



Aged Care
Standards and Accreditation Agency Ltd

Decision to accredit Southern Cross Apartments South Coogee

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Southern Cross Apartments South Coogee in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Southern Cross Apartments South Coogee is three years until 5 September 2012.

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

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

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

Information considered in making an accreditation decision

The Agency has taken into account the following:

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

Home and approved provider details

Details of the home

Home's name:	Southern Cross Apartments South Coogee				
RACS ID:	0447				
Number of beds:	41	Number of high care residents:	33		
Special needs group catered for:	• Nil				
Street/PO Box:	39 Gregory Street				
City:	SOUTH COOGEE	State:	NSW	Postcode:	2034
Phone:	02 9344 3003		Facsimile:	02 9344 3021	
Email address:	spettybourne@sch.org.au				

Approved provider

Approved provider:	Southern Cross Care (NSW & ACT)
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Assessment team

Team leader:	Ruth Heather
Team member/s:	Richard Bialkowski
Date/s of audit:	4 June 2009 to 5 June 2009

Executive summary of assessment team's report
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Accreditation decision

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

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

Standard 2: Health and personal care

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

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

Accreditation decision

Agency findings
Does comply
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Agency findings
Does comply
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Does comply

Assessment team's reasons for recommendations to the Agency

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Southern Cross Apartments South Coogee
RACS ID	0447

Executive summary

This is the report of a site audit of Southern Cross Apartments South Coogee 0447 39 Gregory Street SOUTH COOGEE NSW from 4 June 2009 to 5 June 2009 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 Southern Cross Apartments South Coogee.

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 4 June 2009 to 5 June 2009

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:	Ruth Heather
Team member/s:	Richard Bialkowski

Approved provider details

Approved provider:	Southern Cross Care (NSW & ACT)
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Details of home

Name of home:	Southern Cross Apartments South Coogee
RACS ID:	0447

Total number of allocated places:	41
Number of residents during site audit:	41
Number of high care residents during site audit:	33
Special needs catered for:	Nil

Street/PO Box:	39 Gregory Street	State:	NSW
City/Town:	SOUTH COOGEE	Postcode:	2034
Phone number:	02 9344 3003	Facsimile:	02 9344 3021
E-mail address:	spettybourne@sch.org.au		

Assessment team's recommendation regarding accreditation

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Assessment team's recommendations regarding support contacts

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Assessment team's reasons for recommendations

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

Audit trail

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

Interviews

	Number		Number
Chief executive officer	1	Residents	5
Care team manager	1	Representatives	5
Deputy care team manager	1	Infection control coordinator	1
Area manager	1	Maintenance staff	1
Care consultant - registered nurse	1	Lifestyle staff	1
Quality Systems, Training and Development Coordinator (RN)	1	Pharmacist	1
Care staff	7	Pastoral carer	1
Catering staff	1	Pastoral care team leader	1
Physiotherapy aid	1		

Sampled documents

	Number		Number
Residents' files – care plans, progress notes, doctors notes, initial care plan assessments, assessments	7	Medication charts	5
Summary/quick reference care plans	4	Personnel files	8
Weight charts	8	Resident agreements	2
Bowel charts	8	Medication incident report	1
Accident and incident reports	5		

Other documents reviewed

The team also reviewed:

- "Are you happy" forms
- "Happy with your meal today" form
- Abuse of Residents Policy
- Activities program (monthly and daily)
- Advance care directive information book – 'My health, my future, my choice'
- Appliance temperature monitoring worksheets
- Audit reports
- Audit schedule
- Blood pressure and pulse charts
- Blood sugar level charts
- Care Manual
- Catheter care reference material
- Cleaning and Sanitisation Equipment and Utensils Worksheet
- Communications diary
- Competency checklists
- Comprehensive medical assessments
- Compulsory Reporting Policy including reporting of missing residents
- Delivery of Goods Worksheet
- Dietary needs assessment
- Education calendar
- Emergency procedures flip chart
- Employment agreement
- Food Safety plan
- Food temperature monitoring worksheets
- Head Office Memos and notices (including changes to Care Manual, legislative and regulatory updates)
- Independent pharmacist reviews
- Induction checklist
- Infection Control Manual
- Infection Control Training Package
- Job descriptions
- Key Quality Indication Flowchart
- Lifestyle - activity attendance records
- Lifestyle - activity evaluations
- Lifestyle – activity record plans
- Lifestyle - monthly calendars/ programs
- Lifestyle – outing assessments
- Lifestyle – weekend activity evaluations and attendance records
- Maintenance log
- Material safety data sheets
- Meal lists
- Medication audits
- Medication fridge temperature records
- Medication management review consents
- Minutes of meetings (Executive Committee, Service Review Committee, staff meetings, residents meetings, families and carers meetings)
- Monthly calibrating record
- Monthly Food Service Audits
- NSW Food Authority Licence
- Organisation chart
- Pandemic Business Continuity Plan
- Performance appraisal form
- Physiotherapy daily attendance records

- Physiotherapy care plans and exercise charts
- Policy and Procedures Manual
- Pre-employment Functional Assessment Report
- Progress report weekly roster
- Psychotropic drug usage report
- Quality Improvement Action Sheets
- Recruitment policies and procedures
- Regular cleaning schedule
- Resident evacuation folder with resident personal profiles
- Resident orientation checklist
- Residents handbook
- Residents' Rights and Charter of Responsibilities
- Residents' handbook
- Residents' happiness survey results
- Safety Inspection and Testing of Electrical Equipment Policy
- Self medication assessment and care plan
- Service Agreements including reference to quality standards, regulatory compliance, criminal history checks for staff, evidence of OHS training for staff
- Services Review Quality System policy
- Signage throughout the home
- Staff communication book
- Staff files (including competency tests, training certificates, annual performance appraisal, job specification, induction checklist [new staff])
- Staff handbook
- Staff handbook
- Staff happiness survey results
- Staff information sheets
- Staff rosters
- Staff training records
- Suppliers list
- Vision / mission / philosophy statement
- Workplace Health and safety Policy
- Wound and accident and incident monthly summaries
- Wound assessment and management chart
- Wound management folder and skin tear classification sheet

Observations

The team observed the following:

- Accreditation site audit notice posted in the entry foyer
- Activities in progress
- Aged care channel calendar and education material
- Air mattresses
- Brochures on internal and external complaints and advocacy services
- Charter of residents' rights and responsibilities on wall at entrance to the home
- Chemical storage
- Clinical storeroom with adequate supplies of dressing products and continence aids
- Code of conduct for family and friends displayed
- Colour coded cleaning equipment
- Computerised information management system
- Dressing trolley
- Emergency evacuation signs
- Equipment and supply storage areas
- Fire and safety equipment
- Hand washing facilities and charts throughout the home
- Interactions between staff and residents

- Lifestyle equipment and resources
- Living environment internal and external
- Meal service
- Medication fridge
- Medication rounds
- Mission statement displayed
- Mobile maintenance truck
- Mobility and lifting equipment
- Organisational chart displayed
- Outbreak kit
- Oxygen cylinder storage
- Personal protective equipment
- Prepacked medication system
- Relatives visiting residents
- Resident artwork
- Resident call and emergency alarm system
- Residents / representatives using private living areas
- Residents being assisted with meals when needed and aids being used to ensure residents' independence and dignity at meal time
- Resource library for staff
- Spill kits
- Staff assisting residents
- Staff handover
- Staff promptly responding to resident's needs
- Storage of medications
- Visitors sign in and out book at the entry foyer of the home

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

Management demonstrated that its systems are responsive to the needs of residents and their representatives, staff and other stakeholders. The organisation actively pursues continuous improvement in the range and quality of services provided to residents across all Accreditation Standards. A planned quality improvement program (QIP) is in place. Continuous improvement is integrated into all systems and processes and is a set agenda item on all management, staff and resident / representative meetings. The QIP is supported by systems and mechanisms for data collection, analysis and evaluation which allow the home to identify areas for improvement and develop solutions. The system also allows the home to monitor progress and evaluate the effectiveness of changes that have been implemented. Improvements and positive outcomes for residents are clearly documented and advised to residents and staff. Interviews with residents / representatives and staff confirmed that the home has both formal and informal systems that encourage and support their active involvement in quality improvement processes.

The home demonstrated it is pursuing continuous improvement in relation to Accreditation Standard 1. Recent examples of improvements include:

- a computerised web based corporate management information system that maintains comprehensive resident and staff information is being progressively implemented;
- a planned system of annual audits has been put in place to monitor compliance with and the effectiveness of improvement systems and processes;
- an activities brochure has been introduced to inform residents and families of the diversity of the activities program;
- a new staff uniform has been introduced;
- staffing levels have been increased across all shifts in response to changing resident care needs.

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

Management has effective systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The organisation is a member of a peak industry association and relevant professional bodies, and also subscribes to a number of external information services to receive updates to relevant legislative or regulatory changes as they occur. The home receives relevant legislative and regulatory updates from the corporate office and from the area manager who attends senior management meetings at the corporate office. Legislative and regulatory issues and updates are communicated to the home’s management and staff through a number of ways including memos, staff meetings and briefings by the area manager, training sessions, and changes to documented policies and procedures. The home monitors regulatory compliance through a systematic review of policies and procedures, observation of staff practices and feedback from residents and other stakeholders.

The home demonstrated processes for regulatory compliance in relation to Accreditation Standard 1. Recent examples include:

- the home's policies and procedures manual (Care Manual) incorporates relevant legislative, regulatory and relevant professional standards and guidelines;
- the home has a procedure to ensure all staff, volunteers and contractors have police checks and these are kept current;
- residents and their representatives stated they were informed of the Accreditation site audit by signage around the home and at meetings;
- all data that is collected by the home is collected, stored and used in compliance with privacy legislation;
- regulatory compliance is monitored as part of the quality improvement program;
- management has access to relevant legislation, regulations and professional guidelines via the facility's intranet.

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 demonstrates a strong commitment to ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively, and has implemented a comprehensive staff development and training program across the four Accreditation Standards. The program is developed using information from a wide range of sources including the staff performance appraisal system, individual staff requests, skills surveys, incident reports, observation of staff practices, changes to legislative or regulatory requirements or professional guidelines. The program includes both internal and external training and education. New staff have a formal orientation and are supported by a "buddy" system. The home has in place a structured education and staff development program which has a clear link to the Accreditation Standards. The home has recently installed the Aged Care channel to provide staff with access to additional training and education resources. Training is evaluated to ensure it has practical outcomes that comply with accreditation, operational efficiency and productivity. Staff interviewed reported a high level of satisfaction with the availability and support for training and education provided by the home.

Recent examples of training and education relevant to Accreditation Standard 1 include: all employees complete mandatory training in elder abuse and mandatory reporting; direct care staff completed training in completing the aged care funding instrument and related documentation; accreditation; literacy and numeracy to enhance staff understanding and use of information systems; workplace bullying and harassment; teamwork; and training in the computerised information management system.

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 systems, policies and procedures in place to ensure that each resident (or their representative) and other interested parties have access to internal and external complaints mechanisms, and to empower residents / representatives to use the system. Residents / representatives are advised of the internal compliments and complaints processes (in the form of a "Happiness / Unhappiness" form) and external complaints mechanisms and advocacy services on entry to the home. Relevant information, including the charter of resident rights and responsibilities is included in the resident agreement and the resident handbook and is displayed throughout the home. Residents and representatives are encouraged, through an open door policy, to approach management with their issues and concerns. Management maintains a centralised compliments and complaints log which includes details of compliments and complaints, action taken and feedback provided to the person raising the complaint. A review of the log indicates a significant

number of compliments ("Happiness" forms) with a small number of complaints ("Unhappiness" forms). Following investigation of complaints affected parties are informed of outcomes, policies and procedures are modified and staff training is undertaken as required. Interviews with residents / representatives and staff indicate they are confident in using the home's complaints mechanisms and that complaints are addressed promptly and appropriately.

1.5 Planning and leadership

This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".

Team's recommendation

Does comply

The corporate vision, values, objectives, and commitment to quality are clearly documented and included in both the resident and staff handbooks. They are also displayed in the entry foyer and common areas of the home where residents meet and undertake many of their activities. New staff are briefed on the home's vision, values and commitment to quality care during orientation. A briefing by senior management provided examples of long term goals for the organisation and the home. Interviews with residents / representatives and the assessment team's observations indicated that management and staff model behaviours consistent with the home's values and a strong culture of care for residents.

1.6 Human resource management

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

Team's recommendation

Does comply

Management has effective systems in place to ensure there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with the accreditation standards and the home's philosophy, vision, values and commitment to quality care. Recruitment procedures include identified knowledge and skills requirements and all staff undergo a physical functional assessment. All staff have duty statements and position descriptions. The home has a strong commitment to staff training and professional development. Direct care staff have completed the certificate III in community services (aged care worker) and all care staff are educated and trained to be multi-skilled. All new staff complete formal competency assessments and are encouraged and supported to undertake ongoing training and professional development relevant to their roles. New staff undertake a formal and structured orientation program and are 'buddied' with experienced staff for mentoring and on the job training. Staffing and skill levels are monitored regularly and adjusted in response to changing resident care needs. Staff interviewed indicated they are confident that they have the relevant knowledge and skills to do their jobs. Resident / representative interviews reported a high level of satisfaction with the skills and care provided by management and staff.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

The home has systems in place to ensure that there are stocks of appropriate goods, and that equipment is maintained in good working order and available for service delivery. Interviews with residents / representatives and staff indicated that they are consulted on major equipment purchases and that potential new equipment is trialled and evaluated with feedback from staff and residents before purchase decisions are confirmed. A planned preventative maintenance program is in development and corrective maintenance is carried out as required. The assessment team confirmed through observation and interviews with residents / representatives and staff that staff

have access to stocks of appropriate goods and equipment to enable them to do their jobs effectively.

1.8 Information systems

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

Team's recommendation

Does comply

The home is currently transitioning to a comprehensive corporate information management system based on a wide area network and an intranet. All policies and procedures are maintained in both electronic and hard copy formats and both are readily accessible to staff at workstations. Appropriate processes are in place to maintain editorial and version control over electronic documents and to ensure that hard copy versions are also kept up to date. Care staff use progress notes, shift handovers and a communication book to ensure current and changing resident care information is passed on as required. Information and document storage and disposal processes comply with security and confidentiality requirements, and access to all computers is password protected. Residents/representatives and staff stated they are kept well informed and are consulted on matters that may impact them through the display of information such as minutes of various internal committee meetings, notices, memos, policies and procedures, and various meetings and informal discussions.

1.9 External services

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

Team's recommendation

Does comply

The home is supported by effective corporate systems that ensure that all externally sourced services are provided under documented agreements in a way that meets regulatory requirements, the home's care needs and service quality goals. The home maintains records of service providers, including the nature and frequency of programmed maintenance services. Corporate systems, with local input, are in place to evaluate the performance of all external service providers to ensure the efficiency and effectiveness of service performance and compliance with relevant safety and related legislative requirements. External service providers are required to sign in and out and are provided with suitable supervision while on site. Staff and resident / representatives interviews indicated satisfaction with current external services.

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

Refer to Expected Outcome 1.1 Continuous Improvement for information about the home's systems for actively pursuing continuous improvement. The home demonstrated that it is actively pursuing continuous improvement in relation to Accreditation Standard 2 and recent examples include:

- a new system for providing filtered water has been installed to replace water bottles, ensuring drinking water is available for residents;
- procedures and assessment criteria for resident transfers to hospital have been formalised;
- to meet changing resident care needs a range of new equipment has been purchased including new electric beds, stand-up lifter, and pressure relieving devices;
- the organisation has developed a skin tear classification chart which enables staff to communicate clearly to the registered nurse (RN) the severity of a skin tear. This enables the RN to give advice over the phone to staff as to appropriate treatment.

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

Refer to Expected Outcome 1.2 Regulatory Compliance for information about the home's systems for ensuring that the home'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. Recent examples of the home's regulatory compliance in relation to Accreditation Standard 2 include:

- the home has a system in place to facilitate the accurate assessment of resident care needs on admission and thereafter;
- all external practitioners are required to provide information in relation to relevant practice certificates and professional registration before they are able to provide services to residents;
- only staff with appropriate training attend to wound and medication management;
- there is a system in place to ensure that professional registrations for employed nursing staff (RNs) and visiting allied health professionals (such as the podiatrist and physio) are monitored and maintained;
- the home ensures high care residents are provided with supplies and equipment as required under the Quality of Care Principles.

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

Refer to Expected Outcome 1.3 Education and Staff Development for information about the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively.

Recent examples of training and development for staff in relation to Accreditation Standard 2 include: depression in the elderly; communicating in dementia; wound management; slips and falls prevention; staff engaged in dispensing medications have completed appropriate competencies and the CHCC303A provide physical assistance with medications module from the certificate IV medication course; first aid; incontinence; foot care; solving bathing problems in persons with dementia; compact medication charts; pain management; physiological changes in the aging process and palliative care approach.

2.4 Clinical care

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

Team’s recommendation

Does comply

Residents’ clinical care needs are assessed on entry to the home using a range of assessments and an individual care plan is developed from the information collected in the assessments and progress notes. Care plans are formally evaluated at least every three months and evaluations note changes in care needs. Clinical observations are monitored as directed by the medical officer or in accordance with the organisations’ policies; they include weight, blood pressure, pulse, bowel and blood sugar levels. Care plan consultations are carried out annually so that residents and/or their representatives have the opportunity to contribute to their care plan and are consulted about the care being provided. Changes in residents’ care are communicated at staff handover and through the communications diary. Any adverse changes are reported to the residents’ medical officers or other health and related services as required. Medical officers review residents regularly and keep staff informed of management strategies for each resident. Residents and their representatives expressed satisfaction with the care and assistance provided to them by the care staff. Some comments from residents / representatives included the staff are “wonderful”, “marvellous” and they carry out their work competently. Through interviews held with nursing staff, feedback from residents/representatives and a review of residents’ clinical records, the team confirmed that residents receive appropriate clinical care.

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

There are systems available for qualified nursing staff to assess, plan, manage and regularly review residents’ specialised nursing care needs. A registered nurse (RN) is available to oversee and monitor care and review care plans. Reviews of resident care, including case conferences, identify specialised or complex nursing needs and ensure ongoing and changing needs are met. Documentation review confirms adverse clinical events and accidents/incidents which may impact on resident care are documented in the progress notes, dealt with in a timely manner and the care plan is adapted as required. Specialised care needs reviewed by the team include: wound care, diabetic resident care, pain management and stoma care. The home has access to a range of health professionals to ensure the care provided meets the residents’ specialised care needs such as palliative care, mental health, wound care, stoma specialist and dementia services. Observation revealed there is sufficient equipment and supplies to provide the required specialised nursing care. Interviews conducted with residents/representatives and staff, together with a review of relevant documentation, confirmed that residents’ specialised nursing care needs are met.

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

Resident files confirmed residents are referred to other health and related services when a need is identified. The need for referral is identified initially through the entry process and ongoing assessment and referral is made as necessary. Some of the services residents are able to access either at the home or within the area health service include a podiatrist, physiotherapist, optometrist, speech pathology, dietician, wound specialist and psychogeriatric/mental health services. Resident's files contain documentation relating to referrals and follow up reports from a range of other health and related services that the team noted are relevant to residents' care needs. Staff assist residents and their representatives in arranging appointments to external health care providers and arrange transport if necessary. Residents and their representatives reported they are referred to other health and related services as necessary and that their preferences are taken into account.

2.7 Medication management

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

Team's recommendation

Does comply

There are systems and processes in place for the safe and correct management of medication including safe prescribing, dispensing, storage, administration and disposal of medication. The team observed medications being administered in accordance with the home's policy and staff interviewed had a sound understanding of the medication management system and reported they receive ongoing education, competency assessments and supervision by management. The home has strategies in place for monitoring its medication management including audits of incoming medications against orders, other ongoing audits and incident monitoring. External medication reviews are carried out to ensure residents' medication regimes are safe and correct. The home has an assessment process in place for residents who choose to self-medicate. Residents/representatives reported they are satisfied with the way medications are managed at the home.

2.8 Pain management

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

Team's recommendation

Does comply

There are systems in place to ensure all residents are as free as possible from pain. Initial assessments identify any pain a resident has when moving into the home. Staff are trained to identify pain through verbal and non-verbal responses from residents and in the use of pain assessment tools to identify, monitor and evaluate the effectiveness of pain management strategies. Documentation and interviews show strategies to manage residents' pain include attendance to clinical and emotional needs, analgesia and the use of massage and exercise. Pain relief measures are followed up for effectiveness and referral to the resident's medical practitioner and a local pain management clinic are organised as needed. Staff regularly liaise with residents' representatives, medical practitioners and allied health personnel to ensure effective care planning. Residents reported they are as free as possible from pain and staff respond in a timely manner to their requests for pain control.

2.9 Palliative care

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

Team's recommendation

Does comply

Systems are in place to ensure that the comfort, privacy and dignity of terminally ill residents is maintained. Staff advise that residents requiring palliative care are looked after at the home with the support of allied health and medical specialists from the local palliative care team. The home has purchased pressure relieving mattresses and electric beds to ensure the comfort of residents. End

of life care plans are completed with residents/representatives as well as the resident's medical officer and they direct the care provided by the home. Staff identify residents' specific wishes, their spiritual, cultural and emotional needs in relation to palliative care. Relatives and friends are supported if they choose to stay overnight with the resident during the terminal stages of life. Care staff are able to describe a range of interventions used to provide palliative care including massage, repositioning, mouth care and medications.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

The home has systems in place to ensure residents receive adequate nourishment and hydration. Residents' nutritional status is assessed on admission, planned for and monitored via monthly weight checks. Residents with sustained weight loss or gain are referred to their medical officer and nutritional supplements are provided when required. Additional drinks are provided between meal times, filtered water is available and residents are encouraged to maintain their fluid intake. Interviews with residents, staff and documentation reviewed show information about residents' food preferences and assessments for residents' specific needs are completed and passed on to kitchen staff. Residents interviewed reported they are satisfied with the drinks and food offered at the home and staff respond to their feedback about the menu.

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 care needs are documented in resident care plans and reviewed regularly. Interventions include the use of moisturising creams, the use of pressure reduction and relief devices and pressure area care interventions. Staff interviewed demonstrated they are familiar with the processes to care for residents' skin. The team observed a range of wound care products, pressure relieving devices, manual handling aids and mobility aids that assist in the maintenance of residents' skin integrity. Air mattresses with pressure reduction properties are used when the need is identified. A review of resident files identified that podiatrists are accessed according to care needs and skin care is assessed and managed. Residents confirmed their satisfaction with skin care provided by the home.

2.12 Continence management

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

Team's recommendation

Does comply

Residents reported that staff provide appropriate care and continence is well managed at the home. A review of documentation and discussions with staff show individual continence management strategies and care plans are regularly reviewed and evaluated for effectiveness. Bowel management programs include daily monitoring and the availability of various bowel management strategies such as regular drinks, aperient medication if necessary, exercise and a balanced menu, which contains high fibre foods. Care staff stated they assist residents with their continence programs as needed and they have access to advice from the registered nurse for additional support when required. The team observed the home was free of odour.

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 systems in place to effectively manage the needs of residents with challenging behaviours including initial and ongoing assessment of residents' behavioural needs and the development of a care plan that includes strategies to address residents' specific needs. Episodes of challenging behaviour are recorded, monitored and evaluated regularly to determine the effectiveness of strategies used and they identify the need for further strategies to be developed. Psychogeriatric and mental health services are accessible when required. During the accreditation audit the team observed residents being assisted by staff and staff were observed to interact with residents in a calm and supportive manner. The team identified through review of clinical notes, observation of residents and interviews with staff and residents that residents' behaviours are effectively managed.

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

Documentation and discussions with staff show all residents are assessed when moving into the home for mobility, dexterity, transfers and falls risk. Residents are assessed by a physiotherapist when they enter the home and individual programs are developed. The programs are carried out by a qualified physiotherapy assistant. All residents in the home are encouraged to take part in regular exercise including walking in and outside the home, participation in games and a regular daily exercise group. Care plans are regularly reviewed and falls incidents, results of regular audits and risk assessments are analysed to ensure optimum levels of mobility and dexterity are achieved for residents. Residents and their representatives interviewed confirm that staff assist residents in maintaining or improving their mobility and dexterity. Staff are trained in manual handling and the use of specialist equipment. Assistive devices such as walking frames are available. The home is well lit with handrails available in the corridors.

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's system for ensuring that residents' oral and dental health is maintained includes identification of residents' dental needs on entry to the home and the formulation of a care plan along with strategies to meet dental care needs. Documents reviewed confirmed that ongoing dental care is documented, reviewed and evaluated regularly by appropriately qualified staff. Residents are assisted to access their preferred dental professionals. Staff confirm the level of assistance required to maintain oral hygiene is based on the resident's ability to remain independent with oral hygiene. Residents stated they are satisfied with the care provided by the care staff.

2.16 Sensory loss

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

Team's recommendation

Does comply

Sensory loss is assessed on moving to the home and appropriate referrals are made to ensure residents are managed effectively. Care plans are regularly reviewed and evaluated to ensure appropriate referral. The activity officer has implemented a variety of methods to assist residents with sensory loss. The methods promote sensory stimulation, interaction with others, independence

and creativity and are regularly evaluated for effectiveness. The local library provides large print books and talking books for residents. Staff assist residents with the management and maintenance of hearing aids and glasses and liaise with specialist services to ensure residents' sensory losses are identified and managed effectively. Residents and their representatives reported staff are supportive of residents with sensory loss and promote independence and choice as part of daily care.

2.17 Sleep

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

Team's recommendation

Does comply

Residents' sleep patterns are assessed on moving to the home including history of night sedation. Residents have their own rooms and choose when they wish to go to bed and when they wake up. Lighting and noise is subdued in the home at night. Residents' are encouraged to be active during the day by participating in the lifestyle program and regular exercise and these activities assist residents to achieve natural sleep. Residents stated that night staff respond to calls for assistance and staff are supportive and ensure they receive appropriate care. Residents, who experience sleep disturbances are assessed, provided with warm drinks, emotional support, and assistance with toileting and pain management as needed.

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

Refer to Expected Outcome 1.1 Continuous Improvement for information about the home’s system for pursuing continuous improvement. The home demonstrated it is pursuing continuous improvement in relation to Accreditation Standard 3 and recent examples include:

- residents are regularly surveyed regarding specific aspects of their life at the home with feedback used to improve facilities and services;
- to assist residents’ families and visitors the residents now receive a monthly lifestyle program so that families and visitors can plan their visits and also be involved in the activity program;
- the home has introduced a new lifestyle brochure to advise residents and their representatives of the range of available activities;
- additional hours have been added to the lifestyle program with the program now also offered on the weekend;
- strategies to enhance end of life and bereavement care have been reviewed and changes implemented to support best practice. This has included the development of an advance care directive information book – ‘My health, my future, my choice’.

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

Refer to Expected Outcome 1.2 Regulatory Compliance for information about the home’s systems for ensuring 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. The following examples of regulatory compliance are relevant to Standard 3:

- the charter of residents rights and responsibilities is on display in the entry foyer and is incorporated in the residents handbook;
- the home’s privacy policy and practices are consistent with privacy regulatory requirements;
- staff acknowledge their obligations to maintain resident and organisational confidentiality as part of their employment agreements;
- residents provide informed consent and sign consent forms for matters such as the display of their photos on the doors to their rooms and the use of personal information for celebrations such as birthdays;
- security of tenure is explained in the resident handbook;
- requirements to report missing persons have been incorporated into relevant policies;
- systems are in place to ensure individual resident privacy preferences are identified on admission and supported thereafter.

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

Refer to Expected Outcome 1.3 Education and Staff Development for information about the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively.

Recent examples of training and education relevant to Standard 3 include: lifestyle staff attend corporate lifestyle meetings and education; compulsory training for all staff on resident's rights, elder abuse and mandatory reporting obligations.

3.4 Emotional support

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

Team's recommendation

Does comply

Residents/representatives interviewed expressed satisfaction with the support residents receive to adjust to life in the home and with the assistance provided to meet their ongoing emotional needs. New residents are welcomed with a gift of flowers and a welcome card. The team received many comments about the staff being helpful and caring. The entry process includes gathering information from residents/representatives to identify residents' interests and care preferences. Staff monitor residents' adjustments to the home and their emotional support needs. Residents are able to have familiar and treasured items in their room which contributes to their sense of wellbeing. Visits by organisation's pastoral care volunteers provide support to residents who wish for this service. Feedback from residents/representatives is gained through residents' meetings and day-to-day contact with staff.

3.5 Independence

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

Team's recommendation

Does comply

The home welcomes and encourages visitors and residents to participate in the life within and external to the home. The residents are assisted to attend mass at the co-located Catholic church if they so choose. Local schools also visit and participate in special celebrations. The team observed personal items in resident rooms such as photographs and other memorabilia and the mobility aids available also assist residents to maintain independence. Family and friends are welcomed into the home and have access to private areas for visiting. Residents are encouraged to maintain their independence as is evidenced by residents assisting with household activities, a resident leads interested residents in saying the rosary daily, residents playing the piano and organ for the enjoyment of other residents and residents assisting with running lifestyle activities in the home. Residents and representatives confirm their satisfaction with the way staff assist them to maintain and achieve their 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 recommendation

Does comply

The home has a system that ensures each resident's right to privacy, dignity and confidentiality is recognised and respected. Interviews with staff, observation of staff practices and interactions with residents demonstrated that staff treat residents respectfully and with dignity, for example calling residents by their preferred name, knocking on doors before entering their rooms and discussing resident care issues in private. The team observed residents' clinical files to be stored securely at all times. Staff sign a confidentiality agreement when commencing employment and residents sign

a consent form for the display of their photographs. Residents/representatives interviewed by the team confirmed that staff treat them respectfully and that their privacy and dignity is recognised and respected.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

The lifestyle staff and care staff actively promote and support residents' participation in the home's varied leisure and activities program. The program is developed from requests and suggestions from residents and their representatives. A monthly calendar informs residents of the program and it is displayed on notice boards and is given to each resident for their reference. The daily activity plan is responsive to resident requests and is changed whenever needed, which keeps the residents interested and engaged in the program. The organisation provides a bus on a regular basis and outing destinations are chosen by the residents. Entertainers and concerts, special events, birthdays and various types of games, quizzes and craft form the program. Aids for visually impaired residents have been purchased so they can participate in planned activities. Residents are encouraged to participate but their decision not to is respected. Residents/representatives interviewed expressed satisfaction with the range of lifestyle activities provided by the home.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

The home demonstrates that individual interests, customs, beliefs and cultural and ethnic backgrounds are/can be fostered. Assessment of residents' specific needs and preferences is performed on entry to the home and on an ongoing basis. Residents are actively encouraged to maintain cultural and spiritual links in the community and regular religious services are held within the home. Cultural days such as Christmas, Easter, New Year, Australia day, Mother's day, Father's day and ANZAC day are celebrated. Residents/representatives interviewed by the team indicated their cultural and spiritual needs are being 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 has systems in place to ensure residents are able to participate in making choices and decisions about their care and environment and are able to exercise control over their lifestyle. There are a number of mechanisms in place for residents/representatives to participate in decisions about the services they receive, including resident meetings, care plan consultations and through the comments and complaints process. The charter of residents' rights and responsibilities is displayed in the home. Some examples of residents exercising choice and decision making include: meal choices, activities, personalisation of their room, medical practitioner of choice, freedom of movement throughout the home and input into the plan of care. Interviews with residents/representatives identified that residents are satisfied with the choices available to them.

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 team sighted an example of the home's agreement that is signed by the resident/representative on entry to the home. This agreement is discussed with the resident/representative and includes information on the charter of residents' rights and responsibilities, fees and security of residence information. If the care needs of a resident can no longer be met by the home the resident and resident representative are consulted and assistance is provided to find appropriate accommodation. Resident meetings provide a forum where issues and concerns can be raised. Residents and resident representatives interviewed are aware of the internal feedback mechanisms and expressed satisfaction with the processes in place.

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

Refer to Expected Outcome 1.1 Continuous Improvement for information about the home’s system for pursuing continuous improvement. The home demonstrated it is pursuing continuous improvement in relation to Accreditation Standard 4 with strong links to meeting changing resident care needs. Recent examples include:

- carpeting has been replaced in all common areas;
- new equipment has been purchased to respond to changing resident care needs e.g. stand-up lifter, shower chairs, electric beds, shower chairs;
- carpets in resident rooms are being progressively replaced;
- following resident input, additional choices have been added to dinner menus;
- additional common areas for use by residents and families have been developed and furnished;
- new lounge furniture which is more suited to ageing residents has been ordered for communal areas;
- additional slide sheets to assist with the safe manual handling of residents in bed have been purchased;
- a new large flat screen TV has been installed in the downstairs lounge area for resident enjoyment.

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

Refer to Expected Outcome 1.2 Regulatory Compliance for information about the home’s system for ensuring compliance. The following examples are relevant to Accreditation Standard 4:

- the home has a current building certificate on display;
- all staff directly involved in occupational health and safety (OH&S) management have completed relevant OH&S Representative training;
- all chemicals are stored correctly with current materials safety data sheets;
- all staff have completed mandatory fire safety training;
- all electrical and fire safety equipment is regularly checked and tagged;
- staff involved in food service on weekends have received appropriate food safety training and their competency standards are regularly monitored;
- the home has a current NSW Annual Fire Safety Statement displayed;
- the home has current NSW Food Authority registration as a food business.

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

Refer to Expected Outcome 1.3 Education and Staff Development for information about the systems the home has in place.

Recent examples of training and education relevant to Accreditation Standard 4 include: incident and hazard reporting and investigation; occupational violence and workplace bullying; all staff complete mandatory training in fire safety and manual handling practices and all staff complete mandatory training in infection control.

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

Management has demonstrated that it is actively working to provide and maintain a safe and comfortable environment consistent with residents' care needs. Consultation about resident needs and preferences in relation to the living environment occurs pre-admission, on admission and regularly thereafter through the home's feedback system. Residents are made aware of the security and safety standards on admission and through the resident's handbook. Resident rooms have furniture appropriate to the needs of individual residents and residents are encouraged to personalise their rooms with their own furniture and furnishings. All rooms are connected to a centrally monitored call system with emergency calls also displayed on staff pagers. Emergency call pendants are available for all residents as required. Resident / representatives and staff interviews indicated that management is working with residents and their representatives and staff to ensure the living environment is consistent with the residents' care needs. Resident / representative interviews confirmed they are satisfied with the living environment and that they feel safe and secure in the home.

4.5 Occupational health and safety

This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's recommendation

Does comply

Management has demonstrated that it is actively working to provide a safe working environment that meets regulatory requirements. Policies and procedures are in place to facilitate the provision and maintenance of a safe work environment. The home has effective incident and hazard reporting and monitoring systems that encourage and support a positive culture of incident reporting. Occupational health and safety (OH&S) is a standing item on the service review committee agenda to review accidents / incidents and address any OH&S and infection control issues. Feedback is provided to staff and residents through meeting minutes. OH&S is a standing item at staff meetings and in resident committee meetings. Personal protective equipment (PPE) is provided in designated areas and staff interviews indicated that they know when and what PPE should be used. The home has appropriate equipment available to assist in managing residents with mobility issues. Audits demonstrate compliance with and continuing improvements in OH&S outcomes. Interviews with staff confirmed that they receive education and information regarding OH&S in the workplace.

4.6 Fire, security and other emergencies

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

Team's recommendation

Does comply

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks for residents / representatives and staff. The home's fire, security and emergency systems include policies and procedures, appropriate fire safety equipment, evacuation signage throughout the home, staff training in emergency evacuation procedures, and alarms on all external doors. The home maintains a resident evacuation folder which includes resident's photos together with key information about each resident. The home has

a current contract for the regular inspection and maintenance of all fire safety equipment. Staff interviews demonstrated a sound knowledge of the location of emergency equipment and emergency procedures.

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 infection control program in place. Management maintains a database on infections with data systematically collected, analysed and acted on. Reports are regularly provided to the service review committee, residents / representatives and staff. Where necessary, appropriate training is provided to staff and policies and procedures are modified to deal with issues that have been identified. Staff are trained in infection control and staff practices are routinely monitored to ensure compliance with relevant infection control policies and standards. The home maintains appropriate equipment, hand washing facilities, PPE and appropriate supplies throughout the home for effective infection control. The home has plans in place to manage outbreaks. Vaccination programs are offered and widely taken up by both residents and staff. Interviews with residents / representatives and staff confirmed that infection control procedures at the home are well managed.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

The home has a system in place to deliver hospitality services in a way that enhances residents' quality of life and the staff working environment. Resident's dietary needs and preferences are identified on admission to the home and are continually monitored and modified as necessary. While the menu is developed at corporate level in consultation with a dietician, the home's catering supervisor has flexibility to make changes to suit resident needs and preferences. Choices are available for all meals. The kitchen has an effective food safety system in place and staff involved in food preparation and service confirmed that they undertake training in food safety practices. Laundry services for most items are provided by an external contractor. Residents are also able to choose to do their own laundry. The home has appropriate cleaning schedules in place to ensure cleaning and detailing is carried out on a regular basis. Staff are appropriately trained in manual handling practices, safe handling of chemicals and infection control. Feedback on catering, cleaning and laundry is provided through the internal comments and complaints system ("Happiness / Unhappiness" form), and resident meetings and surveys. Resident / representative interviews indicated that they provide feedback to the home and that staff are responsive to their needs and preferences. Resident surveys and interviews with residents / representatives confirmed that the home's hospitality services meet residents' needs and preferences.