



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Mareeba Nursing Home

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

The Agency has decided that the period of accreditation of Mareeba Nursing Home is three years until 29 July 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:	Mareeba Nursing Home				
RACS ID:	2688				
Number of beds:	71	Number of high care residents:	70		
Special needs group catered for:	Nil				
Street/PO Box:	6 Ranonch Avenue				
City:	MACLEAN	State:	NSW	Postcode:	2463
Phone:	02 6645 2966		Facsimile:	02 6645 2736	
Email address:	mareeba2@bigpond.net.au				

Approved provider

Approved provider:	MacLean Valley Nursing Home Pty Limited
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Assessment team

Team leader:	Jennifer Woodman
Team member/s:	Stephanie Roberts Crowhurst
Date/s of audit:	12 May 2009 to 13 May 2009

Executive summary of assessment team's report
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Accreditation decision

Standard 1: Management systems, staffing and organisational development
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Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply

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

Standard 2: Health and personal care

Expected outcome	Assessment team recommendations
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

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

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

Accreditation decision

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

Agency findings
Does comply
Does comply
Does comply
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Does comply
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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.



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Mareeba Nursing Home
RACS ID	2688

Executive summary

This is the report of a site audit of Mareeba Nursing Home 2688 6 Rannoch Avenue MACLEAN NSW from 12 May 2009 to 13 May 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd. on 23 May 2009.

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 Mareeba 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 12 May 2009 to 13 May 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:	Jennifer Woodman
Team member/s:	Stephanie Crowhurst

Approved provider details

Approved provider:	MacLean Valley Nursing Home Pty Limited
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Details of home

Name of home:	Mareeba Nursing Home
RACS ID:	2688

Total number of allocated places:	71
Number of residents during site audit:	70
Number of high care residents during site audit:	70
Special needs catered for:	

Street/PO Box:	6 Rannoch Avenue	State:	NSW
City/Town:	MACLEAN	Postcode:	2463
Phone number:	02 6645 2966	Facsimile:	02 6645 2736
E-mail address:	gordongroup@bigpond.com.au		

Assessment team's recommendation regarding accreditation

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

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
Directors	2	Residents	18
Director of nursing	1	Relatives	8
Deputy director of nursing/ education coordinator	1	Recreational activity officers	2
Continuous improvement coordinator/ registered nurse	1	Catering staff/ cook	3
Registered nurse/ infection control coordinator	1	Laundry staff	2
Registered nurses	4	Cleaning staff	2
Enrolled nurses	3	Maintenance staff/ fire officer	1
Assistants in nursing	10	Fire officer	1
Occupational therapist	1	Administration staff/ occupational health and safety representative	1

Sampled documents

	Number		Number
Residents' files	9	Medication charts	13
Summary/quick reference care plans	9	Personnel files	6
Resident agreements	6		

Other documents reviewed

The team also reviewed:

- A book of tributes
- Action plans
- Activity officers' documentation and evaluation of outings
- Activity program and attendance records
- Aged care certification documents
- Aged care channel education program
- Annual fire safety statement
- Approved supplier summary record
- Audit of medications incidents
- Audit of residents' falls

- Audit schedule, audit and survey results
- Brochures on complaint mechanisms
- Cleaning records: general and kitchen
- Colour-coded equipment in use
- Comments and complaints register and completed forms
- Completed residents' assessments: pain, continence, behaviour, sleep, nutrition
- Continuous improvement log/ register
- Delivery records
- Dietary supplement forms
- Doctors' communication book
- Education evaluations
- Emergency evacuation plans
- Emergency services contact list
- Employment documentation
- End of life choice forms
- Fire assembly areas
- Fire safety orientation for new staff
- Fire safety system documentation
- Four week rotating menu
- Hand washing competency assessments
- Handover report sheets
- Hazard forms
- Immunisation records
- Incident and accident records
- Infection control questionnaires
- Kitchen cleaning schedules
- Laundry microbial report
- Laundry stock control sheets
- Letter: new site approval for clinical experience student enrolled nurses
- Maintenance request book
- Manuals: policy and procedure; food safety program; dietary manual; housekeeping; laundry; infection control, activities procedure manual, safe work practice manual
- Mareeba aged care staging plan for works to existing facility
- Mareeba compulsory reporting folder
- Medical officers' communication book
- Medical officers' notes and referrals
- Meeting minutes: management, registered nurses, continuous quality improvement, occupational health and safety, occupational health and safety tool box general services officers, assistants in nursing
- Meeting schedule
- Memoranda
- Menu review action plan
- Microbial results kitchen
- Monthly fire safety inspections
- Newsletters: grapevine, staff
- NSW Food Authority License
- Orientation program
- Pest control agreement
- Police check register and due dates
- Position descriptions
- Referrals to/from specialists
- Registered nurse fire panel checklist and fire exit check 'sign off'
- Resident dietary requirements
- Resident food preference and change of diet forms
- Resident/relatives meeting minutes
- Residents newsletters – The Grapevine'

- Residents satisfaction survey for activities
- Residents 'sign out/sign in' register
- Residents' case conference notes
- Residents' completed pain management forms
- Residents' database and social profiles
- Residents' food and fluid nutritional intake forms (completed)
- Residents' handbook
- Residents' monthly observation and weight sheets
- Residents' pre admission package and surveys
- Residents' terminal wishes
- Restraint authorisation forms
- Service agreements
- Staff appraisal schedule and completed staff appraisals
- Staff communication books
- Staff handbook
- Staff movement sheet
- Staff registration folder
- Strategic Business plan and key objectives
- Temperature monitoring: cool room, freezer, refrigerator, food preparation
- Warm water test results
- Working Staff Diary
- Workplace inspection schedule and audit results
- Wound management charts

Observations

The team observed the following:

- Activities in progress
- Assistive eating utensils
- Charter of Residents Rights and Responsibilities (displayed)
- Cleaning in progress
- Clinical equipment
- Colour coded equipment
- Comments and complaints information (displayed)
- Daily activities program (displayed)
- Daily menu on whiteboards (displayed)
- Dressing trolley
- Electrical tagging on equipment
- Emergency procedure flip charts
- Equipment and supply storage areas
- Extensions to the home
- Handover in progress
- Living environment
- Manual handling equipment
- Material safety data sheets
- Medication administration
- Notice boards for residents and staff
- Outbreak management kit
- Personal protective equipment
- Residents personal clothing labeller (laundry)
- Resources available for management and staff access
- Safety signage
- Sharp containers
- Spill kits
- Staff interaction with residents and their representatives
- Storage of medications

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 management and staff of Mareeba actively pursue continuous improvement through a quality system which includes the involvement of residents and their representatives. A continuous quality improvement committee with representatives from departments across the home meets regularly to monitor the quality system, review audit results and action plans; and to facilitate continuous improvement. Residents, their representatives, management and staff are involved in the quality system through identification of opportunities for improvement which are captured in a variety of ways including: suggestions; comments and complaints; accident/ incident data; audit results; infection surveillance; staff appraisals; surveys; meetings and observation. The home implements internal audits such as workplace inspections and fire safety audits; and an external audit system which provides a schedule, tools, analysis of results and benchmarking against other similar sized aged care homes. Audit results assist the home to monitor performance and identify areas for improvement which are added to action plans and discussed during regular meetings. Action plans are monitored, reviewed and evaluated to ensure improvements are achieved for residents and the home as a whole. Forward planning is achieved through an annual strategic plan which includes key objectives and action plans which denote responsibility and time frames. Management ensures residents, their representatives and staff are involved and informed about continuous improvement through meetings, newsletters, notices, memos and letters.

The home has implemented improvements in relation to Standard One - Management systems, staffing and organisational development including:

- The employment process for new staff has been improved through the introduction of literacy and competency assessments added to the interview process. In addition the home now has a pre employment medical check. These changes have resulted in improved suitability of new employees.
- The orientation program has been improved through condensing of the program to one full day of training which includes presentations and speakers from departments across the home such as management, the fire officer, the infection control coordinator and the educator. All new staff attend a group orientation prior to commencing employment. The orientation program has been streamlined thus saving time and resources; and has improved the support for new staff.
- The home has become more proactive in relation to staff education through the updating and expanding of the education program to include increased variation of education across the Accreditation Standards; additional questionnaires and competency assessments to monitor staff skills and knowledge; identifying staff three most preferred education areas; improved resources; and increased opportunities to attend external education and courses. Results show improved attendance at education sessions and increased uptake of external training opportunities.
- Staff education records have improved through the use of a durable record card which is kept up to date with all internal and external education attended providing readily available information for staff appraisals.
- A ‘management excellence award’ has been presented to the home for systems developed and implemented which interface with major training organisations such as the local high schools, technical college, university, community college and key employment program for people with disabilities. For example the home enables

on site work experience for trainee nurses, aged care workers, hospitality placements, school based trainees and people with disabilities. The training programs are proving successful and rewarding for all involved.

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 is provided with information related to changes in regulations, legislation and professional standards and guidelines through subscriptions to peak bodies, information obtained from the department of health and ageing, attendance at conferences, interaction with other aged care homes and access to the internet. Policy and procedure manuals which are regularly updated are available to guide staff during care and service provision. Hard copies of relevant legislation, regulations and professional standards and guidelines are maintained on site and are available to management and staff in the nurse’s station. Management of the home communicate changes to staff through regular newsletters attached to pay slips, meetings, education sessions, memos, flyers and during conversation. Management monitor staff practice to ensure regulatory compliance in various ways including through key performance indicators, audits of compliance, education and competency assessments, observation of staff practice, and staff appraisals.

In relation to Standard One – Regulatory compliance management of the home ensures resident private information is stored securely and is only accessible by authorised persons; staff award information is available in the staff room; and all computers are password protected with staff access at appropriate levels of the system.

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

Mareeba provides a staff education program which is developed annually incorporating specific requirements related to resident care, staff choice, availability of external education, and Aged Care Channel sessions. A component of the education program involves compulsory paid training in topics which include fire safety training, elder abuse and reporting requirements, manual handling and infection control. Staff are required to complete six education sessions annually in addition to compulsory education training; and management maintain individual records of staff education attendance. Education sessions from the Aged Care Channel are promoted to staff and utilised either during direct transmission or are available from the resource library maintained at the home. The education program includes topics across the four Accreditation Standards. The home implements an orientation program which includes questionnaires and competency assessment to ensure staff have learned and retained the knowledge and skills necessary to provide quality care and services for residents. Management at Mareeba encourages and supports professional development with all levels of staff offered traineeships, course attendance, and opportunities to further their education. The home is recognised in the local community as providing on site work experience for nurses, school based trainees, hospitality workers and people with disabilities. The education program is evaluated through feedback from management and staff, and is modified as needed.

Examples of education and staff development achievements in relation to Standard One - Management systems implemented at the home include: successful completion of a

frontline management course by managers; management and other relevant staff completed training in the application of the aged care funding instrument (ACFI); group orientations for new staff; documentation training; and attendance at a peak body conference.

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 implements a comment and complaint system that residents, their representatives and staff are encouraged to utilise. Information on how to make a comment or complaint is provided to residents and their representatives during interview prior to the resident moving into the home. Information is also documented in the resident handbook and in resident agreements. A display of comment and complaint forms and information on how to make a complaint is displayed in the main foyer; and a locked mailing box located nearby facilitates confidential feedback. Residents and their representatives satisfaction is surveyed regularly which assist in identifying opportunities for improvement which are followed up by management. Residents are encouraged to speak freely during resident meetings with comments followed up by management and feedback provided either individually or during following meetings. All complaints are logged on a register and the actions taken to rectify the problem are recorded. All complaints are investigated with the complainant notified of the outcome either by face to face interview or telephone conversation. Residents and their representatives express 'satisfaction' with the care and services provided by the home and confirm they have no hesitation approaching management or staff with any issues of concern.

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's Mission, Values, Vision, Philosophy and Goals are documented in the resident and staff handbooks, and other key documents; and are displayed at the home. The home's Mission statement is 'to deliver a high standard of care which is resident focused and meets the need of our residents'. Mareeba management is committed to 'providing service that is continually improved to ensure that a high standard of care is maintained; and to enhancing the quality of life for the resident by acknowledging the need to maintain community integration, encouraging family/ friends participation in meeting the needs of the resident and allowing the resident to have full autonomy with his/ her care'.

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

Management of the home ensures there are sufficient appropriately skilled and qualified staff to provide quality care and services for residents. Staffing levels are monitored and changed in response to resident care need, feedback from staff during work load discussions, industry standards, audit or survey results, or during peak activity times such

as Christmas. Copies of relevant staff qualifications and professional registrations are kept at the home and monitored by management to ensure currency. Recruitment of staff is usually undertaken on a local basis from applications received at the home, internally from existing staff or if required external advertising through local newspapers. The home utilises a formal application process, interviews, and police and reference checks prior to appointment of new staff. All staff complete a one day comprehensive orientation program which includes fire safety, manual handling, infection control, and elder abuse and reporting responsibilities. New staff complete at least three 'buddy shifts' where they receive supervised orientation to their routine duties prior to commencing employment. Ongoing provision of education, competency assessments, questionnaires, supervision as required and regular staff appraisals assist in the monitoring process to ensure staff are appropriately skilled and qualified. The home employs a significant number of staff across all departments who have been employed at the home for many years. Staff state they are happy and enjoy working at the home

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 to ensure adequate stocks of appropriate goods and equipment are available to provide quality care and services for residents. A preventative and corrective maintenance program is undertaken by a maintenance officer supported by external providers who service equipment such as dishwashers, washing machines, dryers, air conditioning and lifting equipment. Staff are educated about the importance of reporting faulty equipment and removing it immediately from service for repair. New equipment is trailed in consultation with the staff that will be using it; and a review by the occupational therapist ensures suitability and safety. General stock is ordered according to usage; and food stocks are delivered several times a week to ensure freshness and adequate levels are maintained. Staff state there are adequate supplies of clinical requirements including wound dressings and equipment. Linen is laundered on site, monitored for signs of wear and is replaced as required. A chemical company oversees stock levels to ensure adequate supply. Staff state there are adequate supplies of goods and equipment maintained at the home.

1.8 Information systems

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

Team's recommendation

Does comply

Mareeba implements effective information management systems which ensure residents, their representatives, volunteers, management and staff are kept informed about relevant happenings around the home; and information is communicated which ensures the delivery of quality care and services for residents. Prior to moving into the home residents and their representatives meet with management to openly discuss the services provided, residential agreements and other information about living at Mareeba. Information is then ongoing through case conferences, meetings, a Grapevine newsletter, letters sent to resident representatives, notices and face to face communication. Management and staff information is conveyed through mediums such as policy and procedure manuals, clinical records, handovers between shifts, communication books, the networked computer system, education, meetings, notices, memos and conversation. The privacy and confidentiality of resident's records, personnel files and other documents is ensured through secure locked areas of the home which are accessible only to appropriate staff. Confidentiality agreements are signed by staff prior to working at the home. Computer systems are password protected; and there is access to email and internet. Residents,

their representatives, management and staff state satisfaction with the internal and external flow of information 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

Management of the home ensure external goods and service providers meet the needs and quality requirements of the home. Contractual agreements are in place which detail the services or goods to be provided, relevant registrations and current insurance. Mareeba utilises external service providers such as a clinical pharmacist, podiatrist, hairdresser, dental technician, dietitian, plumber, electrician and a pest control service. Management of the home monitors the quality of goods and services provided by external services and contractors through direct observation, audit results and feedback from residents, their representatives and staff. External contractor agreements are regularly reviewed and suppliers changed when required. Residents, their representatives, management and staff state satisfaction with the goods delivered including food stocks, the work undertaken by external services contracted to the home, and external service providers including allied health and related professionals.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has an effective system to manage continuous improvement. Please refer to expected outcome 1.1 Continuous improvement for additional information relating to the homes' quality management system.

In relation to continuous improvement in Standard Two – Health and personal care the home has implemented improvements including:

- The care planning process and documentation implemented at the home has been reviewed and updated. Consultation with nursing staff resulted in the implementation of a designated care plan format which is to be consistent across the home. This has simplified the care planning process, standardised care plans and improved the access to resident care information by nursing staff.
- The home has updated the case conference system to include a schedule. A full review of each resident's plan of care is undertaken in consultation with the resident and/ or their representative. Staff from appropriate departments provide input into case conferences; and representatives if unable to attend the case conference are phoned for input and are provided with feedback after the conference.
- The home has developed and implemented a 'weight management protocol' which includes a flow chart outlining the process staff are to follow when a resident's weight varies. A new weighing chair has been purchased resulting in improved reliability of resident weight records. The result of the weight protocol is closer supervision of resident weight variances by registered nurses which facilitates timely and appropriate care interventions when required.
- The home has implemented 'end of life choices' documentation which is discussed and documented with residents and their representatives during interview prior to residents moving into the home. This process gives residents and their family members a greater understanding of end of life choices and how staff at Mareeba may give comfort at this time.

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 an effective system to manage regulatory compliance related to health and personal care. For comments regarding the system please refer to expected outcome 1.2 Regulatory compliance.

In relation to Standard Two – Health and personal care residents' medications are stored and administered according to the Poisons Act, and management of the home maintains a register of staff professional registrations ensuring staff are appropriately skilled and qualified, and their registration remains current.

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 a comprehensive education and staff development system which ensures management and staff have appropriate knowledge and skills to perform their roles effectively. For comments regarding the system please refer to expected outcome 1.3 Education and staff development.

Examples of education and staff development achievements in relation to Standard Two – Health and personal care implemented at the home includes: wound management, bowel care, continence training, understanding behaviours and assessment, catheter care, and resident hygiene (teeth and mouth care). In addition staff from across all departments including catering, laundry, administration, maintenance, recreation and nursing attended training in dementia.

2.4 Clinical care

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

Team's recommendation

Does comply

Residents and their representatives say they are satisfied with the clinical care provided at the home. A review of documentation including resident files show a comprehensive program of assessments are conducted when a new resident moves to the home to ensure residents receive appropriate clinical care. Care plans are regularly reviewed and evaluated in consultation with the resident, their medical officer and others involved in their care to ensure individual needs and preferences are met. Staff say they work as a team and have access to ongoing education, supervision and support from management. The home has appropriate supplies of equipment and resources maintained in good working order to meet the ongoing and changing needs of residents. Resident representatives interviewed say they are always made feel welcome at the home, are informed of changes in the resident's condition, and are involved in care planning. Residents interviewed by the team agree "the staff are wonderful" and "we are very lucky to be looked after so well".

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 ensure residents' specialised nursing care needs are identified and met by appropriately qualified staff. A review of documentation and discussions with staff show residents' specialised nursing care needs are identified on moving to the home and care plans are regularly reviewed and evaluated by registered nurses. Staff have access to the home's internal and external education program and staff practice is supervised by management. Staff say they regularly liaise with other specialist nursing services in the area including palliative care to ensure residents' individual needs and preferences are met. The home has appropriate resources and equipment maintained in good working order to provide specialised nursing care. For example, nebulisers, glucometers, sphygmomanometers, a syringe driver and catheter care equipment. Some residents and their representatives interviewed say the resident's health and quality of life has improved since they moved to the home and received specialised nursing care.

2.6 Other health and related services

This expected outcome requires that “residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences”.

Team’s recommendation

Does comply

Residents and their representatives say management and staff ensure residents are assisted to access appropriate specialist services. Residents and their representatives say they are satisfied with the way referrals are made and the way changes to residents care is implemented following assessment by a specialist. Transport and escort for specialist appointments are arranged as necessary. A review of documentation, including care plans, show any changes to care following specialist visits are implemented in a timely manner by staff. Staff say any concerns following specialist visits are followed up with the resident’s medical officer of choice or the specialist as soon as possible.

2.7 Medication management

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

Team’s recommendation

Does comply

Residents and their representatives say they are satisfied with the way residents medications are managed at the home. There are systems in place for the safe and correct storage of residents’ medications, administration of medications in accordance with medical officers’ instructions, and safe and correct disposal of medications. Changes are monitored and evaluated for effectiveness. Staff interviewed described the home’s system for medication management and say they receive ongoing education, competency assessments are completed and supervision by management is provided. Internal audits and external audits by an accredited external pharmacist are in place to ensure medication management at the home is safe and correct.

2.8 Pain management

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

Team’s recommendation

Does comply

The home has systems in place to ensure all residents are as free as possible from pain. Residents interviewed say they are as free as possible from pain, and staff respond in a timely manner to their requests for pain control. Staff are trained in pain management; and use verbal and non-verbal pain assessment tools to identify, monitor and evaluate the effectiveness of pain management strategies. A review of documentation shows strategies to manage residents’ pain include attendance to clinical and emotional needs, analgesia and alternative therapies as ordered. Pain relief measures are followed up for effectiveness and referral to the resident’s medical officer and other services organised as needed. Staff say they regularly liaise with residents’ representatives, medical officers and allied health personnel to ensure effective holistic care planning. Residents’ representatives say they are informed of any changes in pain management and are involved in decisions regarding the management of the resident’s 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 systems in place to ensure the comfort and dignity of terminally ill residents and support for their families and those involved in their care. The home has a private area for consultation with the family and others involved in the resident's care. Management say the spiritual, cultural, psychological and emotional needs of residents are considered in care planning and that pastoral care is provided as requested. A review of documentation including 'end of life wishes' show relatives are informed of the resident's condition, involved in care planning and are invited to stay with the resident during the dying process. The team viewed cards of appreciation from families following the death of a resident at the home.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

Residents say they are satisfied with the variety of food and drinks supplied at the home. A review of documentation shows residents' nutrition and hydration status are assessed on moving to the home and individual needs including swallowing difficulties, sensory loss, special diets and individual preference are identified and included in care planning. Appropriate referrals to the speech pathologist and dentist are made in consultation with the resident and others involved in their care. Staff monitor residents' weight, food and fluid intake and care plans are regularly reviewed and evaluated by registered nurses. Nutritional supplements, modified cutlery, equipment and assistance with meals are provided as needed. Kitchen staff prepare special diets and are aware of residents' preferences and special requirements. Residents say kitchen staff prepare meals for special events including birthdays; and the team observed that meal times in the dining rooms are social occasions and visitors are invited to attend.

2.11 Skin care

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

Team's recommendation

Does comply

Residents and their representatives say staff pay careful attention to their individual needs and preferences for skin care. Care staff monitor residents' skin care as part of daily care and report any changes in skin integrity to the registered nurse on duty for assessment, review and referral to the medical officer as needed. Care staff have access to sufficient supplies of appropriate equipment and resources to meet the needs of residents at the home. A review of documentation shows staff receive ongoing training and supervision in skin care. Residents have access to a physiotherapist, podiatrist and hairdresser and said a healthy diet is encouraged at the home to maintain skin condition.

2.12 Continence management

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

Team's recommendation

Does comply

The home has systems in place to ensure residents' continence is managed effectively. A review of clinical documentation and discussions with staff show continence management strategies are developed for each resident and care plans are regularly reviewed and evaluated for effectiveness by registered nurses. Residents say they are satisfied with the way continence is managed at the home. Care staff say they assist residents with their continence programs as required; and monitor residents' skin integrity. Staff are trained in continence management including the use of continence aids; and ensure residents have

access to regular fluids, appropriate diet and medications as ordered to assist continence. The team observed the home has appropriate supplies of continence aids to meet the individual needs of residents.

2.13 Behavioural management

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

Team’s recommendation

Does comply

A review of documentation including care plans, the results of regular audits of accidents/incidents and discussions with management and staff show residents with cognitive impairment are assessed and care plans are reviewed regularly. Strategies including one-on-one and group activities are regularly reviewed in consultation with the resident, their representative and other specialist services to ensure care and safety are provided for all residents and staff at the home. A psycho-geriatrician is consulted for residents with behaviour and dementia care needs. Staff receive education in managing challenging behaviours and work as a team to provide care. The team observed staff using a variety of management strategies and resources to effectively manage residents with challenging behaviours ensuring the residents’ dignity and individual needs are respected at all times.

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 review of documentation and discussions with the occupational therapist and staff show all residents are assessed on moving into the home for mobility, dexterity and transfers. Individual and group programs are designed to promote optimum levels of mobility and dexterity. The team observed residents assisted by staff participating in games designed to assist mobility and dexterity. Care plans and falls incidents are regularly reviewed; and the results of regular audits and risk assessments are analysed to ensure optimum levels of mobility and dexterity are achieved for residents. Residents and their representatives say appropriate referrals to the staff occupational therapist, and contracted physiotherapist and podiatrist are made in a timely manner. Staff are trained in falls prevention, manual handling and the use of specialist equipment. The team also observed the occupational therapist providing one-on-one specific exercise to residents.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

The home has systems in place to ensure residents’ oral and dental health is maintained. Oral and dental health is assessed on moving to the home and individual care plans are regularly reviewed and evaluated in consultation with the resident, their representative and others involved in their care. A review of residents’ documentation shows residents are receiving regular dental assessments and referrals to dental specialists as required. Staff say they receive education in oral and dental care and assist residents maintain daily dental and oral health. Staff report residents swallowing difficulties and pain to a registered nurse or manager for assessment and review. Residents and their representatives say the home provides appropriate diet, fluids, referrals and specialist equipment to ensure residents’ oral and dental health is maintained.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Residents and their representatives say staff are supportive of residents with sensory loss, and promote independence and choice as part of daily care. Resident’s sensory loss is assessed on moving to the home and appropriate referrals are made to ensure residents’ needs are managed effectively. Care plans are regularly reviewed and evaluated by registered nurses to ensure appropriate referrals and holistic care. The activity officers implement a variety of programs and resources to assist residents with sensory loss. The programs promote sensory stimulation, interaction with others, independence and creativity. Staff say they receive training in sensory loss and specialist equipment is maintained in good working order. The team observed the use of large print books, audio books and audio newspapers for residents to use.

2.17 Sleep

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

Team’s recommendation

Does comply

Residents’ sleep patterns are assessed on moving to the home including history of night sedation. Lighting and noise is subdued at the home at night. Residents’ ongoing sleep patterns are reviewed, sleep disturbances monitored and appropriate interventions put in place to assist residents to achieve natural sleep. Staff say that residents who experience sleep disturbances are reassessed, given emotional support, assisted with toileting, and are provided with warm drinks and snacks as requested. Residents and their representatives interviewed said they are satisfied with the way residents sleep is managed at the home.

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 an effective system to manage continuous improvement. Please refer to expected outcome 1.1 Continuous improvement for additional information relating to the homes’ quality management system.

In relation to continuous improvement in Standard Three - Resident lifestyle the home has implemented improvements including:

- The recreational activity program has been extended to cover weekends in response to a request received from residents during a meeting. Activities are scheduled according to resident interest. Weekend activities have resulted in increased social interaction and enjoyment by the residents.
- The home has purchased a mini bus which has wheelchair access. This has greatly improved the residents’ access to the local community facilitating picnics, outings to restaurants, shopping and visits to clubs. In addition the bus is utilised for transporting residents to appointments.
- A kind donation by a resident’s representative has enabled the purchase of a large wall mounted flat screen television in one lounge room which has now been dedicated as a movie room. Regular movies of resident choice are shown from the movie library at the home or movies sourced from a local rental store. Residents look forward to and enjoy the movies.
- A quiet therapy room has been developed which includes soft music, aromatherapy and a place for residents to relax. Staff state residents who may become anxious quickly settle in the room.

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 an effective system to manage regulatory compliance related to resident lifestyle. For comments regarding the system please refer to expected outcome 1.2 Regulatory compliance.

In relation to Standard Three – Resident lifestyle residents are informed of their rights and responsibilities which are documented in resident agreements and the resident handbook; and are displayed on the wall of the home. Staff sign confidentiality agreements prior to commencement of employment duties.

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 a comprehensive education and staff development system which ensures management and staff have appropriate knowledge and skills to perform their roles effectively. For comments regarding the system please refer to expected outcome 1.3 Education and staff development.

Examples of education and staff development achievements in relation to Standard Three – Resident lifestyle implemented at the home includes: a recreational activity officer attending a certificate IV leisure and lifestyle course, lifestyle programming, security of tenure, mandatory training for all staff about elder abuse and reporting requirements, and dementia training.

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

Residents interviewed say they were made feel welcome when they moved to the home and ongoing emotional support by the staff "made a big difference". Residents say staff are caring; and they enjoy visits from community groups and family. A review of documentation and discussions with staff show residents' individual emotional needs and history are assessed and care plans are developed and reviewed in consultation with the resident, their representatives and others involved in their care. Staff practice is monitored to ensure emotional support provided at the home is consistent with the home's philosophy. Staff say they receive ongoing education and support from management and they enjoy working with the residents at 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 and their representatives interviewed say residents are encouraged to maintain their independence, friendships and participate in all aspects of community life within and outside the home. Transport, escorts if needed, assistance with phones, mail services and ordering of the daily paper is arranged as requested. The team observed staff encouraging and promoting resident independence during the site audit. A review of documentation and discussions with management and staff show the home is committed to enriching the lives of residents and bringing the community, within and outside the home, together with residents. The team observed well maintained equipment designed to assist residents' independence and a variety of individual and group programs designed to promote independence and friendship. Residents' social leave is supported and arranged as requested. Residents interviewed said they can go out whenever they like and the home's bus does regular trips to the village so they can do their own shopping and banking.

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 interviewed say their right to privacy, dignity and confidentiality is recognised and respected. Residents say staff knock on doors before entering their room and they

feel comfortable raising any concerns with management or staff. Management say the home is committed to ensuring each resident's right to privacy, dignity and confidentiality is recognised and respected. Staff and volunteers sign confidentiality agreements and receive ongoing education concerning the privacy, confidentiality and dignity of residents. Care and service provision is monitored by management. Staff handovers and confidential resident information is discussed in private and non-current medical and associated records are archived and securely stored. The team observed attractive communal and private areas for residents to spend time alone or with others.

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 and their representatives say the activities program is well implemented at the home, and residents enjoy outings on the home's bus and visits from local groups. Other activities in the program include but are not limited to bingo, entertainment groups, sing a longs, current events, discussion groups, craft, competition bowls and a sensory room is available. One-on-one and group activities are offered Monday to Sunday. All activities are designed, implemented and evaluated to ensure they reflect the ongoing and changing interests of residents. The activity officers visit and assess all venues before residents go on outings to ensure the amenities are suitable for the residents needs. The home has access to a specialised chair to enable staff to take residents with limited mobility onto the beach and into the water in summer. Some residents say they prefer not to participate in activities and their right not to participate is respected. The team observed colourful photographic displays of resident outings and activities displayed on walls in the home and residents participating in activities. Residents and their representatives receive the resident's magazine 'The Grapevine' three monthly. Residents and their representatives are encouraged to attend the residents and relatives meetings held monthly.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

The home has systems in place to foster the cultural and spiritual needs of residents. Through ongoing assessment of individual needs preferences and active promotion of community involvement in life at the home. Residents and their representatives say they are more than happy with the way the home is looking after the residents interests. The home has developed networks with different religious denominations and regular services are held in the home. Special religious and other significant days are celebrated and residents' preference not to participate is respected. Care and catering staff say they are happy to help residents celebrate religious and significant days with the preparation special foods if indicated. Management say the home has systems in place to cater for the needs of residents from culturally and linguistically diverse communities.

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 and their representatives interviewed say they are provided with up-to-date information, in the appropriate format, to enable them to exercise choice and decision-making at the home without infringing on the rights of others. The 'Charter of Residents' Rights and Responsibilities' is displayed at the home and included in the resident handbook. A review of documentation show residents' personal preferences and needs are identified and a social profile is completed on moving to the home. Residents choose their own medical officer; and case conferences and referrals are arranged in consultation with the resident and their representatives. Staff say the right of residents to refuse treatment and residents' terminal wishes are respected. Residents say they choose whether they wish to participate in activities and other events run at the home. Management said information is provided in a timely manner to enable residents' to exercise choice and decision-making concerning care and lifestyle at the home.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

The home provides residents and their representatives with information during interviews prior to a resident moving into the home which explain the home's obligation in regard to providing a safe and secure environment for residents. The 'Charter of Residents' Rights and Responsibilities' is printed in the residents' handbook and is clearly displayed on the wall of the home. Residents are informed on how to make a comment or a complaint during meetings, in the resident handbook and the process is displayed in the front foyer with appropriate information and forms. Agreements include information on 'security of tenure' and residents who are considering moving into the home are encouraged to take a copy of the agreement and read it thoroughly prior to signing. If room changes are required residents and their representatives are consulted prior to any moves occurring. Management has an 'open door' policy and so is freely available to address any concerns of residents or their representatives. Residents and their representatives are surveyed with information obtained used for the home's continuous improvement process. Interviews with residents confirm they feel secure and happy living at the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

The home has an effective system to manage continuous improvement. Please refer to expected outcome 1.1 Continuous improvements for additional information relating to the homes’ quality management system.

In relation to continuous improvement in Standard Four – Physical environment and safe systems the home has implemented improvements including:

- Mareeba aged care has undergone long term planning and extensive reconstruction with the aim of providing residents with a spacious and modern home with a variety of accommodation options. Consultation with key stake holders along with provision of regular update information has assisted during the construction phase of the extensions to the home. The improvements result in a greatly enhanced living environment for residents.
- In response to a kitchen audit conducted by an external organisation the home has implemented an updated food safety manual and system to ensure compliance with legislation. Additional staff training, updated food safety monitoring documentation and improved staff practices has resulted improved safe food handling at the home.
- In tandem with the installation of a fire safety sprinkler system in the extensions to the home a fire safety sprinkler system has been installed in the original Mareeba building. This has improved the safety of residents, their visitors, management and staff in the event of a fire.
- The infection control manual has been reviewed and updated, staff education on the importance of infection control has been reinforced and hand washing competency assessments have been implemented for all staff in all departments. These changes have improved the infection control awareness of staff at the home.

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 an effective system to manage regulatory compliance related to physical environment and safe systems. For comments regarding the system please refer to expected outcome 1.2 Regulatory compliance.

In relation to Standard Four - Physical environment and safe systems the home meets regulatory requirements for fire safety, and occupational health and safety. The home has applied for and been granted a NSW Food Authority license. The home has implemented infection control procedures to manage gastroenteritis and influenza outbreaks.

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 a comprehensive education and staff development system which ensures management and staff have appropriate knowledge and skills to perform their roles effectively. For comments regarding the system please refer to expected outcome 1.3 Education and staff development.

Examples of education and staff development achievements in relation to Standard Four - Physical environment and safe systems implemented at the home includes: fire safety training, evacuation and the use of fire safety equipment, safe food handling, flood management, sharps management, chemical training, infection control, outbreak management, manual handling, and occupational health and safety.

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

Mareeba aged care has undergone extensive reconstruction to provide residents with a modern spacious home which has a variety of accommodation options. The home takes advantage of views across playing fields and the township through picture windows and surrounding balconies. Residents and their visitors enjoy sitting and socialising on sunny balconies which overlook well maintained gardens and lawn. Residents are encouraged to decorate their rooms with personal items, photographs and mementoes from their lives. All rooms are fitted with a 'call bell' system and some residents have call pendants with them at all times. Many of the residents, their representatives, management and staff have lived in the area for a long time which adds to the community feel of the home. The Maclean community supports the home through volunteers who assist with activities and the 'friends of Mareeba' auxiliary who tirelessly work to provide funds for extra comforts for residents. The home has a comprehensive program to ensure the safety of residents, their visitors, management and staff which includes regular workplace inspections, evening lock-up procedures and key pad coded door locks. A preventative and corrective maintenance program is in place overseen by a maintenance officer and supplemented by contractors. Residents and their representatives state satisfaction with the care and services provided, and compliment management and staff on the wonderful care provided for residents living at 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

Mareeba has a committed occupational health and safety (OH&S) committee which meets every two months with elected representatives who complete appropriate training from departments across the home. The OH&S committee conducts workplace safety and environmental audits which assist in the identification of hazards. All hazards are actioned and controlled or eliminated. The home has a preventative and corrective maintenance program; and day to day maintenance requests are logged into a register and actioned on a priority basis. Personal protective equipment is provided throughout the home; and safety signs and 'do not use' tags on unsafe equipment were observed to be in use during the site audit. Compulsory manual handling education is provided for new staff and is conducted twice a year for existing employees by an outside contractor. Accident and incident data is reported during committee meetings; and follow up action identified and

implemented through action plans when required. There is an effective return to work program for staff and an external rehabilitation provider is used for complex cases. Staff state they understand the OH&S system of the home, and are conversant with their representatives and mechanisms for reporting issues.

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

Management of the home are actively working to provide a safe and secure environment for residents, management, staff and visitors. The home has two trained fire officers one of which works on night duty; and all registered nurses have completed a fire warden course. Registered nurses 'sign' they have checked the fire board and ensured all exits are not blocked at handover every shift. Fire training is provided for all new staff prior to commencing duties and attendance at fire safety training is compulsory for all staff twice a year. Staff who do not attend fire training are followed up by management and attend training at another nearby home. All fire equipment is inspected according to Australian Standards by an external provider and remedial action is taken immediately if required. The home has contingency plans in place should evacuation of the home become necessary, or a flood situation occurs which affects staff attending shifts as rostered. Colour coded emergency flip charts and a fire manual are located near each phone. All external doors are key pad security coded and linked to the fire alarm ensuring they open automatically in an emergency.

4.7 Infection control

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

Team's recommendation

Does comply

Mareeba has a designated infection control officer who has allocated hours to oversee the home's infection control program which includes provision of staff education; ensuring the infection control policy manual remains current; assessing staff hand washing; reviewing infection surveillance data; and monitoring of resident and staff immunisation programs. Staff complete questionnaires after training to ensure they have appropriate knowledge and skills. Resident infections are identified, treated, documented, followed up and benchmarked against other similar aged care homes. Biological testing of the hot water system is undertaken with results monitored by management and followed up as required. The home has an outbreak management program which includes an outbreak management kit, and detailed information on what to do, who to notify and documentation required by the public health department. Personal protective equipment, hand washing facilities and hand sanitising gel is available throughout the home. Catering staff are trained in accordance with NSW Food Authority requirements and a food safety program is in place. Safe food practices include: monitoring of food storage conditions; monitoring of the temperatures of food production, stock rotation, and regular servicing of equipment such as the dishwasher. The laundry has designated clean and dirty areas, the temperature of machines is automatically monitored and a chemical sanitiser is used in all wash loads. Cleaning procedures include regular schedules, appropriate chemicals and colour coded equipment.

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

At Mareeba all meals are cooked fresh daily on the premises. The home implements a four weekly seasonal rotating menu which is reviewed by a dietitian. Residents and their representatives are encouraged to provide feedback on the menu and to voice any concerns at resident meetings. Changes to the menu are made in response to feedback and special requests. Resident food choices, special diets, food allergies and individual needs and preferences for meals, drinks and snacks are identified and incorporated in care provision. A safe food handling system is in place which includes audits by the NSW Food Authority. Residents and their representatives state 'satisfaction' with meals provided at the home for residents including the variety, size, temperature and quality of meals.

The cleaning and laundry systems are supported by the education program which includes infection control hand washing, the use of colour coded equipment and chemical handling. The cleaning and laundry programs are monitored by internal and external audits to ensure compliance with relevant standards with remedial action is taken as required. Laundry services are provided on site for residents' personal laundry and linen. Dirty and clean items do not cross over during the washing process. Residents and their representatives commented on the cleanliness of the home and satisfaction with how resident's clothes are laundered and returned.