



Aged Care  
Standards and Accreditation Agency Ltd

## **Scalabrini Village Nursing Home (Drummoyne)**

RACS ID 2377

Cnr St Georges Cres & Lyons Rd

DRUMMOYNE NSW 2047

Approved provider: Scalabrini Village Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 7 October 2015.

We made our decision on 29 August 2012.

The audit was conducted on 24 July 2012 to 26 July 2012. The assessment team's report is attached.

After considering the submission from the home including actions taken by the home, we decided that the home does now meet expected outcome 1.2 Regulatory compliance.

We will continue to monitor the performance of the home including through unannounced visits.

## Most recent decision concerning performance against the Accreditation Standards

### Standard 1: Management systems, staffing and organisational development

#### Principle:

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

Expected outcome	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

### 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.

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

**Standard 3: Resident lifestyle****Principle:**

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

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

**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.

Expected outcome		Accreditation Agency decision
4.1 Continuous improvement		Met
4.2 Regulatory compliance		Met
4.3 Education and staff development		Met
4.4 Living environment		Met
4.5 Occupational health and safety		Met
4.6 Fire, security and other emergencies		Met
4.7 Infection control		Met
4.8 Catering, cleaning and laundry services		Met



Aged Care  
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# Audit Report

**Scalabrini Village Nursing Home (Drummoyne) 2377**

**Approved provider: Scalabrini Village Ltd**

## Introduction

This is the report of a re-accreditation audit from 24 July 2012 to 26 July 2012 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

## Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 43 expected outcomes

The information obtained through the audit of the home indicates the home does not meet the following expected outcome:

- 1.2 Regulatory compliance

# Audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 24 July 2012 to 26 July 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

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

## Assessment team

Team leader:	Wendy Ommensen
Team member/s:	Helen Hill

## Approved provider details

Approved provider:	Scalabrini Village Ltd
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## Details of home

Name of home:	Scalabrini Village Nursing Home (Drummoyne)
RACS ID:	2377

Total number of allocated places:	115
Number of residents during audit:	114
Number of high care residents during audit:	107
Special needs catered for:	N/A

Street/PO Box:	Cnr St Georges Cres & Lyons Rd	State:	NSW
City/Town:	DRUMMOYNE	Postcode:	2047
Phone number:	02 9719 0602	Facsimile:	02 9819 7325
E-mail address:	sandra.harrison@scalabrini.com.au		

## Audit trail

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

### Interviews

	Number		Number
Chief executive officer	1	Residents/representatives	12
Senior quality coordinator	1	Senior lifestyle coordinator	1
Village manager	1	Diversional therapist	1
Care manager	1	Recreational activities officers	3
Educator/infection control co-ordinator	1	Food services manager	1
Registered nurses	5	Catering staff	6
Enrolled nurse	2	Director of contracted cleaning	1
Link nurse (registered nurse)	1	Laundry staff	4
Care staff	13	Cleaning staff	2
Diet nurse	1	Maintenance staff	2
Physiotherapist	1	Administration assistant	1
Quality officer	1	University student facilitator	1
Religious sisters	1	University nursing students	2

### Sampled documents

	Number		Number
Residents' files (including written and computerised documents such as progress notes, assessments care plans, observation charts, incident reports, medical officer's notes referral letters, investigation results)	13	Residents agreements	4
Wound charts	7	Personnel files	7
Medication charts	10	Service agreements	6

### Other documents reviewed

The team also reviewed:

- Accidents/incidents reports
- Cleaning – audits, infection control procedures, schedules for general, kitchen and laundry cleaning, cleaning specifications, spring cleaning regimes, staff training records
- Comments, compliments and complaints – policies and procedures, complaints register including investigations and responses, blue improvement logs

- Continuous quality improvement – audits and survey folder, audits, plan for continuous improvement, monthly reports to senior management, satisfaction surveys, vision, core values and philosophy statement, strategic plan
- Dietary forms including tray labels, special diet lists, thickened fluids lists, weight monitoring, daily supplements
- Education calendar and training records, outlook calendar online, monthly training attendance reports, mandatory training records, staff competencies, questionnaires to evaluate knowledge learned
- Electronic compliance activity logging management system (eCALM), electronic resident information system
- Emergency procedures manual, emergency flip charts
- Food safety program – calibration records, cleaning schedules, dietary preference sheets, NSW Food Authority audit results, food safety plan, menu, ordering processes, food and equipment temperature records, sanitisation of fruit and vegetable records, equipment maintenance service reports
- Human resource management – policies and procedures, orientation program, criminal record checks, citizen employment status, professional registrations records, performance appraisals, job descriptions, duty statements, reference checks, staff handbook, staff survey, staff rosters, staff availability for extra shift sheets, specimen signatures and initials
- Infection control - infection control policy and procedures, monthly summary and trend data, outbreak instructions, hand washing instructions
- Information systems – mission, vision, values and philosophy statement, policies and procedures, meeting minutes, newsletters, staff handbooks, staff information package, staff communication diaries, re-accreditation self assessment report, satisfaction surveys, communication books, handover sheets, residents' information package, residents' handbook and surveys
- Inventory and equipment and external services – audits, maintenance logs, planned maintenance schedule, electrical tagging records, external service agreements, allied health services agreements, approved provider list, assets register, guidelines for contractors, service records
- Medication management including medication orders, refrigeration temperature monitoring, nurse initiated list, schedule eight register, blister packaging with resident medications
- Physiotherapy forms including physiotherapy assessment, physiotherapy interventions, care plan and results
- Recreational activity documents including activity program, resident surveys and resident meeting minutes
- Regulatory compliance – annual fire safety statement, compulsory reporting register, criminal record checks, NSW Food Authority licence, residents' privacy consents, professional registrations, residential care agreements, staff confidentiality agreements
- Visitors, residents, volunteers and contractors - sign in and out books
- Work health and safety policies and procedures, occupational health and safety policy statement, quality and work health and safety meeting minutes, accident and incident reports, hazard reports, material safety data sheets

## Observations

The team observed the following:

- Activities in progress
- Administration and secure storage of medications, medication refrigerators and temperature monitoring charts
- Charter of residents' rights and responsibilities' displayed at the home
- Chemical storage, cleaner's room, colour coded mops and cloths, personal protective equipment, spills kits
- Dining rooms during lunchtimes, morning and afternoon tea, including resident seating, staff serving/supervising/assisting residents with meals, and assistive devices for meals.
- Equipment and supply storage areas
- Evacuation egresses unobstructed, assembly areas, emergency evacuation pack including residents' information
- Fire fighting equipment checked and tagged, exit and emergency lighting, designated smoking areas
- Food service area – colour coded equipment, preparation and wash up areas, labelling and rotation of stock, dry stores
- Hand washing stations and hand sanitiser dispensers
- Handover
- Interactions between residents, medical and other health and related services personnel
- Interactions between staff and residents
- Internal and external comments/complaints forms, brochures on display, suggestion box
- Laundry – separate washing, drying and folding areas, labelling machine
- Living environment – internal and external
- Maintenance area under building
- Medications - storage, refrigerators, trolleys, S8 drug cupboard, medication round
- Piazza
- Security system including key padded exit arrangements, nurses call bells, CCTV surveillance cameras
- Sensory room
- Staff clinical areas and work stations
- Storage of resident and staff files
- Storage of supplies areas including medications, care goods, cleaning equipment, linen, continence aids and catering supplies
- Suggestion box
- Waste management – general, recycled and contaminated waste



## Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

### Standard 1 – Management systems, staffing and organisational development

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

#### 1.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

Scalabrini Village Nursing Home (Drummoyne) has a continuous improvement system to identify opportunities and monitor performance against the Accreditation Standards. Assessment through internal and external audits, clinical indicators and reporting processes, as well as the collection and analysis of clinical data further supports the program. Monitoring and evaluation of the effectiveness of implemented changes takes place. Mechanisms such as improvement logs, meetings, surveys, formal and informal feedback processes and consultation encourages all stakeholders to have involvement in the continuous improvement processes. Residents, representatives and staff are satisfied the organisation pursues continuous improvement.

Recent examples of improvement activities related to management systems, staffing and organisational development are outlined:

- An audit of the chemical storage identified issues with safety and storage. A suitable secured storage room with appropriate ventilation became available adjacent to the laundry folding area. This was fitted with non absorbent shelving and an eye wash sink. Relevant material safety data sheets for all of the stored chemicals are readily available. Minimal keyed access to this area has been implemented.
- The employee recognition program recognises employees who have provided services above and beyond their duty, performed outstanding service to residents and demonstrate a positive and supportive attitude. Nominations are made by colleagues and the process assists the reinforcement of the organisations' person centred approach to care and services. Awards are presented quarterly and the prize money has recently been doubled. The home has submitted three staff nominations for the next award cycle.
- Nursing staff recognised a need for an additional full body lifter as, due to increased residents' care needs, care delivery was being compromised by only having one lifter shared between two levels. Research was conducted and the lifters trialled prior to purchase. Two new lifters which are more manoeuvrable and provide better access in limited space were purchased. The lifters provide an option to weigh residents who may, due to fragility, be difficult to weigh in weigh chairs. This initiative has resulted in a back up lifter being available if required.
- To enhance communication between nursing staff on level two, which is divided into three sections, an additional digitally enhanced cordless phone has been purchased and implemented. This is working well and staff do not have to walk away from their area or the task in which they may be engaged to take or send messages.

## **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 findings**

The home does not meet this expected outcome

The home could not demonstrate an overarching system in place for the identification and implementation of regulatory compliance and monitoring of legislative requirements across the Accreditation Standards. Regulatory compliance is not discussed at meetings and processes to monitor adherence to legislative requirements are not clearly demonstrated. There is no allocated staff responsibility for regulatory compliance. The home does not comply with five specific regulations relating to the Accreditation Standards. Gaps were identified in the keeping of consolidated records of all incidents involving allegations or suspicions of reportable assaults, notification to the Police and Department of Health and Ageing of reportable assaults, care and services to be provided to residents receiving a high level of residential care in relation to nursing services, the reporting of notifiable illnesses to the Public Health Unit and advice to residents and their representatives of the impending re-accreditation audit.

## **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 findings**

The home meets this expected outcome

Processes are in place to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. An orientation program and ‘buddying’ of new staff assists staff development within the workplace. Training needs are identified through: performance appraisals, surveys, results of audits, monitoring of clinical indicators, accident and incident reporting and feedback from stakeholders. An education calendar is developed from these sources. Education is available and delivered in a variety of ways which include in-service training, an electronic education channel, information sessions by contracted suppliers and allied health professionals, as well as through attendance at specific external courses. Competency assessments, completion of workbooks and questionnaires are conducted to evaluate the effectiveness of the program and ensure relevant staff skills are maintained. Records of attendance are kept and there is a system to monitor attendance at compulsory training. Staff state they receive opportunities for relevant education of interest and assistance to them. Residents and representatives interviewed are of the view most staff have the skills and knowledge to perform their roles effectively.

Staff attendance records and other documentation highlighted the following examples of training provided in relation to Accreditation Standard One:

- Aged care funding instrument – clinical case conferencing
- Certificate IV in aged care
- Certificate IV in assessment and workplace training
- Documentation and information technology – Use of the electronic care planning and documentation program
- Elder abuse
- Frontline interactive online education program

- Multi disciplinary team leaders course
- Orientation for new staff – being a better buddy
- Physiotherapy documentation review

#### **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 findings**

The home meets this expected outcome

Information explaining the internal and external complaints' mechanisms, (in English and Italian), is available at the home. The processes for feedback are documented in the residents' handbook and resident agreement. These are also discussed with residents and their representatives as part of the entry process and at meetings. Complaints are managed through the electronic compliance activity logging management system (eCALM) which generates initial and follow up letters to those raising issues. The village manager and care manager maintain an 'open door' policy in order to resolve concerns as they arise. A review of complaints demonstrates issues are investigated, analysed and responded to in a timely manner. There is a system for making confidential complaints and for complimenting staff. Annual general surveys of service satisfaction are conducted. At interview residents, their representatives and staff confirm an awareness of the mechanisms by which comments, complaints, or suggestions can be made.

#### **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 findings**

The home meets this expected outcome

The mission, vision, values and philosophy of the organisation were documented to reflect the founding spirit of the Scalabrini Missionaries. A recent review by the senior management team of the mission, vision and values has highlighted the changing focus of the aged care organisation. The draft strategic plan for 2012-2017 has been formulated and submitted to the Board for approval. To complement the strategic direction the vision, mission and values have been reviewed and the proposed wording aims to better reflect the cultural and linguistically diverse communities now receiving the service.

#### **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 findings**

The home meets this expected outcome

There are systems and processes ensuring the home has sufficient appropriately skilled and qualified staff to provide services in accordance with the Accreditation Standards and the home's philosophy and objectives. Policies and procedures guide human resource practices and are accessible to staff. Recruitment processes include professional registration, criminal

record and reference checks. Orientation training and buddy shifts are conducted and performance reviews are in place. The organisation has implemented an electronic rostering system. Rosters are developed fortnightly in advance and a review of rosters confirmed absent staff are mostly replaced. Relief arrangements include permanent part time, casual and agency staff. Staffing levels are flexible and are monitored in line with residents' specific care needs and related dependencies. Skills mix review data, observation of work practices; auditing and clinical indicators, as well as stakeholder feedback, further inform this process. All staff interviewed reported being well informed of their role responsibilities and expectations. Residents report satisfaction with the skills and professional approach of all staff.

### **1.7 Inventory and equipment**

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

#### **Team's findings**

The home meets this expected outcome

Management demonstrates and staff interviews and observations confirm suitable goods and equipment for quality service delivery are available at the home. Processes ensure goods and equipment are suitable for the purpose and meet the specific needs of residents. There are ordering processes and stock rotation systems for consumable and perishable items. Specific staff members assume responsibility for monitoring stocks and ordering necessary supplies. Preventative and reactive maintenance programs ensure service delivery and support a safe living and working environment. Chemicals are stored securely with easy access to safety data sheets. Electrical tagging of equipment is conducted. New equipment is trialled prior to purchase and staff are trained in the use. Review of documentation and interviews with staff and residents indicate all maintenance is prioritised and responded to in a timely manner

### **1.8 Information systems**

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

#### **Team's findings**

The home meets this expected outcome

There are effective information management systems. Policies and procedures which are regularly reviewed are available in hard copy. Confidential files are stored securely and systems promote the effective archiving and destruction of records. A review of residents' files indicates clinical care plans are regularly evaluated in consultation with residents and their representatives. A schedule of meetings ensures relevant information is available to all stakeholders. Information is disseminated through secure password protected emails, on noticeboards, through newsletters, case conferences, memoranda, staff handovers, formalised feedback mechanisms and informal lines of communication. Service reviews by external authorities and internal audits, surveys and the collection of data relating to the quality of care and services inform processes of assessment and continuous improvement. Staff advise they receive adequate information to enable their delivery of care and services to residents at the home. Residents and representatives interviewed were satisfied with their access to information which assists them to make decisions about care and lifestyle.

## **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 findings**

The home meets this expected outcome

All externally sourced services are provided in a way that meets the home's requirements for quality service goals. The home engages preferred service providers and suppliers. Service providers must produce evidence of licensing, professional registrations, safe work method statements, public liability and other insurance and are required to have completed criminal record checks. Contractors sign off on information which outlines expectations. Service agreements with external providers are negotiated, managed and monitored in a variety of ways which include audits and inspections, feedback from residents and staff. Supervision of contracted allied health services personnel and observation of the work practices of contractors are important in ensuring contractual arrangements are being met. Non conforming behaviour may lead to cancellation of the contract. External contracts include, but are not limited to, supply of chemicals, cleaning services, pharmacy services, podiatry, hairdressing, equipment maintenance, waste management and pest control.

## 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 findings

The home meets this expected outcome

The results of re-accreditation team's observations, interviews and review of documentation revealed that the home is pursuing continuous improvement in relation to health and personal care of residents. For information regarding the continuous improvement system see expected outcome 1.1 Continuous improvement.

The following are examples of some of the improvements undertaken in relation to health and personal care of residents:

- The physiotherapy team assessed the needs of the residents and suggested the use of a Tens (transcutaneous electrical nerve stimulation) machine would assist safe and effective treatment of residents suffering acute and chronic pain. Two machines were purchased and the physiotherapy aides trained in the use. The program is implemented under supervision of the physiotherapist and results are showing improvements in pain management and mobility for some residents.
- Concerns were held regarding the weight capacity of the existing shower chairs at the home when showering larger residents. The physiotherapist carried out resident assessments and an audit of the use of shower chairs was conducted. Bariatric shower chairs were purchased for both high care levels of the home. These have enhanced the safety, dignity and comfort of residents as well as the work, health and safety of staff.
- 'Tough books' link to the electronic medication management system through connections on docking stations. Similar to palm pilots with touch screens, 'tough books' are battery operated when removed and placed on the medication trolleys. Information regarding residents' medications is captured on the 'tough books' and can be accessed by staff, who have password protected authorisation, by clicking on the resident's name. This then brings up the medication to be administered at the time. There are eight time slots on a twenty four hour clock for medications to be administered. Staff document information such as administered or the reason for non administration, which is downloaded back to the main system when the 'tough book' returns to the logging station. Unless all medications are accounted for the system will not allow the nurse to move to the next resident's name. The pharmacy uploads medication charts and changes to the main system and there is ability for staff to communicate with the pharmacy. The village manager advised that there are now fewer medication incidents as the system accounts for the practice by prompting the staff member.

## **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 findings**

The home meets this expected outcome

The re-accreditation team’s observations, interviews and review of documentation demonstrate that a system is in place to manage regulatory compliance in relation to health and personal care. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance relating to health and personal care include:

- Authority to practise registrations for registered nurses and the physiotherapist are sighted and records are maintained by the home. Contracted allied health services managed by the organisation are also required to provide evidence of registration. These include, but are not limited to, medical practitioners, the dietician and the podiatrist.

## **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 findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for sources of evidence and a description of the organisational system.

Examples of training and education provided in relation to health and personal care include:

- Anginine
- Asthma medication
- Continence systems
- Depression
- Dysphagia maintenance – flavour creations
- Plan for and provide care systems using a palliative approach
- Preventing falls
- Medication administration competencies, medication clinical update training
- Swallowing difficulties
- Wound management

## **2.4 Clinical care**

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure residents receive appropriate clinical care. Electronic progress notes confirm residents’ needs are assessed on a regular basis and changes to care are made to support the residents’ assessed needs. Residents can nominate a medical officer of their choice and have access to medical treatment after hours, including the ability to transfer residents to hospital at any time. Medical officer entries in progress notes also confirm regular review and updates to care regimes. Care plans support the daily care activities required and care conferences are held on a needs basis. Residents and representatives are offered the opportunity to have input into their care. Staff confirmed knowledge of procedures they are required to undertake for residents relating to clinical care and ways individualised care is provided to the residents. Observations of vital signs are attended on a routine basis for each resident. Residents confirmed they are satisfied with the care provided, staff are very caring and they have confidence in the staff caring for their 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 findings**

The home meets this expected outcome

The home has systems in place to ensure residents’ specialised nursing care needs are identified and attended by appropriately qualified nursing staff. Registered nurses provide specialised care needs and/or an overview of care provided at the home. Care staff said they are provided with education regarding any specialised care needs required at the home and feel confident in assisting residents with these needs. They confirmed they are aware of the need to report any change in residents’ care needs to the registered nurse. Residents and representatives confirmed if they had a specialised care need they were confident it would be cared for by the staff. The home cares for residents with specialised nursing procedures such as blood glucose monitoring, supra-pubic catheters, peritoneal dialysis and oxygen therapy. Documentation reviewed showed there has been consultation with appropriate specialists to assist in the management of specialised care needs. Care plans describe care required for individual residents.

## **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 findings**

The home meets this expected outcome

The home has an effective system to ensure residents are referred to appropriate health specialists. The team’s review of documentation confirmed residents are referred to other health and related services as their clinical condition requires. This was confirmed by care staff and residents. Staff said there is a wide range of other health and related services available, such as a psycho-geriatrician, podiatry, dietician, speech pathology, optometry, pathology and pain/palliative care team, some of whom will visit the home. Residents and



representatives confirm residents are seen at the home where possible and where this was not possible they are assisted to arrange appointments to visit services in the community.

## **2.7 Medication management**

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

### **Team’s findings**

The home meets this expected outcome

Results of the team’s observations, interviews and document review, indicates the home has a system in place to ensure residents’ medication is managed safely and correctly. Residents and representatives report they are happy with the care given and with their medication requirements. To ensure safety, medications are administered to the residents by registered nurses and care staff, from a seven day unit dose blister packaging system. A newly introduced electronic medication chart signing and ordering system clearly identifies the current orders for each resident. Staff expressed their satisfaction with the new system and report the system helps to ensure the safety of the medication system. A medication incident reporting system is in place. Staff confirm they are required to demonstrate competency with medication management.

## **2.8 Pain management**

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

### **Team’s findings**

The home meets this expected outcome

The home has a system ensuring all residents are as free as possible from pain. Residents are assessed on entry to the home to identify residents who may experience pain. Ongoing pain management assessments are conducted for these residents to enable pain levels to be monitored on a regular basis. Alternative pain relief measures are also available such as massage, transcutaneous electrical nerve stimulation treatments (Tens), physiotherapy and heat rubs. Staff demonstrated an understanding of the need to identify pain and ways in which the staff can assist in identifying those residents who may be experiencing pain. Residents said that they are maintained as free from pain as possible and staff ask about their pain needs regularly.

## **2.9 Palliative care**

*This expected outcome requires that “the comfort and dignity of terminally ill residents is maintained”.*

### **Team’s findings**

The home meets this expected outcome

The home has a system to ensure residents requiring palliative care have their comfort and dignity maintained. During entry to the home and on an ongoing basis residents are given the opportunity to indicate any specific instructions in relation to palliative and terminal wishes. A community palliative care management team is available to assist the home with the care for residents. Care staff said they are provided with education to enable them to provide comfort and dignity to terminally ill residents. The religious sisters are available as required and live on site. All residents and representatives are offered their support regardless of their denomination. Residents said they are comfortable their wishes would be considered and respected.

## **2.10 Nutrition and hydration**

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

### **Team’s findings**

The home meets this expected outcome

Staff and residents said and review of documentation confirmed residents receive adequate nourishment and hydration. Residents’ care needs are assessed initially on entry then recorded on the care plan. The residents are offered an Italian style menu developed to also meet the likes and dislikes of the residents. Staff monitor all resident’s weights and dietary supplements are introduced where there is a noted decline in appetite or weight loss. A dietician consults residents who have fluctuations in weight which may impact on their health status. A speech therapist also monitors residents with swallowing difficulties and provides recommendations for residents regarding the texture of foods and thickness of fluids. A diet nurse has been appointed to ensure residents’ special diets, dietician orders and speech therapy directions are carried out by all care and kitchen staff. Multiple choices are offered to residents for all meals and staff were observed to be checking with residents if they were happy with the meal served. Residents said they are satisfied with the quantity and quality of food offered.

## **2.11 Skin care**

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

### **Team’s findings**

The home meets this expected outcome

The home has a system to ensure residents’ skin integrity is consistent with their general health. A review of residents’ files confirms an assessment of their skin integrity is completed on entry to the home and a care plan is developed. Care plans include assistance provided in maintaining/improving the residents’ skin integrity. Management strategies on the care plans include specialised products, application of skin emollients and the use of sheepskin products. Wound charts record treatment of any breakdown in skin integrity. A podiatrist is also available to assist in the promotion and maintenance of residents’ foot care. Staff said residents’ skin integrity is monitored daily and they report any abrasions, rashes or abnormality to the registered nurse. Residents and representatives confirmed they are happy with the care provided.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

Results of observations, interviews and document review indicate the home has a system ensuring residents’ continence is managed effectively. Residents’ files show this system includes an assessment of the residents’ needs on entry to the home and as required thereafter. Care plans, which include individual programs, are developed and reviewed to evaluate the care strategies. A disposable continence aid system is used for residents who are assessed as requiring it and staff members confirm their responsibility for monitoring residents’ needs and reporting changes to the registered nurses. A team of four link nurses oversee the program of continence management. Staff confirmed there are adequate

supplies of disposable continence aids of varying sizes available for residents. Residents and representatives confirm they are happy with the care provided.

### **2.13 Behavioural management**

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

#### **Team’s findings**

The home meets this expected outcome

The home has effective systems in place to manage residents’ behaviours. Behaviour assessments are completed as required and care plans developed. Electronic progress notes indicate development of strategies for each resident and the ongoing evaluation of the effectiveness of these strategies. Staff are aware of individual resident’s behaviours exhibited and can identify strategies for managing these individual episodes. A behaviour monitoring record is completed daily when identifying specific behaviours and developing strategies to minimise/manage these. Support from external health professionals is sought when there is a particular challenging behaviour. Staff confirmed various strategies they use to assist in modifying residents’ behaviours and also say they are given education to improve their behavioural management skills. Residents and representatives confirmed they are very happy with the care and the staff management and interaction with residents requiring care. During the visit staff were observed to interact with residents in a caring and calming manner.

### **2.14 Mobility, dexterity and rehabilitation**

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

#### **Team’s findings**

The home meets this expected outcome

The home has an effective system in place to ensure mobility and dexterity maintenance is achieved for all residents. A physiotherapist assesses all residents on entry to the home and then as required should the resident’s condition or needs change. An individualised program is then developed for residents that may include a range of movement exercises, walking programs, specific exercises, pain management programs and breathing exercises. Three physiotherapy aides work in conjunction with the physiotherapist to actively participate in maintaining and promoting residents’ mobility and dexterity. An evaluation of the program demonstrates a general improvement has been achieved for the residents and provides examples of some residents who have been able to regain the ability to walk. A well equipped physiotherapy room was observed, with residents actively utilising the equipment available. Residents and representatives were very complimentary about the program. Staff advised of how they assist with maintaining mobility for residents.

### **2.15 Oral and dental care**

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

#### **Team’s findings**

The home meets this expected outcome

The home has strategies in place to ensure residents’ oral and dental health is maintained. Residents and representatives said they are happy with all care provided. Residents’ oral and dental needs are assessed during the entry process and then transferred to the care plan. We were informed by the care staff if residents needed to attend their dentist staff

would assist in arranging appointments and transport. Staff expressed the knowledge of oral care and care of residents' teeth and dentures.

## **2.16 Sensory loss**

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

### **Team's findings**

The home meets this expected outcome

The home has a system to identify and effectively manage residents' sensory losses. Assessments of residents' sensory needs are undertaken during entry to the home and when there is a change in the resident's condition. All residents are assessed for the identification of their sensory loss and needs. Residents who are identified as having sensory deficits, for example, require glasses or hearing devices, have management strategies documented in their care plans. Residents and representatives said staff assist them with the care and maintenance of their glasses and hearing devices. Staff who provide activities for the residents identified sensory activities offered such as cooking, tasting and outings; a sensory room is also available on site.

## **2.17 Sleep**

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

### **Team's findings**

The home meets this expected outcome

The home has implemented strategies to ensure residents can achieve natural sleep patterns through initial and ongoing identification of night care requirements. Residents and representatives advised the environment is conducive for them to achieve uninterrupted sleep. Staff confirmed various ways in which they can assist in supporting an adequate sleep pattern for residents including offering warm drinks and snacks, one-to-one time and pain management strategies.

### **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 findings**

The home meets this expected outcome

The home is pursuing continuous improvement in relation to resident lifestyle and this was confirmed by the team’s observations, interviews and review of documentation. For comments regarding the continuous improvement system see expected outcome 1.1 Continuous improvement.

Some examples of the improvements made to resident lifestyle are outlined:

- The chief executive officer explained the organisational strategic plan to strive for excellence in care delivery to residents living with dementia. To enhance this objective the budget for resident lifestyle resources has been increased, a senior lifestyle coordinator has been engaged at the regional level and lifestyle coordinators have been appointed in the villages; staffing levels have been extended to support the program. Access to a clinical nurse consultant in dementia care has been arranged and a focus placed on staff training and conference attendance, with opportunities provided to share knowledge and initiatives between the villages.
- The senior lifestyle coordinator outlined changes to the lifestyle program which aim to link activity therapy to the support framework for residents with challenging behaviours. These are to be implemented in August 2012. The revised program will include a sensory trolley, Thai Chi classes for residents, reminiscence groups, art therapy, music therapy, afternoon walking groups inside the building, men’s groups and lavender ladies (designed to meet the particular interests of the groups). Staffing hours now provide additional support for residents from 4pm to 7 pm daily. Assessment of residents’ leisure interests will be assisted by completion of a social profile and recreational and leisure pursuit information. A balance and bonsai activity is also planned and will include chair exercises and advice about sitting and standing properly. To enhance dexterity residents may be involved in pruning and shaping a bonsai plant.
- A new tool has been designed to assist the evaluation of resident lifestyle activities. To allow for improved measurement of outcomes the tool takes into account residents’ reaction, body language, satisfaction with the event and the environmental impact of the setting. This is to be implemented in August 2012 with all activities evaluated annually.

#### **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 findings**

The home meets this expected outcome

The results of the team’s observations, interviews and review of documentation revealed that a system is in place to manage regulatory compliance in relation to resident lifestyle. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance related to resident lifestyle and implemented at the home include:

- All residents are issued with a resident agreement which incorporates clauses required by law such as a 14 day cooling off period, reference to the *User Rights Principles (1997)* and the provision of specified care and services. The agreement is regularly reviewed to ensure legislative requirements are being met.
- Other documents displayed and stored on site to inform of relevant legislation and regulatory compliance include the Charter of residents' rights and responsibilities and the residents' handbook.
- In line with privacy legislation, residents or their representatives are requested to sign releases in relation to the disclosure of health and photographs. Staff are advised of their role in relation to *The Privacy Act 1988 & The Privacy Amendment (private sector) Act 2000* and they all sign confidentiality agreements.

### **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 findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for sources of evidence and a description of the organisational system for monitoring education and staff development.

Examples of training and education provided in relation to resident lifestyle include:

- Certificate IV in Leisure and health Communicating with residents living with dementia
- First aid certificate
- Leisure and lifestyle in-service from an external provider

### **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 findings**

The home meets this expected outcome

The home has systems in place to ensure each resident receives emotional support in adjusting to life in the new environment. Information from various assessments and reports completed before the resident enters the home are reviewed by the management to ensure that the medical, social and emotional needs can be provided for each individual resident. Further assessments of emotional, leisure, physical, cultural, social and family care needs are completed once the resident enters the home. The home offers a variety of written and verbal information to assist in ensuring residents are well informed of the functions of the home. We observed residents receive emotional support from management, the religious sisters and all staff employed at the home. The religious sisters are readily available and active during the entry process providing support and comfort to residents and representatives where appropriate, including visiting residents who are transferred to hospital. Many residents have personalised their rooms with posters, photos and other items. Staff described how they provide residents with emotional support, particularly during the early days after arrival, such as introducing them to other residents and checking on a daily

basis to ensure they are aware of and invited to attend activities on the day. Residents and representatives said staff make them feel welcome and many commented the staff look after them very well.

### **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 findings**

The home meets this expected outcome

Residents and representatives said they are encouraged to maintain their independence and participate in community life and their ability to make choices is facilitated and respected, including decisions about care, participation in activities and community life. Residents who wish to participate in activities and community outings are encouraged to do so. Some residents choose not to participate in the activity program and staff support them to engage in their own particular interests. Residents are supported in maintaining their contacts with friends within the community. The activities program ensures residents, who are able, have access to the community via bus trips and visits to local organisations. Staff said they are very aware of the need to encourage and maintain residents' independence.

### **3.6 Privacy and dignity**

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

#### **Team's findings**

The home meets this expected outcome

The home has systems to ensure each resident's right to privacy, dignity and confidentiality is recognised and respected. Residents and representatives confirmed residents' privacy and dignity is respected at all times and staff are particularly considerate when attending to their care needs. We observed the care staff maintain residents' personal information in a confidential manner and noted staff to be diligent about maintaining residents' privacy, closing doors to residents' rooms and knocking before entering a resident's room. Staff advised ways they can enhance resident's privacy and dignity when providing care.

### **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 findings**

The home meets this expected outcome

The home encourages and supports residents to participate in leisure interests and activities by providing a varied group and individual recreational activity program. The team observed the monthly activity programs, which are provided to each resident and on display at the home. Two separate programs are available and residents are encouraged to attend. The programs indicate the activities to be varied and interesting, such as bus trips, bingo, sing-along, coffee mornings and shopping in the Piazza, which is in a decorated section of the home and resembles a busy Italian village square. During the entry process an assessment of social needs and interests of residents is completed. This information obtained assists in development of the monthly activity program. The activities staff said other information used

to assist in the development of the program includes attendance at activity sessions and feedback via the resident meetings. Individual visits are provided for those who choose not to participate in group activities. Residents and representatives confirmed they are supported and encouraged to participate in activities and speak particularly of their enjoyment in participating in the program.

### **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 findings**

The home meets this expected outcome

The home has systems ensuring individual interests, beliefs and cultural and ethnic backgrounds are valued and fostered. The majority of residents accommodated at the home are of Italian descent and Roman Catholic faith. An onsite chapel is available for residents, daily rosary reading with weekly services and the religious sisters live on site. The staff were able to identify ways they maximise residents' enjoyment in cultural experiences. Culturally specific days are celebrated for example, Chinese New Year, Italian Republic Day, Australia Day, Melbourne Cup, Christmas, Anzac Day and Easter. Residents are assisted to attend community religious programs of their choice. Residents who are not of the Roman Catholic faith are supported to maintain their religious beliefs. Italian television and newspapers are available. Residents and representatives confirmed their satisfaction with the services available to them and say the staff value and foster residents' individual interests, customs, beliefs and cultural backgrounds.

### **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 findings**

The home meets this expected outcome

The home has effective mechanisms to assist residents to participate in decisions about the care and services they receive. Residents and representatives were able to confirm a number of choices and decisions they are encouraged to make. These include, for example, choice of meals, choice of medical officer, choice of participation in activities and choice to come and go as they please. Residents stated they have been made aware of their rights and responsibilities and were complimentary of the service's encouragement and response regarding individual choices and decisions. Minutes of the meetings available to the team confirmed there are discussions on topics such as meals, outings and recreational programs.

### **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 findings**

The home meets this expected outcome

The home is able to demonstrate residents have secure tenure within the home and understand their rights and responsibilities. Relevant information about security of tenure and residents' rights and responsibilities is provided in the residential agreement and the



residents' handbook which is provided in English and Italian. This is discussed with prospective residents and their representative prior to and on entering the home. 'The Charter of residents' rights and responsibilities' is displayed and included in publications. Residents and representatives interviewed state they are kept informed about matters of importance to them and residents feel secure of residency within the home and are aware of their rights and responsibilities.

## **Standard 4 – Physical environment and safe systems**

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for sources of evidence and additional information including a description of the overall system of continuous improvement.

The home has made planned improvements relating to the physical environment and safe systems including:

- The servery in one of the activity areas of the home was water damaged and the bench top needed replacement. An interior designer was engaged to design a new servery which has now been installed and is functioning well. Infection control has been enhanced by this initiative.
- Twenty five over bed tables were purchased following identification of inappropriate resident practices at meals times. Some residents were placing their meals on their mobility aid trays in order to easily access the food. This has now changed and residents are able to sit comfortably and have their meals suitably located.
- The laundry has been revamped with specific segregated areas provided for washing, drying and folding activities. The service is now contracted, processes have been streamlined and are proving to be effective and efficient.
- Toilet brushes were often left lying on the floor after mopping around toilets had been completed. Following a suggestion from the contracted cleaning staff toilet brushes are now placed on small hooks attached to the walls in the toilet areas. These are easily accessible and more hygienically managed.

### **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 findings**

The home meets this expected outcome

The results of the team’s observations, interviews and review of documentation revealed that a system is in place to manage regulatory compliance in relation to the physical environment and the implementation of safe systems. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance related to the physical environment and the safe system includes:

- The Annual Fire Safety Statement certifying fire equipment is appropriate and suitably serviced is current and on display.
- The NSW Food Authority licence, under the legislation governing food services to vulnerable persons, has been received.

- Electrical tagging of equipment is completed and records maintained.
- Work health and safety legislation is being implemented following education for all staff by the regional work health and safety manager. The village manager advised all committee members have completed the four day consultative committee education course.

#### **4.3 Education and staff development**

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

##### **Team's findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for sources of evidence and a description of the organisational system for monitoring education and staff development.

Education sessions and activities that relate to this standard include:

- Equipment training – electric shower chair
- Fire safety training (fire awareness and evacuation procedures)
- Food safety systems
- Infection control – Bug control
- Infection control – its in your hands
- Manual handling education and competency testing
- New work, health and safety legislation overview
- Safe food handling for relevant staff
- Safe handling of chemicals
- Spills kits and sharps management

#### **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 findings**

The home meets this expected outcome

Residents' needs are identified on entry and residents and their representatives are advised of care and services available at the home. Mechanisms, such as residents' surveys, residents' newsletters, blue improvement logs and residents' meetings, allow residents and their representatives to contribute ideas about their living environment. Accommodation consists of single and multi bed rooms with shared bathrooms. There are four residential levels connected by a regularly serviced elevator. Pleasant outdoor courtyards and balconies provide opportunities for residents and representatives to spend time in the sun. Hand rails in the hallways, grab rails in the en-suites and toilets, mobility aids, lifting equipment and access to a nurse call system contribute to safety in the living environment. Internal temperatures are comfortably maintained by the reverse cycle air conditioning system. Environmental and workplace audits are completed and actions implemented to correct any

identified issues. Residents and their representatives expressed satisfaction with the cleanliness of the living environment and the sense of security 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 findings**

The home meets this expected outcome

The home has an occupational health and safety system including policies and procedures. A work, health and safety committee has been convened and staff members have all completed consultative committee education. Staff members assume responsibility for monitoring the living and working environment and reporting risks and hazards. These are recorded in the electronic compliance activity logging management system (eCALM) or the maintenance request log, prioritised for repair and actioned by the maintenance staff or external contractors. Work health and safety is an agenda item at quality meetings and accident and incident data is presented and discussed. Mechanical lifters are available and staff complete manual handling training during orientation and annually. Personal protective clothing and equipment is provided for all staff and was observed being used appropriately. Job descriptions include work, health and safety responsibilities for the roles. Supervisory staff are required to monitor work practices and staff are encouraged to report unsafe work practices.

#### **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 findings**

The home meets this expected outcome

Systems such as checks of equipment by external contractors, auditing processes, fire and emergency evacuation ensure the safety and security of residents and staff. Staff wear identification badges and there is a sign in and sign out register for residents, representatives, contractors and visitors. Fire evacuation maps are correctly orientated and emergency flip charts are located at strategic points throughout the building. The home is fitted with fire warning and fire fighting equipment, smoke detectors, a sprinkler system, extinguishers, fire blankets and emergency lighting. The grounds at the front of the home are enclosed by security fencing with gates which are locked at night and a closed circuit television camera monitors the external entrances. Chemical storage is secured, personal protective clothing available and material safety data sheets located in suitable positions throughout the home. Designated smoking areas for staff and residents have been nominated. Staff confirmed their attendance at compulsory fire safety training and demonstrated an understanding of evacuation procedures. An emergency evacuation and disaster plan is in place.

#### **4.7 Infection control**

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

##### **Team's findings**

The home meets this expected outcome

The home has an effective infection control program. Policies and procedures for infection control including outbreak management guidelines are available to all staff. A designated staff person, who is a registered nurse, is responsible for the day to day infection control surveillance within the home. Infection data is collected, collated and evaluated. The home's infection control program includes education for all staff, hand washing competencies, staff and resident immunisation programs. Cleaning and maintenance schedules, adherence to food safety guidelines, temperature monitoring, use of spills kits and safe disposal of general and infectious waste supports the program. Personal protective clothing and equipment, hand washing facilities and hand sanitisers are readily available across the home. Auditing processes indicate the program is reviewed. All staff were observed following infection control practices in their various roles and in their day to day interactions with residents.

#### **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 findings**

The home meets this expected outcome

##### **Catering**

The home has a food safety system and food is fresh cooked on site following a 28-day rotating menu reviewed by a dietician. Catering staff have implemented food safety guidelines in the kitchen and processes ensure residents' food and drink preferences and special dietary needs are identified. Communication between nursing and catering staff support changes to clinical nutritional requirements. Texture modified food and nutritional supplements are available as requested. Trays are taken to residents who are unable to attend the dining rooms throughout the home.

##### **Cleaning**

The living environment was observed to be clean and fresh. Contracted cleaning staff demonstrate a working knowledge of the home's cleaning schedules, infection control practices, outbreak management and safe chemical use. The cleaning roster ensures all rooms, communal areas, hallways and offices are cleaned according to a set schedule. The kitchen areas are cleaned by catering staff. Residents and their representatives interviewed by the team are satisfied with the level of cleanliness of their rooms and of the home. Environmental audits of the building and the cleaning service are undertaken.

##### **Laundry**

All flat linen and the residents' personal clothing is laundered on site. Chemicals are automatically dosed into all of the washing machines which operate on specifically programmed wash cycles. The contracted laundry staff explained the processes for the management and return of laundry to reduce loss of personal items. Segregated washing, drying and folding areas support infection control practices. Mop heads are washed on the last cycle of the day. The team observed the laundry operating in accordance with the home's infection control guidelines.

Residents were complimentary of the staff and expressed satisfaction with all of the hospitality services provided to them.