



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Sir William Hall Hostel

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

The Agency has decided that the period of accreditation of Sir William Hall Hostel is three years until 30 May 2013.

The Agency has found the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's site audit report.

The Agency is satisfied the home will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor progress with improvements and compliance with the Accreditation Standards.

Information considered in making an accreditation decision

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and approved provider details					
Details of the home					
Home's name:		Sir William Hall Hostel			
RACS ID:		3337			
Number of beds:		50	Number of high care residents:		6
Special needs group catered for:			Nil		
Street:		1-61 Edwin Street			
City:	Heidelberg West	State:	Victoria	Postcode:	3081
Phone:		03 9457 5933		Facsimile:	03 9457 5391
Email address:		gayle.robinson@vaseyrslcare.org.au			
Approved provider					
Approved provider:		Vasey RSL Care Ltd			
Assessment team					
Team leader:		Fiona Taylor			
Team members:		Monica Sammon			
Dates of audit:		9 March 2010 to 10 March 2010			

Executive summary of assessment team's report

Accreditation decision

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

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

Standard 2: Health and personal care

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

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

Executive summary of assessment team's report

Accreditation decision

Standard 3: Resident lifestyle

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

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

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

Assessment team's reasons for recommendations to the Agency

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Sir William Hall Hostel
RACS ID	3337

Executive summary

This is the report of a site audit of Sir William Hall Hostel 3337 1-61 Edwin Street HEIDELBERG WEST VIC from 9 March 2010 to 10 March 2010 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Sir William Hall Hostel.

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 9 March 2010 to 10 March 2010

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

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

Assessment team

Team leader:	Fiona Taylor
Team member:	Monica Sammon

Approved provider details

Approved provider:	Vasey RSL Care Ltd
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Details of home

Name of home:	Sir William Hall Hostel
RACS ID:	3337

Total number of allocated places:	50
Number of residents during site audit:	43
Number of high care residents during site audit:	6
Special needs catered for:	Secure unit

Street:	1-61 Edwin Street	State:	Victoria
City:	Heidelberg West	Postcode:	3081
Phone number:	03 9457 5933	Facsimile:	03 9457 5391
E-mail address:	gayle.robinson@vaseyrslcare.org.au		

Assessment team's recommendation regarding accreditation

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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
Chief executive officer	1	Residents	13
General manager of finance	1	Representatives	3
Residential manager	1	Laundry staff	1
Clinical care coordinator	1	Cleaning staff	1
Registered division one nurse	1	Life style staff/care staff	1
Registered division two nurse	1	Catering staff	1
Care staff	6	Administration assistant	
Medical practitioner	1	Customers service officer	1
Lifestyle coordinator/occupational health and safety representative	1	External cleaning company manager	1
Occupational health and safety coordinator	1	Hairdresser	1
General manager residential services	1	Project manager and acting quality manager	1
Quality coordinator	1	General manager property	1
Human resources manager	1	Property maintenance supervisor	1
Contracts and projects coordinator	1	Training and development coordinator	1
Catering contractor area manager		Chef manager	1

Sampled documents

	Number		Number
Residents' files	7	Medication charts	4
Summary/quick reference care plans	7	Personnel files	7
Resident agreements	6		

Other documents reviewed

The team also reviewed:

- Activities calendar
- Activities list/outline
- Aged care certification assessment instrument
- Agency orientation checklist
- Agency usage data
- Annual fire safety declaration 2009
- Annual organisation meeting with residents/relatives
- Annual staff recognition awards 2009
- Assessments/care plans (computer/hard copy)
- Attendance and feedback from laughter group
- Attendance records at resident/relative meetings
- Audits
- Calibration records
- Care plan reference record
- Care plan review schedule
- Catering employee training calendar
- Catering employee training matrix
- Catering stock take
- Catering training register of attendance
- Checklist for orientation of agency domestic staff
- Chemical storage checklist
- Cleaning induction and reference manual
- Cleaning manual
- Cleaning monthly audits
- Client incident register
- Compliments folder
- Compulsory training day program
- Confidential reportable incident register
- Continence aid orders
- Continuous improvement plan
- Contractor induction record
- Contractor safety statement
- Contractor service agreements
- Correspondence from the Nurses Board of Victoria
- Correspondence to employees regarding probationary review
- Data analysis and quality reports
- Detailing cleaning schedule
- Dietary guide analysis forms
- Dietician referral folder
- Duty lists
- Education attendance sheets

- Electrical testing and tagging records
- Emergency equipment checklist
- Emergency lighting records
- Emergency procedures information
- Employee induction record
- Employee training needs survey and analysis report 2009/10
- Essential services logbook
- Food safety training certificate
- Handling information permission on admission
- Handover sheet
- Hazard alert forms
- Hazard alert investigation worksheet
- Hazard checklist
- Hazardous substances and dangerous goods register
- Hazards folder
- Heatwave checklist
- Hobbies and interests
- Incident and injury management procedure
- Incident and injury report and investigation forms
- Independent food safety audit certificate
- Infection control guidelines
- Infection management report
- Infection rates/type
- Infection surveillance report
- Internal cleaning assessment
- Internal food safety audits
- Kitchen cleaning records
- Laminated pain management process
- Laundry duty list
- Letter from family
- Life history
- Lifestyle care plan/evaluation
- Lifestyle participation records
- Maintenance requests book
- Managing a gastroenteritis outbreak information
- Manual handling risk assessment and control worksheets
- Massage therapist schedule
- Material safety data sheets
- Medication incident register
- Medication orders and changes form
- Medication signature audit
- Meeting minutes
- Memorandum
- Monthly medication audits
- Nurse communication diary
- Organisational induction folder
- Organisational training program
- Ozone laundry manual
- Periodical cleaning register
- Permission to use photographs
- Physiotherapy communication fodder
- Planning cycle for 2009/2010
- Police certificate guidelines

- Police check register
- Preventative maintenance logbook
- Procedure for elder abuse and reportable assaults
- Progress report to the Nurses Board of Victoria
- Quality improvement requests folders
- Rapid clinical response pack checklist
- Record of blood sugars
- Record of food brought into the facility
- Records of nurses' registrations
- Regulatory compliance action required forms
- Regulatory Compliance Information folder
- Reportable assaults folder
- Resident appointments folder
- Resident birthday list
- Resident catering comment book
- Resident incidents/medication incidents/infections
- Resident vaccination register
- Resident/family conference schedule
- Residents menu list
- Residents' information handbook
- Risk of absconding register/residents photographs and profiles
- Roster
- Schedule of cleaning duties
- Self medication assessments
- Self medication audit
- Site specific training calendar
- Six monthly weigh audit
- Smoking procedure
- Social cultural and religious assessments
- Staff feedback regarding revised duty lists
- Staff handbook
- Staff incident reports
- Staff memorandum
- Staff procedures folder
- Study loans program
- Supervision files
- Supplements recommended for residents
- Surveys- lifestyle/resident satisfaction/food/staff
- Temperature monitoring records
- Tender evaluation
- Training and development data base
- Vasey RSL on show conference program 2009
- Vocational and professional scholarship program
- Volunteer police check register
- War service history
- War time experience
- Weekly medication trolley audit
- Willy wagtail newsletter
- Wound photographs/care plan

Observations

The team observed the following:

- Absconding residents register
- Accreditation audit notices
- Activities in progress
- Archive storage
- Charter of residents rights and responsibilities
- Chemical storage
- Chemical/blood spill kit
- Clinical and non clinical stock
- Colour coded mops/buckets cloths
- Complaints brochures
- Contractors register book
- Emergency procedures manuals and signage
- Equipment and supply storage areas
- Evacuation maps
- Facility manager's letter box
- Fire fighting and prevention equipment
- Hairdressing salon
- 'Have your say brochures'
- Infection outbreak kit
- Interactions between staff and residents
- Kitchen equipment, storage and signage
- Living environment
- Medication refrigerator
- Noticeboards – dining/staff/residents
- Nurse call bells
- Outside areas
- Personal protective equipment
- Photographs of residents at risk of absconding
- Power outage box
- Residents designated smoking area
- Residents meal service
- Sharps containers/infectious bins
- Specimen refrigerator
- Storage of medications
- Suggestion box
- Vasey RSL intranet
- Water jugs in rooms

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

Sir William Hall Hostel has a mature system of continuous improvement that is informed by feedback from residents, representatives and staff via completed quality improvement requests and ‘have your say forms’, by incident data analysis, results from internal and organisational audits, surveys and peer reviews, knowledge of evidence based practices, changes in legislation, corporate directives, observation and direct verbal feedback from staff, residents and representatives. Continuous improvement is expected, encouraged and supported at the executive level and reported at monthly meetings. Staff are involved and informed of quality activities via staff meetings, newsletters, memoranda and the staff notice board. Residents and representatives confirm that they are involved and informed via direct conversations, clinical care conferencing, newsletters, mail outs, the notice board and the residents’ meeting.

Improvements in Standard one include:

- It was identified that there was not enough time allocated to tasks associated with quality coordination. A case was presented to the budget planning meeting and allocated hours were increased, resulting in closer analysis of data to identify issues and increased time available to maintain the momentum of continuous improvement to all stakeholders.
- To ensure that staff remain informed about changes to procedures and legislation, a folder containing the amended procedures and a signing sheet is now placed in the staff room, resulting in increased staff knowledge and engagement.
- There was high usage of agency staff for some months following staff resignations. A targeted recruiting drive and executive support of staff professional development has resulted in agency use dropping from 23% in October 2009 to 2% in January 2010. Residents are happy with the consequent continuity and standard of care.
- To comply with the requirements of legislation and recommended guidelines, the home has supported some staff to upgrade their skills to registered nurse division two and has also recruited registered nurses including a clinical care coordinator. The outcome is increased skill levels of staff, improved monitoring and a higher standard of clinical care to the residents.
- To ensure that staff are clearly aware of their roles and to maintain camaraderie and teamwork amongst staff, duty lists have been devised with input from staff. Staff feedback indicates a positive outcome.

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 a system in place for identifying and ensuring compliance with relevant legislation, regulatory requirements and guidelines, professional standards and required changes to practice. Regulatory and legislative updates are made available to the home via

the organisation's membership of professional and peak bodies and subscription to a legislative update service. Changes required are discussed at the residential managers' meeting and amendments to policies and procedures in response to legislative changes and professional standards are implemented as part of the quality system. Staff confirm that they are informed via education, staff meetings, memorandum and the amended procedures folder and compliance is monitored via the home's auditing systems and observation of staff practice. Residents and their representatives were informed about the accreditation audit and relevant changes to legislation are discussed at resident meetings. There is a system in place to accurately monitor the criminal record checks of all relevant staff and contractors plus the current registration of all registered nurses.

1.3 Education and staff development

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

Team's recommendation

Does comply

The home has processes in place to ensure that management and staff have the necessary skills and knowledge to perform their roles effectively and for their ongoing performance to be monitored. All staff have access to an extensive education program which includes organisational and site based induction, annual compulsory training, recommended training, site specific sessions and accredited training courses are also available. Employee training needs are surveyed and analysed annually and recommendations are implemented. Staff attendance is monitored, education sessions are evaluated and presenters are sourced from both within the organisation and from external consultancies. Staff have job descriptions and skills are monitored by direct observation and competencies. Suitable training facilities are available. The organisation provides scholarship and study loan programs and staff are encouraged and supported to further their qualifications, increase their skill level and record their achievements. Education sessions relevant to management systems include team building, employee assistance program, and aged care funding instrument, customer service and performance appraisal coaching. A leadership development day is planned for 2010.

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 formal and informal complaint mechanisms throughout the home that are accessible to residents, representatives and other interested parties. Information about complaint mechanisms is communicated via the residents' meetings, the resident information book and via the posters and brochures displayed in the home. Residents are also surveyed and they and their representatives confirm that they feel comfortable to speak at the meetings and to approach management with any concerns they have and that they are satisfied with management's response. Comments and complaints can be made anonymously if required. All complaints are responded to appropriately and in a timely manner, and staff are aware of the mechanisms to assist residents or relatives with making comments or complaints.

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 has documented and displayed their vision, mission and values at the home. The vision, mission, values and commitment to quality are also documented in the resident information handbook, the staff handbook and in information to contractors. The organisation demonstrates its commitment to quality through its mature continuous improvement system, the level of executive support and leadership and the provision of resources that provide quality outcomes for residents' health and well being.

1.6 Human resource management

This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".

Team's recommendation

Does comply

The home has systems in place to ensure that there are appropriately skilled and sufficient staff employed for delivery of quality care to residents. Staff have job descriptions, are appropriately supervised and educated and undergo probationary and annual appraisals. Recruitment and training has responded to increasing resident needs and external specialist services are available including physiotherapy, dietetics, podiatry, wound consultancy, mental health teams and palliative care. The home uses very few agency staff and all staff undergo orientation. Records of staff qualifications, further education, professional registration and police record checks are maintained. Staff skills are monitored via competencies, direct observation and feedback from all stakeholders. Residents and their representatives speak highly of the staff across all services, noting the prompt care, individual attention and support they receive. The organisation has a staff recognition program and staff confirm that they are well supported in their workplace.

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

Staff in all areas of the home confirm that the home has appropriate levels of supplies and equipment, and residents and their relatives state that adequate goods and equipment are provided and maintained in good condition for their care. Staff can request new equipment and are trained in appropriate equipment use. There are systems in place for ordering, storage, rotation and monitoring of expiry dates in all areas of the home. Equipment used by both staff and residents is cleaned and well maintained via monitored preventative and reactive maintenance systems, and staff state that maintenance requests are actioned promptly.

1.8 Information systems

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

Team's recommendation

Does comply

All stakeholders as appropriate have access to current information on the processes and general activities of the home. Information is disseminated via staff meetings, resident meetings and food focus groups, noticeboards, education, staff memorandums, newsletters and mail outs. Extensive information handbooks are distributed to residents and/or their representatives and to staff. Key clinical data is collected, analysed and reported, and staff confirm they have access to accurate information to provide appropriate clinical care and services to residents via resident files and care plans, handover, specialised care folders, communication books, position descriptions and policies and procedures, which are reviewed at the corporate level. Online information is password protected and backed up and confidential documents are stored and archived securely, accessed only by appropriate staff and disposed of securely. Residents and their representatives confirm that information is easily accessible to them.

1.9 External services

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

Team's recommendation

Does comply

External providers provide services according to the requirements of the facility and the necessary goods required for health and hospitality provisions. The majority of external service providers contracts are negotiated at the corporate level who have an extensive selection process and review the contracts based on feedback from the home's management and staff and according to their policies of review. Residents are also able to provide feedback via the feedback forms or directly to staff. All contractors are required to sign a police check contractors agreement, sign agreements and register their presence in the home. Staff and residents state that they are satisfied with the services provided by external contractors.

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

Sir William Hall Hostel has a mature system of continuous improvement that is firmly based on the feedback from residents, representatives and staff and is informed by multiple mechanisms for identifying areas for improvement and for developing solutions. For further details see Expected outcome 1.1 Continuous improvement.

Improvements in Standard two include:

- In response to an increase in medication incidents, a review of the current procedures resulted in several improvements
 - The sachet system of medication delivery has been introduced.
 - A new pharmacy has been contracted
 - New drug charts have been introduced due to the employment of division two nurses.
 - Staff have been educated in the new medication management procedures.Medication incidents have decreased from 11 in September 2009 to one in January 2010.
- A review of data against the policy identified that clinical case conferencing was not consistently occurring. A schedule is now in place and the clinical care coordinator is liaising with all residents and their representatives. Although not completed, anecdotally residents and their representatives are satisfied with the consultation that is occurring.
- Internal audits identified gaps in the management of residents' supplements. Several actions have been implemented.
 - Dietary recommendations are now documented in a way to ensure staff understanding and compliance.
 - Supplements are now included on the residents' drug charts.
 - The dietician is now required to document the results of the recommendation on the original referral.
 - The dietician now emails the facility manager with regularly updated lists of all residents on supplements which is placed in the front of the weight book.
 - Residents on supplements are now identified on the handover sheet.
 - The administration of supplements is included in the duty list.Although not formally evaluated, management states that residents' weights have stabilised.
- Two staff members have attended train the trainer instruction in oral and dental care and planned improvements for 2010 include a focus on improving the oral and dental care of residents.

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 a system in place for identifying and ensuring compliance with relevant legislation, regulatory requirements and guidelines, professional standards and required changes to practice. For further information, see Expected outcome 1.2 Regulatory compliance. The home is working towards compliance with medication management regulations and guidelines, and a division one registered nurse oversees the care of all high care residents and specialised nursing care procedures. Information on best practice in relation to resident care is accessed by the home's management team and the implementation of policy and procedure changes is monitored by internal audits and corporate review.

2.3 Education and staff development

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

Team's recommendation

Does comply

The home has processes in place to ensure that management and staff have the necessary skills and knowledge to perform their roles effectively and for their ongoing performance to be monitored. For further details see Expected outcome 1.3 Education and staff development. Education sessions relevant to health and personal care include behaviour management, older veterans' psychiatric services, continence management, skin and wound care, foot care, vision and hearing loss, dementia in aged care, medication management topics, review and evaluation of care plans, palliative care and pain management. A specialist nursing education day is planned for 2010. Accredited courses in division two nursing, medication management and dementia are offered.

2.4 Clinical care

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

Team's recommendation

Does comply

The home demonstrates that residents receive appropriate clinical care. On entry to the home residents' clinical care needs are assessed and documented. A care plan is developed in consultation with the resident and representative and information provided from allied health professionals. A computerised care plan is generated and staff have access to a hard copy care plan for easy access and if the computer system fails. A new full time clinical care coordinator/registered division one nurse recently commenced working in the home. A registered division one agency nurse works in the home one to two days a week and assists in clinical care and in the care plan reviews. The clinical care coordinator reviews care plans for high care residents monthly and two monthly reviews of low care residents is attended by the registered division two nurses and care staff. Staff confirm the new clinical care coordinator has been good support and has provided consistency in the care plan reviews and follow up of residents clinical care needs such as referrals and implementation of strategies. Residents and representatives are satisfied with the care residents receive according to their needs and preferences.

2.5 Specialised nursing care needs

This expected outcome requires that “residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s recommendation

Does comply

The home demonstrates residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Residents’ specific nursing care needs are identified through the initial assessment process and care plans are developed to reflect the specialised needs. The clinical care coordinator oversees the clinical care of residents with specialised care needs such as non insulin dependant diabetics, anticoagulant therapy, complex wounds, urinary catheters and pain patch medication. The medical practitioners visit the home regularly and refer residents to allied health specialists as required. Staff stated they are supported and guided in their care practices by the registered division one nurse and attend to allocated tasks according to written instructions. Residents and representatives are satisfied with the specialised care residents receive.

2.6 Other health and related services

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

Team’s recommendation

Does comply

The home demonstrates that residents are referred to appropriate health specialists in accordance with each resident’s needs and preferences. Residents are provided with a handbook that outlines the health services available. Regular visits to the home include the physiotherapist, dietician, podiatrist and referrals are made to the occupational therapist, wound consultant, palliative care team and aged mental health service. The home also has visiting medical, dental, hearing and visual services or residents are able to make their own appointments with their choice of practitioner. Residents’ progress notes and care plans confirm appropriate and timely referrals and follow up and that staff carry out care according to specialists’ instructions. Staff stated they assist residents with individual exercises and encourage them to attend to the exercise program and walks. Residents and representatives confirmed residents are referred to appropriate specialists and assisted to appointments as required.

2.7 Medication management

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

Team’s recommendation

Does comply

The home demonstrates that medication is stored and managed safely and correctly. On entry to the home, resident medication needs are assessed and reviewed in consultation with the resident, representatives and medical practitioner. A new sachet medication system and compact medication chart system has recently been implemented in the home. Medications are administered by the registered division one and two nurses with medication endorsement and personal care assistants who are assessed annually for medication competency. A registered division one nurse is available at all times either working in the home or on call and the home currently has an exemption from the nurse’s board in regards to medication management. Medication audits are conducted regularly and medication errors are recorded on incident reports and actioned as appropriate and discussed at the medication advisory meeting. Staff stated they have attended an education session in the administration and management of residents with analgesia patch medication and have had

support and training in the new medication system. Residents wishing to self medicate have a regular medication assessment by the medical practitioner and registered division one nurse and medications are locked securely in a drawer. Residents and representatives are satisfied that residents' medications are managed safely and correctly.

2.8 Pain management

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

Team's recommendation

Does comply

The home demonstrates that all residents are free as possible from pain. On entry to the home each resident's pain requirements are identified in consultation with the resident and representatives. Care plans are developed and reviewed regularly to ensure the pain management strategies such as heat packs, position changes, massage and pain patch medication are effective. Progress notes confirm that new pain assessments are triggered when medication for pain is changed. Staff and progress notes confirmed that non verbal assessments tools are used to assess pain levels for some residents. Staff have recently attended an education session on pain patch medication. The clinical care coordinator/registered division one nurse oversees residents' pain management and administers the pain patch medication on a set day during the week. Residents stated that they are satisfied with staff responses to their pain needs.

2.9 Palliative care

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

Team's recommendation

Does comply

The home demonstrates that the comfort and dignity of terminally ill residents is maintained. On entry to the home residents and their families are encouraged to consider their end of life wishes and their funeral arrangements. Their wishes are documented and further discussion occurs as the resident's health needs change. Care plans are reviewed regularly and an annual resident and family conference offer the opportunity to discuss and update end of life wishes. The clinical care coordinator is a trained respecting life choices consultant and is to review all residents end of life wishes and implement an advanced care plan. Referrals are made to a palliative care service connected to a nearby hospital and offer support and guidance to staff. Residents stated they are satisfied with the care and service provided by the staff and home.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

The home demonstrates that residents' receive adequate nutrition and hydration. Residents' nutritional and hydration needs are assessed and individual care plans developed to reflect the residents' dietary preferences such as likes, dislikes, allergies and special diets. Dietary needs and changes to a resident's meal choices are communicated to the catering staff. Residents weights are monitored monthly or more frequently and referrals are made to the medical practitioner, dietician and speech pathologist as required. Weight loss and gain is overseen by the clinical care coordinator and ensures the supplements and health practitioner's instructions are implemented. Nutritional supplements, soft diets and special

diets are provided as required and adequate fluid intake is monitored especially in hot weather. The menu is seasonal and reviewed by the dietician, meal choices are offered and food focus group provides feedback to the catering staff. Staff stated they are aware of individual preferences and special needs and assist residents as required. Residents and representatives confirmed they are satisfied with the home's approach to meeting residents' nutrition and hydration needs.

2.11 Skin care

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

Team's recommendation

Does comply

Residents' skin integrity is assessed on entry to the home and a care plan is developed that documents specific prevention and management strategies such skin requirements, hygiene needs and preferences for showering and nail, hair and shaving needs. Individual needs are reviewed through the regular care evaluation and referrals are made to external wound consultant as required. The physiotherapist and podiatrist visit the home regularly and help promote optimal independence. Skin tears and wounds are documented on incident forms and analysed for trends. Wound care is overseen by the clinical care coordinator; wounds are photographed and documented on a wound chart which guides the management and progress of healing. Staff confirmed they have received education in skin, wound and pressure care and correct manual handling practices. Residents and representatives confirmed they are satisfied with the skin care provided.

2.12 Continence management

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

Team's recommendation

Does comply

The home demonstrates practices in continence management are effective in meeting residents' needs. Residents identified with continence issues have an assessment and trial period of successful interventions. Care plans are developed to document the strategies such as the type of continence aid, toileting schedule and management of the urinary catheter. The effectiveness of the interventions is regularly reviewed and residents are encouraged to maintain normal bowel patterns through adequate dietary fibre and fluids and exercise. The external continence advisor offers education to staff and assists in the monitoring of adequate and appropriate continence aids. Staff confirm that the majority of residents are independent and they offer assistance as required and are aware of the care of the urinary catheter. Residents and relatives stated that residents' continence issues are met discreetly and residents' dignity is maintained.

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 home has strategies and process in place to assess, manage and review residents with challenging behaviours. On entry to the home resident's behavioural care needs are assessed in consultation with resident and representatives to identify specific behaviours and triggers. Care plans are developed and document prevention and management strategies and regular care plan reviews assess the effectiveness of the interventions. The medical

practitioner regularly reviews residents and referrals are made to the mental health team as appropriate. Behaviour incidents are documented and reviewed by the residential manager and specific and challenging behaviours are reviewed in regards to the appropriateness in the low care hostel and the home has a secure 10 bed unit. Staff stated they have received education and training in dementia and behavioural management. Residents and representatives are satisfied with the home's approach in managing challenging behaviours.

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

The home demonstrates that residents are encouraged to maintain their levels of mobility. Residents are assessed on entry to the home by the physiotherapist for their mobility and a manual handling risk assessment. Care plans are developed and reviewed regularly and document individual needs such as walking sticks, wheeled walkers, high/low beds and hip protectors. Resident falls are monitored and referrals are made to the physiotherapist for review of their mobility status and assistive devices. The podiatrist visits the home regularly and the occupational therapist visits on referral to assess residents for appropriate aids. Staff confirmed they are aware of residents individual mobility needs, assist them with their exercise programs and attend regular manual handling training. Exercise programs and walking groups are conducted regularly in the home. Residents and representatives are satisfied with the home's approach to optimising residents' 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 home demonstrates residents' oral and dental health is maintained. On entry to the home, the residents oral and dental care needs are assessed and information documented on the care plan includes level of assistance, storage and cleaning preferences and oral and dental health. Residents are encouraged to visit their own dentist and offered assistance to attend these appointments and a dental service and dental technician visit the home. Staff interviewed state they support and assist residents as required to maintain their oral and dental hygiene however a number of residents are able to attend to their own needs. Two care staff members have recently attended an oral and dental health training workshop; an oral health training kit has just arrived in the home and this education is to be provided to the other staff. Residents and representatives are satisfied with the way residents' oral and dental care is managed.

2.16 Sensory loss

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

Team's recommendation

Does comply

The home demonstrates that residents' sensory losses are identified and managed effectively. On entry to the home residents' sensory needs and specific requirements are identified and individual care plans are developed and reviewed regularly and as care needs change. Residents are supported to attend appointments to external allied health practitioners as required and staff assist in the care of assistive aids for vision and hearing.

Residents have access to resources and sensory stimulation such as large print and talking books, pet therapy and a healthy garden. Staff confirmed they are aware of residents' individual needs and how to care for visual and hearing devices. Residents and representatives are satisfied with the home's approach to managing residents' sensory losses.

2.17 Sleep

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

Team's recommendation

Does comply

Residents are assisted to achieve natural sleep patterns. On entry to the home residents sleep and settling care needs are assessed and a care plan is developed to reflect these needs. Care plans document interventions such as preferred rising and settling times, warm drinks, lighting, companionship and heat packs. Sleep patterns and care plans are reviewed regularly and medical practitioners are consulted if strategies are not effective. The residents are accommodated in single rooms with en-suites and provide a quiet environment for residents. Staff confirm they are aware of resident's individual sleep and rest needs and their individual routines. Residents and representatives confirm it is quiet at night in the home, they feel safe and are able to sleep well.

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

Sir William Hall Hostel has a mature system of continuous improvement that is firmly based on the feedback from residents, representatives and staff and is informed by multiple mechanisms for identifying areas for improvement and for developing solutions. For further details see Expected outcome 1.1 Continuous improvement.

Improvements in Standard three include:

- Based on feedback from a family member, a raised garden bed has been built. Residents have been involved in the building of the 'healthy garden'. The outcome has been the beautification of a previously unappealing area, increased resident involvement and residents spending more time outdoors.
- Management accessed allied health funding which was used to engage a laughter therapist and a massage therapist. Resident feedback was very positive. Evaluation was reported and efforts will be made to access further funding.
- It was identified that greater communication of upcoming events was required to engage residents' families and friends. A newsletter has been developed that highlights upcoming events and which is posted or emailed to families. Anecdotal feedback has been positive.
- To improve infection control, an increased number of wall mounted hand gels were installed and the infection outbreak kit was reviewed and further items of personal protective equipment were added.
- Planned improvements include the involvement of the residents in sending parcels to serving soldiers in Afghanistan and the introduction of increased activities for the male residents.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home has a system in place for identifying and ensuring compliance with relevant legislation, regulatory requirements and guidelines, professional standards and required changes to practice. For further details see Expected outcome 1.2 Regulatory compliance. Residents and relatives are provided with a resident agreement and an information book which details information relating to their security of tenure, internal and external complaints mechanisms, rights and responsibilities and privacy information. Staff confirm they receive information related to privacy, elder abuse, absconding residents, mandatory reporting responsibilities and residents' rights.

3.3 Education and staff development

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

Team's recommendation

Does comply

The home has processes in place to ensure that management and staff have the necessary skills and knowledge to perform their roles effectively and for their ongoing performance to be monitored. For further details see Expected outcome 1.3 Education and staff development. Education offered relevant to resident lifestyle includes elder abuse, mandatory reporting, department of veterans affairs information and elder rights. A lifestyle education day is planned for 2010.

3.4 Emotional support

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

Team's recommendation

Does comply

The home has systems in place to identify and address residents' emotional needs on entry to the home and ongoing. Information is provided to the residents and their representatives prior to entering the home in regards to the environment and services available to them. On entry to the home each resident's emotional support needs and preferences are assessed and regularly reviewed through the clinical care and lifestyle evaluation. Residents and their families are supported in the settling in period, acute crisis and as health needs deteriorate from the lifestyle and care staff and referrals are made to specialists and services as required. A resident in the home organises the regular church services and in response to residents feedback and a memorial service for residents. The lifestyle program caters for individual needs, responds to the residents changing health and seeks feedback regarding satisfaction with the program. Residents and representatives indicated satisfaction with the home's provision of initial and ongoing emotional support.

3.5 Independence

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

Team's recommendation

Does comply

Residents are assisted to achieve maximum independence, maintain links with their families, friends and participate in the life of the community. Residents' individual interests and preferences are identified on entry to the home and incorporated into the activities program and regularly reviewed. Residents are encouraged to participate in the activities program which offers regular bus outings that cater for individual needs, interactions with the local schools and volunteers assisting in the life of the residents. Independence is promoted through regular physiotherapy assessments and appropriate assistive devices, exercise programs, motorised scooters, social leave and assistance to appointments. Residents are offered the opportunity to vote if they choose and feedback is encouraged through satisfaction surveys, meetings and verbally. Residents and representatives confirm their individual requirements to maintain their independence are considered and supported.

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

Each resident's right to privacy, dignity and confidentiality is recognised and respected. On entry to the home residents are provided with an information handling brochure, and formal permission is obtained in regards to the use of personal information and photographs. Residents' personal information is stored securely and computer information is password protected. Staff practices observed included knocking on residents' doors, addressing them by their preferred name and attending to their needs in private. Staff education includes the importance of maintaining residents' privacy and dignity and is also discussed during the organisation and site induction programs. Staff report they are required to sign privacy and confidentiality statements on commencement of employment. Residents and relatives report they are treated with respect and their privacy and dignity is considered by all staff.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

Residents are encouraged and supported to participate in a wide range of interests and activities of interest to them. On entry to the home comprehensive information is gathered from the resident and representatives which includes a social profile, past and current interests, war and service experiences, family details, religious and culture beliefs. The lifestyle coordinator discusses with the residents and family at regular care plan reviews the accuracy and currency of the information and feedback on the activities offered. The activities program is advertised throughout the home and caters for groups, individuals and the different needs in the home such as one to one time, bus outings, cooking, men's hour, concerts, speakers, visiting library, exercises and walks. Residents confirm they are consulted in regards to the ongoing activities provided and offer feedback through the satisfaction surveys and meetings. Residents and representatives are satisfied with the range of activities and interests provided.

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

Individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. On entry to the home resident's cultural and spiritual needs and preferences are identified in consultation with the resident and their representatives. A care plan is developed from the assessment and residents profile to reflect their cultural and spiritual needs and special dietary requirements are communicated to the kitchen. One resident organises the regular Catholic and Anglican Church services and pastoral support is available to residents as required. Culturally specific days such as ANZAC and Australia Day, Christmas, Easter and football grand final are celebrated as are days of significance as the residents request such as birthdays and anniversaries. Residents and representatives report that residents' cultural and spiritual needs are met.

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 home supports residents and their representatives to participate in decisions about care and services they receive, their daily routines and end of life wishes. On entry to the home each resident's needs and choices are discussed with the resident and their representatives and are documented on the care plan. Resident care plans detail preferences such as rising and retiring times, clothing choices, food likes and dislikes and lifestyle preferences. Regular resident and relative meetings are held and provide a forum for the discussion of issues such as meals and lifestyle, annual satisfaction surveys are conducted and an 'open door' policy offers opportunities for feedback. Staff stated they are aware of residents' individual preferences and support them in their choices and decisions. Resident and representatives are satisfied that residents' choice and decision making is supported and respected.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

The home ensures residents have secure tenure and understand their rights and responsibilities. An application kit and information is provided to prospective residents and their representatives prior to entering the home regarding security of tenure, care and services, fees and charges. The residential manager and finance personal of the organisation are available to explain and clarify questions for the resident and their families. A standard residential agreement is provided for residents and their representatives to sign. The resident handbook contains information regarding security of tenure and is also discussed at resident and relative meetings. Residents and representatives are consulted if a room or area change in the home is considered and consent is obtained. Verbal and written information is provided regarding residents changing health needs and the move from low to high care status. The charter of resident rights and responsibilities is displayed in the home. Residents and their representatives are satisfied residents have secure tenure and know their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s recommendation

Does comply

Sir William Hall Hostel has a mature system of continuous improvement that is firmly based on the feedback from residents, representatives and staff and is informed by multiple mechanisms for identifying areas for improvement and for developing solutions. For further details see Expected outcome 1.1 Continuous improvement.

Improvements in Standard four include:

- In response to the state government recommendations regarding emergency planning, the facility manager has been involved in planning workshops at an executive level. A heatwave checklist has been developed although not fully implemented as yet. An emergency power outage kit has been developed which includes amongst others, battery packs for the electric beds, lanterns, disposable bronchodilator administration equipment and handbells. Signage and staff education is yet to occur and further plans to act as a host facility are ongoing.
- In response to staff feedback regarding wet slippery shoes when assisting residents, slip and water resistant overshoes have been sourced and trialled and are available to staff. Management states that staff feedback has been positive.
- Feedback and observation identified that that the hairdressing salon was hot, had poor decor and was not conducive to privacy or use by the male residents. Several improvements have been made.
 - An air conditioner has been installed.
 - The room was repainted
 - Hairdressing chairs have been purchased.
 - The overhead fan was removed as it was safety risk
 - A skip was placed in the room to hold the used towels.
 - Venetian blinds have been installed.Residents and the hairdresser are happy with the changes.
- In response to feedback regarding cleaning standards, a new contractor was appointed and cleaning standards have improved. A schedule is being developed for the cleaning of drapes and laundering of sheer curtains with this improvement still to be implemented.
- In response to resident feedback, two notice boards have been installed which state the day’s menu and the meal times have been included in the residents’ handbook. Residents are pleased that they can now clearly see the menu for the day and management state that crowding before meal time has decreased.

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 a system in place for identifying and ensuring compliance with relevant legislation, regulatory requirements and guidelines, professional standards and required

changes to practice. For further details see Expected outcome 1.2 Regulatory compliance. The home has an audited food safety plan in place, complies with occupational health and safety guidelines, emergency and fire safety regulations and recommended infection control guidelines and procedures.

4.3 Education and staff development

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

Team's recommendation

Does comply

The home has processes in place to ensure that management and staff have the necessary skills and knowledge to perform their roles effectively and for their ongoing performance to be monitored. For further details see expected outcome 1.3 Education and staff development. Education sessions offered in relation to the physical environment and safe systems include food handling, occupational health and safety, cardiopulmonary resuscitation, fire and emergency, portable nurse call phones, infection control and outbreak management, hand washing, bullying and harassment, driver development and chemical safety.

4.4 Living environment

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

Team's recommendation

Does comply

The home has single rooms with en-suites with several small lounge and dining areas, plus a larger communal dining and meeting room. Residents' bedrooms and bathrooms are spacious, functional and attractively furnished with call bells within reach. Residents are able to install their own air conditioners and individualise their rooms and there are pleasant outdoor garden areas. The home is suitably and tastefully furnished and the outside areas are secure with safe walking paths. The home is heated, the communal areas are air conditioned and the home is clean and well maintained with wide corridors and handrails. Security, fire and emergency systems are in place, and the internal audits and maintenance programs ensure that potential hazards are identified and addressed. The home is quiet and calm with a pleasant friendly ambience and residents state that they feel safe and secure within their 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

Staff confirm that management provide a safe working environment. There is regular assessment and reporting of risks and hazards via the home's monthly checklists and risk assessments of manual handling tasks has commenced. There is a thorough scheduled preventative maintenance program and a prompt response to maintenance issues as they arise. The occupational health and safety representative raises issues identified through audits, staff feedback and incidents via the home's quality system and reports to the staff meeting. Staff confirm they receive training in no lift, chemical safety and infection control, and that they report incidents and hazards. Management respond appropriately to staff

injuries, including providing a return to work plan and an employee assistance program is provided by the organisation.

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

There are current systems in place at the home to minimise the risk of fire, security breaches and other emergencies. Fire and emergency training is compulsory for all staff with further training provided for supervisors. Emergency procedure manuals and colour coded instructions are accessible. All fire prevention and fighting equipment is maintained according to the home's essential services schedule and the emergency equipment is checked and potential hazards identified through monthly inspections. All electrical equipment is tested and tagged annually. Exits are clearly marked and free from obstruction and the home has appropriate signage regarding emergency procedures, evacuation and assembly points. The home has a no smoking policy, with a specified smoking area outside for staff. Residents who smoke have designated areas to do so.

4.7 Infection control

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

Team's recommendation

Does comply

The home has an effective control program in place. The home has policies and procedures to guide all staff in infection control practices and in the management of an outbreak of gastroenteritis, influenza or other infectious diseases. The home maintains infectious disease outbreak and spill kits, sharps containers and infectious disposal bags and containers. Individual resident infections are recorded, reported and analysed to identify trends and as opportunities for improvement in practices. Infection prevention strategies are in place including vaccination program, pest control, and food safety plan and monitoring of staff practices. Infection control procedures are discussed in the orientation program and as part of the annual mandatory education and regular infection control audits are conducted. Staff confirm they are aware of universal precautions and infection control practices and have adequate personal equipment available.

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

Residents confirm the effectiveness of the homes' catering, laundry and cleaning services in meeting their needs and preferences. Residents' nutritional requirements, preferences, allergies and special needs are documented and there is a system in place for monitoring residents' dietary changes. All meals are prepared in the home's kitchen according to a rotating four week menu which changes seasonally. Residents have choice at all meals and have input into menu planning via feedback forms, direct comment to the chef, food focus group, food surveys and the dining room comment book. Meals are served in a pleasant environment and residents are complimentary of the meals, drinks and snacks provided. Residents' clothing is laundered in the home's own laundry and residents expressed a high degree of satisfaction with the laundry staff, the care taken of their clothing and the condition

in which it is returned to them. Some residents can also choose to do their own laundry. Linen is plentiful and laundered regularly. Missing clothing is traced and unlabelled clothing labelled by laundry staff. Cleaning services in the home are conducted according to schedules and as necessary. The team observed and residents and their representatives stated that the home is clean and tidy. The kitchen has a food safety plan and is independently audited and all hospitality staff have appropriate, relevant knowledge of food safety, infection control, manual handling, chemical handling and in respecting residents' rights.