



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Nanyima Aged Care

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

The Agency has decided that the period of accreditation of Nanyima Aged Care is three years until 30 March 2014.

The Agency has found the home complies with 43 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.

Matters of non-compliance have been referred to the Secretary, Department of Health and Ageing, in accordance with the Accreditation Grant Principles 1999.

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:		Nanyima Aged Care			
RACS ID:		5254			
Number of beds:		50	Number of high care residents:		26
Special needs group catered for:			<ul style="list-style-type: none"> • Nil 		
Street/PO Box:		61 Alexandra Street			
City:	MIRANI	State:	QLD	Postcode:	4754
Phone:		07 4959 1575		Facsimile:	07 4959 1570
Email address:		m.campbell@nanyimacare.com.au			
Approved provider					
Approved provider:		Nanyima Aged Care Inc			
Assessment team					
Team leader:		Kathy Prain			
Team member/s:		Paula Gallagher			
Date/s of audit:		11 January 2011 to 12 January 2011			

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

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
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Agency findings
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Executive summary of assessment team's report	
Standard 3: Resident lifestyle	
Expected outcome	Assessment team recommendations
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does not 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 not comply
Does comply
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Agency findings
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Does comply

Assessment team's reasons for recommendations to the Agency

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Nanyima Aged Care
RACS ID	5254

Executive summary

This is the report of a site audit of Nanyima Aged Care 5254 61 Alexandra Street MIRANI QLD from 11 January 2011 to 12 January 2011 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:

- 43 expected outcomes

The assessment team considers the information obtained through the audit of the home indicates the home does not comply with the following expected outcomes:

- 3.2 Regulatory compliance

Assessment team's recommendation regarding accreditation

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

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 11 January 2011 to 12 January 2011.

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:	Kathy Prain
Team member/s:	Paula Gallagher

Approved provider details

Approved provider:	Nanyima Aged Care Inc
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Details of home

Name of home:	Nanyima Aged Care
RACS ID:	5254

Total number of allocated places:	50
Number of residents during site audit:	50
Number of high care residents during site audit:	26
Special needs catered for:	Nil

Street/PO Box:	61 Alexandra Street	State:	QLD
City/Town:	MIRANI	Postcode:	4754
Phone number:	07 4959 1575	Facsimile:	07 4959 1570
E-mail address:	m.campbell@nanyimacare.com.au		

Assessment team's recommendation regarding accreditation

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Assessment team's recommendations regarding support contacts

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Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

	Number		Number
Director of nursing/facility manager	1	Residents/representatives	7
Registered nurses	2	Operations coordinator	1
Care staff	3	Laundry staff	1
Administration coordinator	1	Cleaning staff	2
Catering staff	1	Maintenance staff	1
Physiotherapist	1	Medical officer	1
Diversional therapist	1	Enrolled nurse/infection control officer	1

Sampled documents

	Number		Number
Residents' files	5	Medication charts	5
Care plans	5	Personnel files	6
Residential care agreements	5		

Other documents reviewed

The team also reviewed:

- Accident and incident logs
- Activity attendance recording in progress notes
- Admission checklist
- Advanced health directives
- Alleged elderly abuse mandatory reporting form
- Annual fire system and equipment condition report
- Annual maintenance schedule
- Audit tools and data results
- Behaviour monitoring records

- Care review alerts
- Check list to assist in the response to abuse incidents
- Cleaning schedules
- Comments and complaints register and documentation
- Communication book; kitchen and laundry
- Communication diaries
- Compulsory reporting information sheet
- Continuous improvement action plan
- Continuous improvement logs and register
- Continuous quality improvement form (multi purpose form)
- Controlled drug receipt form
- Controlled drug register
- Dementia specialist assessments and recommendations
- Dietary assessment forms
- Diversional therapy care plans
- Duty lists
- Elderly abuse resource folder
- Emergency kit check lists
- Emergency medication starter pack forms
- Emergency phone number list
- Emergency procedures and manual
- Emergency response chart
- Employee application forms
- Employee assessment sheet- per specific roles
- Employee record of training (individual)
- Enduring power of attorney documents
- Events calendar
- Fire evacuation plan
- Fire systems and equipment inspection and servicing logs
- Food business licence
- Food safety plan
- Food safety supervisor certification
- Food temperature monitoring records
- Fortnightly staff roster
- Hazard alert forms
- Infection control information for staff
- Infection control register and data
- Job descriptions
- Maintenance requisitions; schedule and servicing documentation
- Material safety data sheets
- Medication incidents
- Medication ordering forms
- Meeting minutes
- Memoranda folder
- Menu; four weekly rotational cycle
- New employee information pack
- Notice of accreditation site audit
- Observations data
- Police check register
- Policy and procedures
- Position descriptions
- Recruitment policies and procedures
- Resident admission checklist

- Resident evacuation list
- Resident handbook
- Resident sign in/out register
- Residents' administration information package
- Residents' information handbook
- Restraint authorisations
- Risk assessments documentation
- Special diet information documented on white board
- Staff appraisal/probation register
- Staff handbook
- Staff orientation program
- Team discussion alerts
- Temperature records
- Training and education outstanding tracking sheet
- Training/education records and attendance sheets
- Visitor sign in/out register
- Wandering charts
- Weight monitoring data
- Workplace health and safety inspection reports
- Workplace health and safety manual

Observations

The team observed the following:

- Activities in progress
- Activity pods – behaviour management
- Assembly points with signage
- Behaviour management interventions
- Cleaning processes
- Colour coded equipment
- Complaints mechanisms brochures on display
- Cyclone kit
- Designated smoking areas for staff
- Emergency exits with signage
- Equipment and supply storage areas
- Fire detection alarm system and safety equipment in place
- Fire evacuation plan displayed
- Fire exits, paths of egress and assembly points
- Hand washing stations
- Infection control signage on display
- Interactions between staff and residents
- Internal and external living environment
- Laundry area (for resident use)
- Linen skips
- Locked suggestion box
- Manual handling equipment and aids
- Meal service
- Medication practice
- Menu (daily) on display
- Notice boards with information displayed
- Personal protective equipment in use
- Raised gardening area
- Resident information notice boards
- Residents rights and responsibilities displayed

- Residents with potential to wander
- Sign in/out books
- Storage of medications
- Supplements and specialised diets
- Wound products

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

Nanyima Aged Care (the home) has a continuous quality improvement program which pursues continuous improvement across the four Accreditation Standards. This is achieved through the use of a multi purpose form (includes, improvements, suggestions, compliment and complaints), resident and staff feedback, meetings, internal and external audits, hazard and incident logs. Improvements are electronically logged into a register and urgent issues are immediately addressed by the Facility Manager/Director of Nursing. Monthly continuous improvement committee and focus group meeting provide a forum for the discussion of quality issues, development of action plans and the monitoring of the improvement process. Residents are satisfied that any issues raised will be addressed by management in a timely manner and staff are aware of the process and mechanisms in place.

Examples of improvements undertaken in relation to Standard One include:

- To improve staff satisfaction with rostered shifts the home introduced a clinical roster request book. The book enables staff to record their availability for additional shifts as well as documenting days when they are unable to work. Staff indicated the commencement of the roster request book has improved roster satisfaction and work life balance.
- The home established internet access to improve communication access across all streams of staff. Through the introduction of internet access all staff have access to shared documentation, calendar events and team discussions and are informed of the activities across the home. Management indicated this has resulted in staff being better informed and provides access to current and relevant information.
- Management restructured the clinical roster, following a review, to facilitate the changing care needs of residents. The hours of the care staff were increased and a designated team leader appointed for the afternoon shift freeing up the registered nurse to coordinate clinical care. Staff interviews and meeting minutes report their routines now ensure care is provided according to the needs of residents.
- A revamp of the reception area by adding a window has created more efficient access to the administration office for residents, representatives and visitors as they enter the facility. The window has been installed at a height which provides easy access for residents in wheel chairs. The Administration Officer reports the new system is working well.

1.2 Regulatory compliance

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

Team's recommendation

Does comply

The home has systems in place to effectively identify current legislation, professional standards, regulatory requirements and guidelines applicable to Standard One, through memberships of industry organisations and peak bodies, subscriptions to legislation update services and notices from government departments. Staff are informed of new or amended regulatory requirements and policy updates/reviews via feedback from key personnel using systems such as meetings, meeting minutes, policy updates and reviews, education sessions and electronic memoranda; requirements are implemented via new or revised work instruction/schedules, protocols and guidelines. Processes are in place to monitor staff's awareness and compliance with relevant legislation and these include competency, audits, training questionnaires and education. There is a system in place to ensure that staff and volunteers have a current police certificate and a system to ensure that residents/representatives are notified of accreditation audits.

1.3 Education and staff development

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

Team's recommendation

Does comply

Systems and procedures are in place to ensure management and staff have the knowledge and skill to perform their roles effectively. An education planner is developed and adjusted based on the identification of staff training needs, mandatory requirements, audit results and resident clinical needs. The home provides monthly education programs, in-services tool box sessions and external training relating to the Accreditation Standards. Staff are encouraged to undertake professional development through a variety of internal and external training programs and are encouraged to enhance their knowledge and skill by completing courses in relation to individual roles and legislative requirements. Staff education records are maintained both electronically and hard by the home with the monitoring of staff at mandatory and other educational sessions. Management monitor the skill and knowledge of staff through competencies, performance appraisals and observation of practice. Staff report satisfaction with the training and development opportunities available to them at the home and demonstrate knowledge and skills appropriate for their roles.

1.4 Comments and complaints

This expected outcome requires that "each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".

Team's recommendation

Does comply

The home has a complaints mechanism that is accessible to residents/representatives and other interested parties. Residents/representatives are informed of internal and external complaint processes on entry to the home, the residential agreement, resident meetings, and by posters/brochures displayed in main areas. External agency contact numbers, brochures, improvement forms and a locked suggestion box is available and accessible to all

residents/representatives in the main communal areas. The Facility Manager/Director of Nursing maintains a complaints register, provides written follow up when requested and ensures confidentiality and anonymity where necessary. Staff are informed of the complaints and grievance process during orientation and how to advocate for residents. Residents are able to raise concerns or ideas at resident meetings and directly to staff and management, or via the residents feedback form. Resident/representatives are satisfied that the issues that are important to them are dealt with appropriately.

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 organisation's mission statement, vision, values and policy statement and commitment to quality of care are documented in the resident handbook, staff information package and are on display 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 follows standard procedures to ensure there are sufficient and appropriately skilled and qualified staff. Rosters are planned in advance which include access to qualified staff 24 hours a day with planned and unplanned leave filled by permanent staff and casual staff members. A recruitment process, including key selection criteria, standard interview processes and pre-employment referee and criminal checks, is managed by the Facility Manager/Director of Nursing in conjunction with department managers as appropriate. New staff receive an orientation including all mandatory requirements and on the job training on commencement at the home. Duty lists, position descriptions and policies and procedures are available to direct staff in their role. Staff performance is monitored through audits, competency based training, observation of practice, and the performance appraisals system. The home has processes to ensure all relevant staff have current registration if appropriate. Residents/representatives are satisfied with the ability of staff to meet their needs across a range of service areas.

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 processes in place that ensure the adequate supply and quality of goods and equipment is available at all times. Key personnel are responsible for the regular ordering of goods including catering supplies, continence aids, chemicals, medical supplies, medications and other general goods through preferred suppliers. Processes ensure goods are checked

on delivery, returned if incorrect or unsatisfactory in quality and stock items are regularly rotated. Stock is appropriately and securely stored in designated areas throughout the home with all staff having access. The Facility Manager/Director of Nursing indicated that an assessment of clinical needs are used to identify additional equipment needs and new equipment where possible is trialled before purchasing with staff education and risk assessments conducted as required. Residents/representatives and staff indicated they are satisfied with the response to maintenance request and the availability of goods and equipment to meet their needs

1.8 Information systems

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

Team's recommendation

Does comply

The home has processes in place to ensure appropriate information is managed in a secure and confidential way. Staff and resident information is stored in secured areas and restricted to authorised personnel. An electronic and hard copy clinical management system is used to provide information in relation to resident care provision with a computerised system used to manage the collection, communication, reporting and analysis of maintenance requirements, incidents, training information, communication and quality systems. Electronic information is secured by password access and data is backed up to prevent loss of important information. Staff receive information through written communication, handover, one to one direction, communication books, meetings, memoranda and meeting minutes. A document control system ensures information manuals and handbooks are reviewed and updated regularly with input from designated personnel and these are available to guide staff practice. Residents/representatives have meetings, newsletters, noticeboards and other written correspondence to keep them informed. Staff and residents expressed satisfaction with the level of communication and information they receive.

1.9 External services

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

Team's recommendation

Does comply

The home identifies and specifies services to be provided by external service providers. The Operations Coordinator, Administration Officer in conjunction with the Facility Manager/Director of Nursing oversee all contracts and local services; service agreements are in place to ensure outsourced services and supplies meet quality expectations for services such as fire equipment maintenance, pest control, chemical, medical and food supplies, servicing of equipment, security and allied health services. Contractors/appropriate service providers are required to provide relevant certificates/licences, current police certificates and work within the home's workplace health and safety guidelines. Quality of service is monitored through audits and feedback from staff and residents. Management review the performance of external services to ensure quality service delivery is maintained with external service providers given the opportunity to improve their service if a concern has been raised; when requirements are not being met appropriate action is taken. Staff and residents are satisfied with externally sourced services provided by the home.

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 a continuous quality improvement program which pursues continuous improvement across the four Accreditation Standards. This is achieved through the use of a multi purpose form (includes, improvements, suggestions, compliment and complaints), resident and staff feedback, meetings, internal and external audits, hazard and incident logs. Improvements are electronically logged into a register and urgent issues are immediately addressed by the Facility Manager/Director of Nursing. Monthly continuous improvement committee and focus group meeting provides a forum for the discussion of quality issues, development of action plans and the monitoring of the improvement process. Residents are satisfied that any issues raised will be addressed by management in a timely manner and staff are aware of the process and mechanisms in place.

Examples of improvements undertaken in relation to Standard Two include:

- The home has introduced a new continence assessment tool in line with better practice. The assessment tool enables the staff to conduct a comprehensive assessment of individual resident's type and number of continence aids required. Management and staff indicated the system provides a more streamlined assessment process.
- To improve podiatry services provided to residents the home has increase the frequency of the podiatry service visits to three weekly. Two staff members have been trained as “Foot Care” staff and are available between podiatry consultations to maintain basic foot care as required. Management indicated the increased frequency of the podiatry visits and having trained staff is effective.
- To assist in maintaining residents' sense of touch the home developed and implemented sensory mats/books and equipment such as sewing, fishing and cooking items. The equipment (activity pods) has been placed in specific areas of the home for residents to utilise as they wander around the facility. The team observed the placement of the equipment during the site audit.
- A discharge plan to capture information on residents' end of life wishes has been incorporated into the clinical admission history pack. Residents' plans for discharge/end of life wishes are communicated to staff via a red dot system on the front of the residents' chart and activity of daily living (ADL) care plan contained within residents' rooms.

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 to effectively identify current legislation, professional standards, regulatory requirements and guidelines applicable to Standard Two, through memberships of industry organisations and peak bodies, subscriptions to legislation update services and notices from government departments. Staff are informed of new or amended regulatory requirements and policy updates/reviews via feedback from key personnel using systems such as meetings, meeting minutes, policy updates and reviews, education sessions and electronic memoranda; requirements are implemented via new or revised work instruction/schedules, protocols and guidelines. Processes are in place to monitor staff’s awareness and compliance with relevant legislation and these include competency, audits, training questionnaires and education. There is a system in place to monitor relevant staff’s professional registrations and ensure appropriately qualified staff are in place.

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

Systems and procedures are in place to ensure management and staff have the knowledge and skill to perform their roles effectively. An education planner is developed and adjusted based on the identification of staff training needs, mandatory requirements, audit results and resident clinical needs. The home provides monthly education programs, in-services tool box sessions and external training relating to the Accreditation Standards. Staff are encouraged to undertake professional development through a variety of internal and external training programs and are encouraged to enhance their knowledge and skill by completing courses in relation to individual roles and legislative requirements. Staff education records are maintained both electronically and hard by the home with the monitoring of staff at mandatory and other educational sessions. Management monitor the skill and knowledge of staff through competencies, performance appraisals and observation of practice. Staff report satisfaction with the training and development opportunities available to them at the home and demonstrate knowledge and skills appropriate for their roles.

2.4 Clinical care

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

Team’s recommendation

Does comply

On entry residents’ clinical care needs and preferences are identified through assessment processes, observation and monitoring, staff and resident feedback and comprehensive medical assessments. Care planning and case conferencing occurs with the resident and/or representative, the medical officer, staff and other allied health team members. Registered nurses develop care plans and these generally provide staff with detailed interventions; monitoring of clinical care occurs. Access to a registered nurse is achieved with onsite and on call arrangements. Changes to residents’ health status prompt reassessment and referral

processes. Care staff demonstrate knowledge of individual care strategies. Residents/representatives said they are satisfied with their clinical care and staffs understanding of their care needs.

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

Specialised nursing care needs are identified on entry and a plan of care is developed. Registered staff implement and evaluate specialised nursing care interventions developed and demonstrate knowledge of individual care needs. Examples of specialised nursing care include but are not limited to supra-pubic catheter care, enteral feeding and complex pain management. Education is provided to support the provision of specialised nursing care, where indicated. Staff have access to appropriate equipment and supplies to support the delivery of care. Residents/representatives indicate they are satisfied with the specialised nursing care provided.

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 are referred to other health services such as podiatry, speech pathology, dietetics, dementia specialists, dental, hearing and optometry in accordance with their assessed needs and preferences. Residents/representatives reported they were satisfied with the care provided by visiting allied health and related services. Allied health professionals visit the home and residents are supported to access other related services within the community, if required. Interventions recommended by allied health professionals recorded in care plans, implemented, monitored and evaluated for effectiveness.

2.7 Medication management

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

Team’s recommendation

Does comply

A visiting medical officer prescribes medication according to the health care needs of residents. Registered staff administer medications via a sachet system of packaging which is delivered from the pharmacy on a weekly basis. An imprest system includes stock of commonly used medication available for immediate commencement, should this be required after hours. Expiry dates are monitored by the registered nurse. Medication charts contain information such as: the drug, dose, route, commencement date, administration time, resident photograph, medication alerts, special administration instructions, allergies and medical officer’s signature. Changes to medication are effected and staff have access to updated signing sheets to ensure ongoing accuracy. Medication reviews are conducted by the pharmacist. Controlled medication is stored securely and records are kept to demonstrate accountability. Medication incidents are reported and acted upon. Monitoring of

staff practice occurs through observation. Residents/representatives indicate satisfaction with the provision of their medication.

2.8 Pain management

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

Team’s recommendation

Does comply

Registered nurses assess residents’ pain history and symptoms on entry and as their symptoms change. A range of pain management strategies are provided to residents to ensure they remain as free as possible from pain and these include repositioning, exercise, physiotherapy, applications of heat, massage and analgesia. A care plan is developed reflecting the management strategies; evaluation occurs through pain assessment tools which also consider verbal and non verbal pain indicators which may link to challenging behaviours. The medical officer also reviews residents’ pain management with input from the care staff. Residents reported they are satisfied with the management of their pain symptoms and the response by staff when they report 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 extended and terminal care wishes of residents are identified on entry and subsequently as decisions are made. This information is recorded on care plans including relevant substituted decision makers and any stated health care directives. Consultation with the resident, their nominated representative and the health care team occurs during palliation. Changes in the residents’ health status prompts a review of their ongoing care needs in consultation with the medical officer and care staff. Pastoral care and emotional support is provided. Residents/representatives said they were confident staff understand their extended care and end of life wishes.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

On entry, the nutritional and hydration needs of residents are assessed to identify allergies, food preferences, likes and dislikes, specialised dietary requirements and aids required to assist with eating. This information is communicated to the catering staff. Residents’ weights are monitored and reviewed monthly and more frequently where unplanned weight gain/loss occurs. Referrals to a dietitian or a speech pathologist occur where there is an identified need; recommendations are implemented and monitored for effectiveness. Food monitoring is initiated when residents’ intake varies. Strategies such as increased portions, fortified meals, modified textures and meal supplements are implemented, where indicated. Staff demonstrate knowledge of individual care needs in relation to nutrition and hydration. Residents/representatives said they are satisfied with the quality and quantity of the meals and drinks provided.

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 care needs and potential for breakdown of skin integrity is identified on entry. Focused assessment tools are utilised and care plans outline preventative measures required to maintain residents’ skin integrity based on the identified risks. Aids and equipment are available to minimise the risk of skin breakdown including pressure relieving aids and limb protectors. Skin tears are recorded through the incident reporting processes and reviewed by the Facility Manager/Director of Nursing. A range of skin care products and wound dressings are available. Wounds are assessed and monitored by a registered nurse. Education on correct manual handling procedures is provided to staff to minimise the risk of skin tears. Residents/representatives said they are satisfied with the management of their skin and wounds.

2.12 Contenance management

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

Team’s recommendation

Does comply

Residents/representatives reported that they are satisfied with the care provided to maintain their continence. The individual needs of residents are identified and assessed using continence assessments and bowel monitoring assessment tools. Individual programs are implemented under the supervision of the continence link nurse. Toileting schedules are implemented and if continence needs change, re-assessment occurs in consultation with the resident and the health care team; alternative interventions are implemented and effectiveness is evaluated. Continence programs are communicated to care staff through handovers, product allocation sheets and care plans. Residents at risk of urinary tract infections are monitored for symptoms and provided with additional fluids.

2.13 Behavioural management

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

Team’s recommendation

Does comply

The needs of residents with challenging behaviours are identified through pre-admission information and observation and feedback from care staff. Challenging behaviours are monitored and care staff implement strategies to minimise and reduce the incidence of behaviours through the identification of triggers which are generally documented on care plans. Diversional therapy such as activity pods and doll therapy is offered to residents to reduce challenging behaviours. Meaningful activity is also incorporated into the behaviour management strategies. The effectiveness of interventions is monitored and referral to dementia specialists occurs where additional support is required with all recommendations implemented. Residents/representatives generally indicated satisfaction with the management of challenging behaviours and the way staff respond to residents.

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

Each resident's mobility and dexterity needs and goals are identified on entry through assessment of residents' ability, independence and manual handling requirements. Strategies are developed by the physiotherapist and implemented in consultation with care staff. The use of manual handling equipment and transfer aids to support residents' mobility and safety are utilised. Staff are provided with education on manual handling techniques by the physiotherapist. Range of movement exercises are also implemented by care staff. Falls are reported and reviewed by the Facility Manager/Director of Nursing. Following a fall reassessment occurs, if indicated and strategies are implemented such as the use of sensor mats. Residents/representatives reported satisfaction with the assistance provided by physiotherapy and care staff to maintain and/or improve their mobility and dexterity.

2.15 Oral and dental care

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

Team's recommendation

Does comply

The oral and dental health needs of residents are assessed on entry. Care plans detail individual routines and preferences. Care staff provide assistance to residents and demonstrate knowledge of the individual oral and dental care needs of residents including the frequency of mouth care and the monitoring of fluid intake. Consideration is also given to meal texture and consistency where oral health needs impact on residents' ability to eat normal meals. Referral to dental specialists occurs if there is an identified need. Residents/representatives reported that they are satisfied with the assistance provided by staff to maintain their oral health and hygiene.

2.16 Sensory loss

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

Team's recommendation

Does comply

Residents' sensory needs are assessed on entry including consideration for hearing, sight, smell, touch and taste. Care interventions to effectively manage residents' sensory loss are developed, communicated to staff, implemented and evaluated. Referrals to specialists are coordinated, where appropriate. Care staff demonstrate knowledge of the individual sensory needs of residents including the monitoring of wax build up, cleaning, maintaining and fitting of hearing aids and optical aids, where utilised. Residents/representatives reported that they are satisfied with the assistance provided by staff to manage their sensory loss.

2.17 Sleep

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

Team’s recommendation

Does comply

Residents reported that they are supported to achieve their sleep and rest patterns with interventions when they experience sleep disturbances. On entry, each resident’s individual sleep and rest patterns are identified and care plans are developed to reflect the individual’s requirements and settling routines. Flexible care approaches ensure the individual sleep patterns are supported and rest periods are maximised. Staff demonstrate knowledge of the individual needs of residents and detailed strategies used including the provision of comfort measures, drinks, pain management and continence care. Sedation is offered where these measures are ineffective.

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 a continuous quality improvement program which pursues continuous improvement across the four Accreditation Standards. This is achieved through the use of a multi purpose form (includes, improvements, suggestions, compliment and complaints), resident and staff feedback, meetings, internal and external audits, hazard and incident logs. Improvements are electronically logged into a register and urgent issues are immediately addressed by the Facility Manager/Director of Nursing. Monthly continuous improvement committee and focus group meeting provides a forum for the discussion of quality issues, development of action plans and the monitoring of the improvement process. Residents are satisfied that any issues raised will be addressed by management in a timely manner and staff are aware of the process and mechanisms in place.

Examples of improvements undertaken in relation to Standard Three include:

- With the donation of large flat screen televisions by residents' family/representatives the home has replaced the televisions within the communal lounge areas. The new televisions have been installed in positions to reduce glare and to aid residents with vision impairment. During the site audit the team observed residents sitting within the lounge areas watching the televisions.
- The home established raised garden beds and introduced them as part of the home’s activities program for a resident with an interest in gardening. Residents utilise the garden beds to plant flowers and vegetables of interest. As part of the community involvement and socialising a local school visits and assists residents with the planting and maintaining of the garden beds.
- On review of the home’s activity program and a request from residents for further activities, the home has purchased an electronic gaming device and incorporated this into the activity program. A flow chart to guide staff and residents practice on the use of the equipment was developed and located with the equipment. Management indicated as the electronic gaming device has only been in place for a couple of months the home will continue to monitor and evaluate for effectiveness.
- To enhance the activity program for residents requiring one to one activities the home has purchased therapy dolls. The therapy dolls are accessible for residents who like babies and are utilised to assist in behaviour management. Staff indicated the therapy dolls are working to assist in providing redirection and contentment for residents. The team observed one resident who was agitated and when provided with a therapy doll demonstrated a decrease in behaviour.

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 not comply

While the organisation has systems in place to identify relevant regulatory requirements, management does not ensure its ongoing compliance with legislation for the compulsory reporting of assaults, as set out by *The Aged Care Act 1997*, (the Act) *Records Principles, Section 19.5AA* specifically with regards to consolidation of records and the *Accountability Principles Subsections 1.31 (1)* with regard to conditions where the Act does not apply and the approved provider’s discretionary responsibilities. Monitoring activity has not identified inconsistencies in the review of management plans within a 24hour period where, by discretion, the home has not reported the occurrence.

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

Systems and procedures are in place to ensure management and staff have the knowledge and skill to perform their roles effectively. An education planner is developed and adjusted based on the identification of staff training needs, mandatory requirements, audit results and resident clinical needs. The home provides monthly education programs, in-services tool box sessions and external training relating to the Accreditation Standards. Staff are encouraged to undertake professional development through a variety of internal and external training programs and are encouraged to enhance their knowledge and skill by completing courses in relation to individual roles and legislative requirements. Staff education records are maintained both electronically and hard by the home with the monitoring of staff at mandatory and other educational sessions. Management monitor the skill and knowledge of staff through competencies, performance appraisals and observation of practice. Staff report satisfaction with the training and development opportunities available to them at the home and demonstrate knowledge and skills appropriate for their roles.

3.4 Emotional support

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

Team’s recommendation

Does comply

There are established processes to identify and assess emotional support needs on entry by the Diversional Therapists. A plan of care is developed and reviewed to reflect current and ongoing emotional support needs for residents. Staff demonstrate they are responsive to the emotional needs of residents and when there is a change to their circumstances. Residents and their representatives are given information about the home and a tour prior to admission to facilitate their integration into their new environment. Residents/representatives reported that staff and management are very supportive and understand their emotional support needs.

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 needs of residents in relation to their independence are assessed on entry and when changes to care needs occur, via focus assessment tools and consultation with the physiotherapist, where indicated. Mobility and eating aids provided enhance the independence of residents. The care staff and relevant allied health specialists contribute to the development of care plans which reflect the desired levels of independence. Residents are also encouraged to be independent with community activities, shopping trips and decorating their rooms and personal space. Residents/representatives reported that staff assist them to achieve their desired level of independence and expressed satisfaction at their ability to access and participate in the local community.

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

There are established processes to identify and assess the privacy and dignity needs of residents on entry and when changes to care needs occur. Residents/representatives interviewed said that their privacy is respected and staff treat them with dignity and respect showing consideration for their personal preferences and choices. Care plans reflect the individual needs of residents. Resident information is stored in a manner that promotes confidentiality. Care staff address residents by their preferred name, speak discretely to residents and knock prior to entering resident rooms. Staff demonstrated privacy and dignity considerations when providing personal care to residents.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

The Diversional Therapists in consultation with the resident/representative develop individual programs using assessment data that links their activity to past and present interests. Group and one to one activities are provided based on their preferences and abilities. A monthly events calendar is displayed and residents are reminded of the daily activities. Residents can provide feedback through one to one or through the monthly resident meetings. Each resident's choice to participate is respected. Activities and outings are evaluated with residents and records of attendance are entered in the progress notes. Volunteers support the activity program and assist residents to participate. Where residents have challenging behaviours activity pods have been established to attract resident attention in reminiscence with themes and items of interest. Residents/representatives said they are satisfied with individual and group activities and access to shopping in the community. Residents also said their wish not to participate is supported.

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 identification of residents' cultural and spiritual needs occurs following entry to the home via the assessment process. Care needs and preferences are reflected in the resident care plan, which is developed in consultation with the care staff. Specific cultural and religious activities can be programmed and links to the various religious denominations within the local community are fostered. Church services are provided regularly at the home. Pastoral visitation is facilitated if residents request this service. Residents/representatives reported they are satisfied with their ability to express their spiritual and cultural beliefs.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

The ability of each resident to participate in making choices and decisions is assessed on entry and as changes occur. Information in relation to the resident's appointed decision-maker is known and documented. There are processes to incorporate advanced health directives into resident care plans, if required. Residents with cognitive impairment are involved in their care planning and decision making with the assistance of their chosen representative or family member. Residents have the right to refuse care or treatment offered and such refusal is documented. Residents are assisted to exercise their civic duty and residents/representatives said that staff respect their rights to make individual choices and decisions about their daily care and lifestyle.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

Residents' security of tenure is supported by processes such as interviews to provide information, tours of the home, resident handbook and a residential care agreement. Relevant financial and lifestyle information is detailed in the agreement which is offered to all residents or their representative. Access to advocacy services and be facilitated. Information on resident rights and responsibilities and complaints processes is displayed throughout the home and contained in the resident handbook and agreement. Residents/representatives reported that they were aware of their rights and responsibilities and felt secure in their tenure.

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 a continuous quality improvement program which pursues continuous improvement across the four Accreditation Standards. This is achieved through the use of a multi purpose form (includes, improvements, suggestions, compliment and complaints), resident and staff feedback, meetings, internal and external audits, hazard and incident logs. Improvements are electronically logged into a register and urgent issues are immediately addressed by the Facility Manager/Director of Nursing. Monthly continuous improvement committee and focus group meeting provides a forum for the discussion of quality issues, development of action plans and the monitoring of the improvement process. Residents are satisfied that any issues raised will be addressed by management in a timely manner and staff are aware of the process and mechanisms in place.

Examples of improvements undertaken in relation to Standard Four include:

- As per feedback from staff and a review of both care and laundry staff workloads the home implemented a weekly schedule for residents’ linen change days. The introduction of the “linen change for the week” schedule has resulted in providing better distribution of workload and has decreased the disruption to residents. Staff indicated the new linen change days are working effectively.
- To enhance working conditions and promote safer work practices for cleaning staff the home has replaced existing chemical dispensers with bucket fill dispensers. The implementation of the dispensers has provided staff with a safer method of filling buckets and resulted in a more cost efficient use of chemicals.
- Through the efforts of fundraising the home has purchased a new floor cleaning machine to assist in maintaining the environment. Management indicated the purchase of the machine has provided a safer working and living environment for residents and staff through reduced physical strain on staff when cleaning the home’s corridors and decreased injury risk to residents, staff and visitor as the machine leaves the floors drier than the method of using a mop and bucket.
- Management revised their maintenance schedule to develop and implemented a paper based schedule that corresponds with the electronic program. The paper based schedule is presented in an easier format for staff to follow, alerts staff to jobs required and sign off/ on as jobs are completed. The staff indicated the new system is working well.

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 to effectively identify current legislation, professional standards, regulatory requirements and guidelines applicable to Standard Four, through memberships of industry organisations and peak bodies, subscriptions to legislation update services and notices from government departments. Staff are informed of new or amended regulatory requirements and policy updates/reviews via feedback from key personnel using systems such as meetings, meeting minutes, policy updates and reviews, education sessions and electronic memoranda; requirements are implemented via new or revised work instruction/schedules, protocols and guidelines. Processes are in place to monitor staff's awareness and compliance with relevant legislation and these include competency, audits, training questionnaires and education. There is a system in place to maintain workplace health and safety requirements, monitoring of emergency and fire systems and to ensure food safety.

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

Systems and procedures are in place to ensure management and staff have the knowledge and skill to perform their roles effectively. An education planner is developed and adjusted based on the identification of staff training needs, mandatory requirements, audit results and resident clinical needs. The home provides monthly education programs, in-services tool box sessions and external training relating to the Accreditation Standards. Staff are encouraged to undertake professional development through a variety of internal and external training programs and are encouraged to enhance their knowledge and skill by completing courses in relation to individual roles and legislative requirements. Staff education records are maintained both electronically and hard by the home with the monitoring of staff at mandatory and other educational sessions. Management monitor the skill and knowledge of staff through competencies, performance appraisals and observation of practice. Staff report satisfaction with the training and development opportunities available to them at the home and demonstrate knowledge and skills appropriate for their roles.

4.4 Living environment

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

Team's recommendation

Does comply

Residents are accommodated in single rooms with an en-suite and encouraged to take ownership of their environment by personalising their room. Internal and external lounge/seating areas provide residents areas with privacy to socialise with visitors and other residents. Preventative maintenance and cleaning schedules are in place and are adhered to

by staff. Any additional maintenance requirements are reported by staff or residents and are attended to by maintenance staff or external contractors in a timely manner. Security measures are in place to ensure overnight security in the home. The comfort and safety of residents is monitored through resident feedback and audits, hazard identification and a risk assessment to ensure a safe and uncluttered living environment; when issues are identified action is taken in response with identified improvements being actioned in a timely manner. Residents are generally satisfied with the standards of safety and comfort provided 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

The Facility Manager/Director of Nursing together with the Workplace Health and Safety Officer monitor systems in place to ensure a safe working environment is maintained that meets regulatory requirements. There are processes to access the workplace through discussions/meetings, regular audits of the environment for safety aspects, hazard/risk management processes, incident and hazard reporting, staff education and competency assessments. Staff receive education on the home's safety requirements at orientation and through the annual mandatory training program. Maintenance programs are in place for equipment and building and these are monitored for completion. Material safety data sheets are available in work areas and chemicals are stored securely. Spills kits are available and accessible for staff. Staff accidents and incidents are reviewed, analysed then discussed at focus group meetings to ensure effectiveness of intervention. Staff demonstrated effective knowledge and understanding of the reporting processes of safety issues and how to perform their roles in a safe manner.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

The home has systems and processes in place for detection and action in the event of a fire, security or other emergency incidents within the home. External providers ensure maintenance of fire safety systems and equipment is carried out in accordance with legislative requirements. Emergency evacuation plans are clearly displayed; emergency exits are generally marked, free from obstruction and are suitable for the mobility level of the residents. Staff are provided with mandatory education during orientation and annual training in fire safety and evacuation procedures. Emergency procedure manual and flip charts are in place to guide staff in emergency situations and resident evacuation lists are updated to provide accurate and current information. Monitoring of fire safety systems occurs through key personnel, preventive maintenance program and inspection by external bodies; issues identified are resolved in a timely manner. Security measures are in place to ensure the safety of residents and staff after hours. Staff and residents demonstrate knowledge of fire, security and other emergency procedures including their role in the event of an alarm, emergency or evacuation.

4.7 Infection control

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

Team's recommendation

Does comply

The home has policies and procedures in place to guide staff practice in relation to infection control, including an outbreak management program. The infection control system is coordinated by an Enrolled Nurse and monitored by management; audits, training, and surveillance reporting support the minimisation of infection. The home has processes in place to collect and analyse infection data and identify infection trends. Staff have training in relation to infection control measures at commencement of employment and on an ongoing basis. Residents are offered influenza vaccinations. Current processes are in place to monitor the effectiveness of infection control program in all areas of the home, including the kitchen, cleaning services and laundry through audits, temperature checks and observation. Processes are in place to effectively manage waste, sharps and food; personal protective equipment and hand washing facilities are available for staff use. Staff demonstrated awareness of the colour-coded equipment, the use of personal protective equipment and general principles used to prevent cross infection.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

The home provides hospitality in a way that enhances residents' quality of life and staffs working conditions. Catering services are provided to meet residents' dietary needs and preferences as identified on entry to the home and when changes occur. The home operates on a four week menu that reflects changes made in response to resident feedback; a dietitian ensures that the menu meets residents' nutritional requirements prior to implementation. Cleaning of residents' rooms and communal areas is completed in accordance with the cleaning duty lists and schedules. The home provides residents wishing to maintain their independence a small laundry facility with all other personal linen and flat whites completed on site using specialised equipment and practices that minimise risk of cross infection. Residents are encouraged to label their clothes on entry to the home in line with procedures for the prevention of lost items. Feedback is gained about hospitality services through satisfaction surveys, resident meeting forums, comments and complaints mechanisms and informal discussion with staff and residents. Resident feedback indicated satisfaction with the choice available regarding catering, cleaning and laundry services provided by the home.