The diversional therapist team develops a program of activities in consultation with the residents and information about activities and outings are contained in calendars and displayed on notice boards throughout the home. The Activity Assistant and care staff inform residents daily about the activities taking place verbally at meal times and throughout the day. Themed days are organised and special days of significance are celebrated. The activity program is evaluated and amended based on residents' feedback from one-to-one discussion, resident meetings, surveys, residents' attendance rates and on the changing needs of the resident

population. Residents are satisfied with the range of activities available to them and are encouraged and supported to attend those activities of interest to them.

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

Resident's spiritual beliefs, customs and cultural and ethnic backgrounds are assessed through consultation with the resident/representatives. Residents' specific cultural and spiritual needs and preferences are incorporated into care plans and relevant information is available for care staff members. Church services are provided; residents unable to attend can be visited in their rooms, and residents preferring a visit from a spiritual adviser of another denomination are accommodated. Staff facilitate resident attendance as requested. Significant days, related to an event or culture, are celebrated and residents are encouraged to have cultural and/or spiritual items in their rooms. Community resources are available and can be accessed for information, advice and translation services when required. Residents are satisfied with the support and assistance they receive to maintain their cultural and spiritual preferences.

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/representatives are able to exercise choice and make decisions regarding the care and services they or their relative receive through ongoing one-to-one consultation with staff and management, surveys, resident meetings and the comments and complaints process. Residents' hygiene and grooming preferences, sleep patterns and other routines are assessed on entry to the home and on an ongoing basis. The home assesses when residents are unable to make decisions for themselves and alternative decision-makers (such as enduring power of attorney or significant other) are identified to make decisions on their behalf. Information is communicated to residents with the ability to make informed choices in written and verbal forms. Staff interactions with residents support the right of residents to make choices and provide them with the opportunity to make their own decisions, within their capacity, in relation to activities of daily living. Residents have an awareness of their rights and responsibilities and have access to information regarding advocacy services if required.

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

Each resident/representative is provided with an information package which includes a residential care agreement and a resident handbook. The information provided includes

residents' rights and responsibilities, security of tenure (including the circumstances in which a resident may need to be transferred or discharged and the consultative process to be followed), fees and charges, internal and external complaint mechanisms, and the care, services and routines provided at the home. Residents/representatives are notified about changes relating to security of tenure, rights and responsibilities or fees via personal letters and one-to-one contact when required. If there is a need to relocate a resident to another room or service the home has policies and procedures in place and consultation with the resident and/or their representative occurs. Residents/representatives are aware of their rights and responsibilities and are satisfied that their tenure at the home is secure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team's recommendation
Does comply

The home has forms and processes to document, review and action continuous improvements generated from residents, staff and other parties both verbally and in writing. Improvement suggestions are captured through meetings, resident/staff surveys, verbally, report forms and audit results. Residents unable to complete a report form are assisted by staff to document and submit their suggestions and residents are encouraged to raise concerns at resident meetings. Report forms are collected, reviewed and entered into a register electronically for continuous improvement by key management staff with management utilising meetings/meeting minutes and individual discussions as monitoring and resolution strategies. The quality system is monitored by senior management at the service improvement team meetings in conjunction with the quality improvement team meetings held monthly. Feedback is provided to originators of suggestions verbally or in writing. Residents and staff are familiar with the home's forums to initiate a suggestion and reported that management are receptive to their suggestions, give feedback and responds to their requests in a timely manner.

Improvements reported by management and staff in relation to Standard Four include:

- It was identified by a resident that a warning line be placed at the top of the stairs on the second level of the home indicating to residents that stairs were adjacent to this line. Residents had expressed that this area was confusing to them as they were often focussed on using their walkers and less on the surrounds. Residents are very happy with the new warning lines and expressed they felt safer at the home as a result.
- Staff feedback indicated that the organisational cleaning schedule for the kitchen was not appropriate for this particular home with the home now having created a more site specific schedule reflective of relevant duties to be carried out. Staff commented that this now makes cleaning time faster and more efficient to complete.
- As a result of an incident in the loading area of the home regarding controlled access to this area, the home has now adjusted certain gates to allow admission to specific areas thereby making the homes external areas safer for all concerned.

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 in place through its organisational head office, the internet, professional bodies and membership to industry based organisations which identify current legislation, regulatory requirements, professional standards and guidelines applicable to the accreditation standards. Policies are reviewed at an organisational level and are referenced to relevant legislation or professional guidelines which are then sent to the Care Manager

who distributes this to relevant staff at the home via memos, meetings and staff training whilst maintaining a current up to date regulatory compliance folder available to staff. Staff meetings are held to keep staff informed with staff having access to hard copy of policies, procedures, legislation and professional guidelines on site with non-compliance by staff being addressed by a formal letter and further education if required. Regulatory compliance is monitored via staff observation, attendance at mandatory training, internal audits and competency assessments with organisational monitoring achieved through organisational audits. There is a system in place to ensure certifications for the home are met in accordance with regulatory requirements with identified non-compliance followed up and action taken. The home has a food safety program in place with staff reporting they receive information on changes to work practices or requirements through meetings, memos and staff notice boards.

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 strategies which identify the knowledge and skills required for the roles performed at the home including key selection criteria, position descriptions and duties lists. The education and training program is reviewed annually and developed in response to meetings, staff surveys and the clinical needs of residents. Education is planned through the annual education plan and communicated to staff in advance to ensure all staff receive education in regard to mandatory responsibilities. Education specific to Standard Four includes fire safety and evacuation, manual handling, infection control, food safety and safe systems. Training records are maintained and staff attendance is monitored by key personnel. Staff demonstrate skills and knowledge relevant to their roles and are satisfied with the support they receive from the home to identify and develop their skills.

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 provide a safe and comfortable environment both internally and externally with residents encouraged to maintain their independence and have access to appropriate equipment. Cleaning and monitoring processes ensure the continued safety and cleanliness of the environment and prevention of clutter. Work instructions detail the frequency of cleaning programs, cover all areas of the home with cleaning monitored by key personnel, audits and surveys with deficiencies addressed as needed. Identified hazards are risk assessed and actions taken through the continuous improvement plan. Preventative, corrective and routine building and equipment maintenance is conducted by the maintenance officer and coordinator or by external contractors. The home has an effective pest control program in place with regular servicing by an external provider. Residents are individually assessed for risk in relation to their safety and appropriate preventive and/or corrective actions are taken. Restraint usage at the home is kept to a minimum with re-evaluation of usage completed three monthly or as required. Staff are aware of and demonstrate practices that ensure the safety and comfort of residents. Residents/representatives are satisfied with the living environment of the home.

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

Workplace health and safety policies and procedures, risk assessments and audit tools are used to guide improvements to the home's safety system. The Maintenance Coordinator is the designated workplace health and safety officer working closely with the organisation's head office with the home having regular Workplace Health and Safety committee meetings. The safety system includes hazard/incident reporting, risk assessments, staff training and maintenance activities; residents are informed about improvements to the home in writing and at resident meetings. Risk assessments are conducted and control measures are implemented by relevant staff. Incidents are documented and reviewed by the Care Manager and discussed at relevant staff meetings. Staff have access to hazard/incident reporting forms; safety training is provided during orientation and annually or as needed thereafter. Workplace health and safety is part of the home's mandatory training program. Staff are satisfied that management provides a safe working environment.

4.6 Fire, security and other emergencies

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

Team's recommendation
Does comply

The home actively works to provide an environment and safe systems of work that minimise fire, security and emergency risks through the use of an external provider monitoring all fire and safety processes. Emergency exits are clearly marked and pathways to exit were observed to be free of obstructions with fire doors and exit doors operating as designed. The home maintains a non-smoking policy that applies to both staff and residents. Staff are provided with fire safety education at orientation, through the external provider annually and as required. Fire safety is part of the home's orientation and mandatory training programs and fire drills are conducted regularly. Staff have access to resident emergency lists, emergency plans/procedures and fire fighting equipment. Evacuation diagrams are displayed in public areas throughout the home. Work instructions for night duty staff include lock up procedures with after dark and visitors/contractors required to sign a register when arriving on-site. Staff and residents demonstrate knowledge of the home's fire and emergency procedures and their role in the event of an alarm or evacuation.

4.7 Infection control

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

Team's recommendation
Does comply

Policies and procedures are available to guide staff practice regarding infection control and the Care Manager monitors the surveillance system, trends and analyses monthly results in consultation with the organisation's head office. Staff are provided infection control education at orientation and are required to complete competencies and ongoing education thereafter. The Care Manager observes staff practices and audits are conducted to monitor compliance. Colour coded equipment is used in the clinical, cleaning, laundry and catering areas to minimise risks of cross infection and temperature monitoring of food goods occurs upon

delivery during preparation and prior to serving. Cleaning schedules and work instructions guide cleaning practices, a pest control program is maintained and hand washing facilities are located throughout the home. Outbreak management kits, spills kits, sharps containers and stocks of personal protection equipment are available, as is updated information of current outbreaks within the community. The home has a food safety program and an on-site food safety supervisor.

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

Meals are prepared on site with residents' needs/preferences identified through assessment processes and this information is used when serving and planning meals. Changes in residents' dietary needs are communicated to the kitchen in writing and records are updated accordingly. Residents have a choice of meals with a rotating menu in use which is reviewed on a regular basis by a dietician. Resident feedback regarding meal satisfaction is sought at meal times and through resident meetings and satisfaction surveys and changes by the home in respect to this are displayed in each dining room. A food safety plan is in effect and monitored by the home.

Cleaning staff have an established roster with cleaning programs guiding staff practice. Colour-coded cleaning equipment is used with work practices designed to minimise infection control risks. Chemical safety is adhered to by staff in establishing effective cleaning procedures with scheduled audits in place to monitor cleaning activities.

Residents' laundry is done on site and residents are satisfied with the service. The laundry has separate clean and dirty areas and duties and equipment. Resident's name tags ensures that lost items are kept to a minimum with regular displays of lost clothing to locate missing items held at residents meetings. Laundry is delivered on a trolley in individual baskets promoting privacy and dignity to each resident with the quality of the laundry service monitored through the auditing process, residents meetings and the report form process of monitoring complaints. Residents/representatives expressed satisfaction with catering, cleaning and laundry services.