



**Aged Care**

Standards and Accreditation Agency Ltd

## **Decision to accredit St Pauls Lutheran Hostel**

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

The Agency has decided that the period of accreditation of St Pauls Lutheran Hostel is three years until 20 June 2014.

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.

<b>Home and approved provider details</b>					
<b>Details of the home</b>					
Home's name:		St Pauls Lutheran Hostel			
RACS ID:		6157			
Number of beds:		61	Number of high care residents:		50
Special needs group catered for:			<ul style="list-style-type: none"> <li>• People with dementia or other related disorders</li> </ul>		
Street:		7 Braun Drive			
City:	HAHNDORF	State:	SA	Postcode:	5245
Phone:		08 8398 8600		Facsimile:	08 8388 1650
Email address:		admin@st-pauls.org.au			
<b>Approved provider</b>					
Approved provider:		St Paul's Lutheran Homes Hahndorf			
<b>Assessment team</b>					
Team leader:		Cate Quist			
Team member:		Cherie Davy			
Dates of audit:		21 March 2011 to 22 March 2011			

<b>Executive summary of assessment team's report</b>	
<b>Standard 1: Management systems, staffing and organisational development</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
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
<b>Standard 2: Health and personal care</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

**Accreditation decision**

<b>Agency findings</b>
Does comply
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<b>Agency findings</b>
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<b>Executive summary of assessment team's report</b>	
<b>Standard 3: Resident lifestyle</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
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
<b>Standard 4: Physical environment and safe systems</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
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

<b>Agency findings</b>
Does comply
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<b>Agency findings</b>
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### 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	St Pauls Lutheran Hostel
RACS ID	6157

### **Executive summary**

This is the report of a site audit of St Pauls Lutheran Hostel 6157 7 Braun Drive HAHNDORF SA from 21 March 2011 to 22 March 2011 submitted to the Aged Care Standards and Accreditation Agency Ltd.

### **Assessment team's recommendation regarding compliance**

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

- 44 expected outcomes

### **Assessment team's recommendation regarding accreditation**

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit St Pauls Lutheran 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 21 March 2011 to 22 March 2011

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

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

## Assessment team

Team leader:	Cate Quist
Team members:	Cherie Davy

## Approved provider details

Approved provider:	St Paul's Lutheran Homes Hahndorf
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## Details of home

Name of home:	St Pauls Lutheran Hostel
RACS ID:	6157

Total number of allocated places:	61
Number of residents during site audit:	60
Number of high care residents during site audit:	50
Special needs catered for:	People with dementia or related disorders

Street:	7 Braun Drive	State:	SA
Town:	HAHNDORF	Postcode:	5245
Phone number:	08 8398 8600	Facsimile:	08 8388 1650
E-mail address:	admin@st-pauls.org.au		

### Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit St Pauls Lutheran 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.

### 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/representatives	9
Director of care	1	Housekeeper	1
Quality manager	1	Laundry staff	1
Clinical nurse	1	Property manager /maintenance	1
Registered nurse	1	Catering manager	1
Enrolled nurses	3	Administration manager	1
Care staff	4	Ancillary staff	1
Lifestyle coordinator	1	Quality assistant	1
Physiotherapist	1		

#### Sampled documents

	Number		Number
Residents' files	5	Medication charts	5
Care plans and progress notes	6	Personnel files	7
Restraint check lists	2	Restraint authorisations	3
Lifestyle care plans	6	Resident agreements	5
Statutory declarations	3		

#### Other documents reviewed

The team also reviewed:

- Adverse event data
- Archive register
- Audit, survey and improvement schedule
- Care plan review schedule
- Certificate of compliance for electrical testing and tagging

- Communication books in hospitality areas
- Continuous improvement data
- Dietary requirement information
- Document control system
- Electronic police clearance register
- Fire safety certificate
- Food safety audit report
- Human resource data
- Infection control data
- Internet system for staff
- Licence to possess Schedule 4 medications
- Material safety data sheets
- Nurse initiated medication list
- Nursing registration register
- Pastoral care coordinators folder
- Physiotherapy directives and treatment records
- Preferred suppliers list
- Resident handbook and information package
- Restraint records and review dates
- Staff induction program
- Various cleaning schedules for kitchen, laundry and cleaning services
- Various fire equipment registers 2010
- Various food temperature records
- Various lifestyle activities attendance sheets, checklists and evaluations of programs
- Various lifestyle monthly calendars
- Various maintenance requests, schedules and work orders
- Various meeting minutes
- Various policy and procedures
- Various surveys and audits and results
- Various training records, evaluations and attendance records

## **Observations**

The team observed the following:

- Activities in progress
- Archive room
- Equipment and supply storage areas
- Gastro kit /spill kit
- Interactions between staff and residents
- Kitchen area with meal preparation
- Laundry area with new trolley, racks and work bench
- Living environment
- Medication pump with instruction folder
- Medication round and medication storage
- Nurses' stations with related information
- Oxygen equipment
- Palliative care trolley
- Resident and staff notice boards
- Residents' receiving complimentary therapies
- Secure perimeter fencing
- Security systems
- Staff attending residents
- Staff wearing protective equipment
- Treatment areas and clinical stocks.



## Assessment information

This section covers information about each of the expected outcomes of the Accreditation Standards.

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

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

#### 1.1 Continuous improvement

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

##### Team’s recommendation

Does comply

The quality manager oversees the quality system and supports senior staff from each area to maintain auditing, surveys, continuous improvement reporting and documentation reviews for their area. The audits and surveys are guided by a schedule and developed by each area manager according to the area prioritised. Audits and surveys respond to current need or follow up of actions and outcomes from previous audits. The home uses information from surveys, audits, adverse event data, clinical data and suggestions from residents and staff to plan continuous improvement activities. Each project is documented and managed by the relevant area manager, discussed at regular Continuous Improvement and Occupational Health Safety and Welfare Committee meetings and when completed logged in the continuous improvement register. Staff and residents have access to continuous improvement information and are encouraged to participate in the home’s program for improvement. Staff demonstrated they are actively involved and informed about improvement activities. Improvements undertaken in relation to management systems, staffing and organisational development include:

- The home identified that an increase in bed numbers would assist them to maintain financial viability and to maintain the standard of service they wish to provide for their residents. The home applied for and has been granted 15 extra bed licences. One licence has been utilised with the provision of an extra bed. A respite room has been refurbished adding an ensuite facility. The home has a building plan lodged with the council.
- To improve the staff induction process, the program has been reviewed and updated with more information provided for new staff. Information is provided about every area of the home to give new staff an understanding and appreciation of all areas and roles. Catering, pastoral care, quality, current and future directions and lifestyle are included in the program. The first session was held in February 2011 and staff evaluation forms indicated they appreciated the information provided. The home is reviewing the program giving consideration to the suggestions made by the participants.

#### 1.2 Regulatory compliance

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

##### Team’s recommendation

Does comply

The home has systems to identify, monitor and communicate relevant legislation, regulations, professional standards and guidelines in relation to management systems, staffing and organisational development. The chief executive officer receives aged care legislative alerts through peak external bodies, including Aged and Community Services and the Department of Health and Ageing. Updates are forwarded to the relevant managers and supervisors. Legislative updates are tabled at the Continuous Improvement and Occupational Health Safety and Welfare Committee and are a standard agenda item at meetings. The home has processes to monitor work related registrations, licences and police clearances for all relevant individuals and provide notification to residents and their families about the accreditation audit. Staff are aware of their regulatory requirements relating to management systems and staff development.

### **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 a system to provide staff with the appropriate knowledge and skills to perform their roles effectively. Processes include mandatory training, performance appraisals, supervision, surveys, education evaluation, quizzes and feedback. The training schedule has been developed to reflect the needs identified through these processes. Education is provided internally and through external training sessions. Staff attendance at training is supported and monitored. There are processes for following up non-attendance at mandatory training sessions. An orientation and induction program is available for new staff. Staff have access to job descriptions and policies and procedures to guide them in their daily work practices. Staff are satisfied with the education information, opportunities and ongoing support to enhance their knowledge and skills. Examples of training completed in management systems, staffing and organisational development in the last 12 months include Aged Care Funding Instrument, financial forums and business administration. Residents and representatives are satisfied staff have the appropriate knowledge and skills to perform their roles effectively.

### **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

Residents are satisfied they have access to a complaints mechanism through approaching staff or management or using a formal process. The home displays information regarding internal and external complaints processes and advocacy services. Mechanisms for reminding residents of their ability to make suggestion or complaint include resident meetings, surveys and the resident handbook. Staff are informed of procedures for responding to a resident complaint and general resident issues are discussed at staff meetings. Resident complaints are discussed at continuous improvement meetings and relevant opportunities for improvement considered and actioned. The home monitors complaints management through resident and representative feedback, resident surveys and their auditing process.

## 1.5 Planning and leadership

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

### **Team's recommendation**

Does comply

The home displays their vision, mission and philosophy and includes this information in documentation provided to residents. Resident and staff are informed of the home's current and future directions through regular meetings, staff intranet, notice boards and newsletters.

## 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

Residents and representatives are satisfied with the responsiveness of staff and the level of care provided to them. The chief executive officer has processes for identifying and assessing the required staffing levels to meet residents' needs on an ongoing basis. Staffing levels are determined by the budget, performance reviews, training evaluation, observation of work practices, feedback from staff and changes to resident acuity. The staff roster and skill mix ensure adequate numbers and types of staff are maintained, with agency staff utilized for shifts not filled by regular staff. Recruitment process screen and select the appropriate qualified staff. Site orientation and induction process occur for all new staff. The home has systems to monitor and record police clearances and professional registrations and ensure these are updated as legislated. Clinical competencies are evaluated and monitored annually. Staff feel they are supported by management and have enough time to perform their duties

## 1.7 Inventory and equipment

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

### **Team's recommendation**

Does comply

The home has systems to maintain a supply of appropriate goods and equipment. There are processes in each area for ordering, storing, rotation and replacement of stocks and equipment. Maintenance schedules, staff duty lists and external supplier schedules direct the maintenance and cleaning of all equipment. Staff are consulted regarding new equipment and trained in operating procedures as appropriate. Residents and staff are satisfied the home maintains adequate supplies of equipment. The home uses the audit process, staff feedback and regular observation by senior staff to monitor the maintenance of suitable supplies of equipment.

## **1.8 Information systems**

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

### **Team's recommendation**

Does comply

The home has systems to provide management and staff with access to appropriate and accurate information to enable them to perform their roles. Residents are provided information in the agreement, resident information guide and through newsletters and resident meetings. Staff are provided with an orientation, handover process, electronic care planning information and an intranet which includes current information and policies and procedures. Key information is recorded, monitored and analysed at area and senior management level. Documents are controlled and changes made and approved by senior managers are referred to the quality manager for logging into the system. There are processes for storage and management of confidential information, maintenance of confidential electronic information and review of documentation. Staff are satisfied with their access to information relevant to their role and residents are satisfied they are provided with sufficient information to assist them to make decisions regarding their care and lifestyle.

## **1.9 External services**

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

### **Team's recommendation**

Does comply

St Paul's has preferred contractors for external services and maintains agreements with these services including provision for legislative requirements and quality of service. Suppliers who do not meet the home's service and quality goals are consulted and replaced when required. Relevant suppliers provide a current criminal record check. Staff and residents are satisfied with the provision of external services and are aware of avenues to provide feedback to management regarding poor service. The home's audit and survey processes and feedback from staff and residents monitor the quality of 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

The home's continuous improvement plan and activities are managed by a quality manager who coordinates the program and provides education and support for area managers and staff. Residents, representatives and staff are encouraged to provide feedback and suggestions and these are considered and discussed at staff and resident meetings and continuous improvement meetings. The care manager develops audits and staff surveys guided by a schedule and in response to current need and identified areas for consideration. Staff are familiar with and informed about their opportunity to contribute to improving resident care and provided examples of improvements resulting from staff suggestions. Results from surveys, audits, adverse event data and clinical data are used to plan and develop improvement projects. The home demonstrated improvements related to health and personal care including:

- Monitoring of wound data, prompted the home to review the policies and procedures related to maintenance of skin integrity and the treatment of wounds. A staff education program was implemented and included prevention measures, new wound care products, new procedures and the development of readily available wound care guidelines. A team leader position was introduced with the responsibility of auditing turn and repositioning charts and supervising care staff. Wound reporting systems have been updated and staff who attend wound care have been educated in current treatment regimes. A camera was purchased to assist in monitoring the healing of wounds. Results of wound care data over a twelve month period demonstrate the effectiveness of the program with a significant reduction in wounds and an improvement in healing of new wounds.
- The home responded to results of weight monitoring which indicated a need to improve the system for identifying residents at risk and the management of weight loss. The home reassessed residents using a nutritional risk tool and developed a regime to manage risk of weight loss and actual weight loss. Various levels of supplements are provided according to identified need and monitoring increased to manage weight loss. Referrals are made for dietitian and speech pathologist consultation when need is identified. Nutrition and hydration procedures have been updated. Weight monitoring results show the program has been successful in responding to weight loss.
- In a care planning survey staff requested more information to be provided on the resident bathroom chart. The care needs form has been updated and now includes information regarding sensory aids, dental care, safety measures, shower days, bathroom aids, hair wash days and tooth brush replacement date. Care staff have provided feedback that they appreciate the extra information.

## 2.2 Regulatory compliance

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

### **Team’s recommendation**

Does comply

The home has systems to identify, monitor and communicate changes to relevant legislation, regulatory requirements, professional standards and guidelines in relation to health and personal care. The chief executive officer receives aged care legislative alerts through peak external bodies, including Aged and Community Services and the Department of Health and Ageing. Updates are forwarded to the relevant managers and supervisors. Legislative updates are tabled at the Continuous Improvement and Occupational Health Safety and Welfare Committee and are a standard agenda item at meetings. The home has processes to monitor the provision of prescribed care and services as outlined in the *Quality of Care Principle*, contractor registration requirements and medication administration. Staff are aware of their regulatory requirements relating to health and personal care.

## 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 demonstrates a commitment to develop and maintain staff knowledge and skills in relation to health and personal care. Staff are satisfied with the training and education information, opportunities and ongoing support to improve their knowledge and skills. Examples of training completed by staff in relation to health and personal care in the last 12 months includes, wound care, medication competencies, better oral health, palliative care, behaviour responses and depression in dementia. Staff practice is monitored through performance appraisals, supervision, surveys and resident feedback. Residents and representatives are satisfied that staff have the appropriate knowledge and skills to perform their roles effectively.

## 2.4 Clinical care

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

### **Team’s recommendation**

Does comply

Residents and representatives are satisfied that appropriate clinical and personal care is provided and their needs and preferences are considered. Initial and ongoing assessment of resident care is conducted by qualified staff and documented on an electronic care planning system. Consultation with residents, families, the medical officer and relevant allied health professionals, assists the home to develop a plan of care which meets individual needs and preferences. The scheduled care review process covers all aspects of care with input from care and nursing staff, residents and families and relevant health professionals. Care staff report changes in resident health status to nursing staff and referral is made to relevant other health professionals as required. Clinical incidents are documented, collated and reviewed on a regular basis by clinical staff and the senior management team. Staff practices are supervised and monitored and staff are informed about results of clinical incident data and changes to resident 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

Residents and representatives are satisfied they receive appropriate specialised nursing care and they are consulted about their individual needs and preferences. Qualified staff conduct health assessments and consult with relevant health professionals to identify individual specialised nursing care needs. Registered nursing staff review and evaluate assessment data and plan care and treatment regimes. Nursing staff are assessed for competency in specialised nursing care, such as medication management, wound care and the use of specialised equipment. Staff are aware of their role and responsibilities with regard to specialised nursing care and demonstrate consultation with registered nursing staff according to the home’s policy and legislative requirements. The home monitors staff practices and care provision by analysis of incidents, monitoring wound care, clinical skill competencies and resident feedback.

## 2.6 Other health and related services

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

### **Team’s recommendation**

Does comply

Residents and representatives are satisfied they have access to appropriate health specialists according to their needs and preferences. The assessment process conducted by qualified staff identifies the need for referral on entry to the home and on an ongoing basis. The physiotherapist visits the home every week and the podiatrist on a regular basis. There are processes for referral and communication with allied health services and for relating treatment orders to relevant staff. Specialist health services accessed by the home, include dental, optical, medical, speech pathology, dietitian and dermatology. The home monitors the referral process by feedback from residents, liaison with allied health care services and the regular review of care.

## 2.7 Medication management

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

### **Team’s recommendation**

Does comply

Resident and representatives are satisfied their medications are managed safely and correctly. Registered nursing staff assess residents’ medication management needs and document administration details on the medication chart. The pharmacist assesses residents who wish to self administer and reviews their ability on a regular basis. There are processes for the ordering, storage and disposal of medications according to legislative and safety requirements. The home has a list of approved nurse initiated medications signed by the medical officer. The pharmacist provides regular staff education and reviews medication charts on a regular basis or as requested by the home. Referral is made to the medical officer for medication review when care needs change or following the monitoring of as required medications. Medication incidents are

recorded and monitored by senior clinical staff and by the Medication Advisory Committee. Staff medication management skills are assessed on an annual basis. The home audits medication management on a scheduled basis and corrective action is taken in response to audit results.

## **2.8 Pain management**

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

### **Team's recommendation**

Does comply

Residents and representatives are satisfied with the way their pain is managed and that they are consulted with regard to pain management. The initial pain assessment includes identification of pain, successful strategies and treatments required. The home uses a pain scale to assist with the identification of non-verbal indicators of pain. The physiotherapist and medical officer are consulted with regard to pain management. The physiotherapist provides assessment and subsequent treatment orders such as, exercises, positioning, massage and heat packs. A registered nurse is rostered to provide massage treatments. Care plans developed by registered nursing staff outline pain management strategies and are reviewed on an 'as needs' basis or as scheduled. Staff report indicators of pain to registered staff for assessment and appropriate treatment. Pain charts are commenced when residents display a new pain or when new pain management regimes are commenced. Pain management is evaluated by regular care review, resident and representative feedback, observation of staff practices and liaison with allied health and medical staff.

## **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 admission process includes consultation with the resident and family to discuss palliative care requirements, end of life care preferences and identification of authorised representatives. In the final stages the home develops a palliative care plan to identify specific relevant needs in relation to mouth care, food and fluids, skin care, cultural and religious wishes and pain management. The home has a chaplain who visits on a regular basis and visits residents and families during the palliative care phase. A palliative care trolley is used to make available specific interventions such as, hot towel sponges, relevant equipment, music and aromatherapy. Families who wish to remain with the resident are supported to do so. The home purchased a new syringe driver pump to assist with pain management. Staff are provided with palliative care training and the home maintains links with current palliative care educational resources. The management of palliative care is monitored and evaluated by the care review process, feedback from families and the audit process.

## **2.10 Nutrition and hydration**

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

### **Team's recommendation**

Does comply



Residents and representatives are satisfied with the home's approach to the management of nutrition and hydration. In consultation with residents and families, an assessment is conducted to identify dietary requirements, assistance required, preferences and risks for malnutrition. Referral for allied health support is made as indicated in the assessment process or as a result of health status change. Staff observe residents at meal times and report concerns to registered staff. Changes in dietary requirements are reported and relevant staff advised. There are procedures and guidelines for modified food and fluids and staff are informed of their responsibilities with regard to monitoring intake. Weights are monitored and documented guidelines direct the management of weight loss. The audit and care review process monitors and evaluates the management of nutrition and hydration.

## **2.11 Skin care**

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

### **Team's recommendation**

Does comply

Residents and representatives are satisfied with the skin care provided and the consideration given to their needs and preferences. Skin integrity and residents at risk of impairment are assessed and appropriate interventions documented on the care plan. Preventative care includes skin protective clothing, toileting programs, regular re-positioning, exercise programs, nutrition supplements and the application of hydrating creams. Staff report areas of concern for follow up by registered staff. Laminated sheets in the residents' bathrooms outline skin care and products used. Complex wounds are treated by registered nursing staff and staff providing wound care have attended wound care education. The home monitors wounds and skin tears and has responded successfully to identified areas of concern with new preventative procedures, staff education, new wound care products and review of continence management.

## **2.12 Continence management**

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

### **Team's recommendation**

Does comply

Resident and representatives are satisfied their continence and comfort needs are met. The continence assessment process identifies individual needs and preferences, abilities and product requirements. Care plans detail toileting requirements and continence interventions. There are processes for ordering and supply of appropriate products for each resident and monitoring that these meet comfort, skin and dignity needs. Care staff use a specific request form to request a continence review when the current product is no longer effective. Bowel management is monitored and medication regimes reviewed when concerns are noted. The home has reviewed the product range used and provided staff training in correct documentation, product use and providing timely care. Infections are monitored and procedures implemented to allow prompt treatment of urinary tract infections.

### **2.13 Behavioural management**

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

#### **Team’s recommendation**

Does comply

Residents are satisfied with the way the home manages behaviours. The assessment process on entry to the home includes a behaviour assessment undertaken over a specified period. Behaviour management strategies are developed by registered nursing staff in consultation with the medical officer and families, documented and reviewed on a regular basis. Staff report behavioural incidents and the outcomes of strategies used. Behaviour charts are commenced when new behaviours or changes are noted and results discussed with the medical officer or referral is made for specialist consultation where further assistance is required. Restraint is minimised, used in consultation with the medical officer and family and reviewed regularly. Staff use safety check lists to record checking residents with restraint. Wandering residents are provided with a safety bracelet. Lifestyle programs to assist with behaviour management include a sundowners’ program every evening, pet therapy, music therapy and various activities provided in the secure area. Processes for evaluation of care include the care review process, monitoring behaviour incidents and observation of staff practices.

### **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

Residents and representatives are satisfied with the support provided by the home to maintain mobility and dexterity. Mobility assessment includes a falls risk assessment and an assessment and treatment directives by the physiotherapist. Exercise plans are developed as required and placed in the care plan. The physiotherapist checks residents who have had a fall in the previous week, makes notes in the progress notes and completes directives for pain and mobility treatment. Staff attend manual handling training on an annual or as required basis. Falls are recorded and monitored and individual preventative measures implemented as required, such as electric, sensor alarms, hourly safety checks, protective clothing and mobility aids. Care is reviewed by registered nursing staff on a scheduled basis and the physiotherapist reviews residents regularly.

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

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

#### **Team’s recommendation**

Does comply

Residents and representatives are satisfied with the way the home supports oral and dental care. The oral and dental assessment process generally completed by registered nursing staff, informs the development of the care plan which details individual requirements. The residents’ aid list in the bathroom provides dental care information and toothbrush replacement date. The home accesses dental services as required and has accessed the dental care program training for staff. Special oral and

dental products are available to assist mouth care during the palliative care. Staff report concerns with oral or dental care for follow-up by registered nursing staff. The care review process, resident feedback and observation of staff practices monitor and evaluate the oral and dental care provided.

## **2.16 Sensory loss**

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

### **Team’s recommendation**

Does comply

Residents are satisfied the home supports them to manage sensory loss. Sensory assessments are conducted during the initial and ongoing assessment process and implications for the resident are identified on the care plan. In addition details of hearing aids and glasses are noted on the residents’ aids list in their bathroom. Residents are provided with sensory experiences during activities, meals, garden areas, aromatherapy and massage sessions. Staff are aware of the need to provide sensory experiences and to consider sensory loss during the provision of care. Sensory care management is reviewed by the scheduled care plan review and the audit process.

## **2.17 Sleep**

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

### **Team’s recommendation**

Does comply

Residents are satisfied they are supported to maintain natural sleep patterns. Sleep assessments provide staff with information regarding individual needs and preferences. Care plans outline residents’ preferred time to settle, night light requirements and any other individual preferences, such as walking aids or slippers beside the bed. The sundowner program in the secure area assists residents to relax and prepare for sleep. Sleep patterns are reassessed during the care review process or when changes in care needs are identified. Staff report sleep disturbances in progress notes and the actions taken to settle the resident. The home evaluates care by the care review process, resident feedback and the audit process.

## **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

In conjunction with the quality manager the lifestyle coordinator uses information from resident surveys, resident meetings and evaluation of lifestyle programs to identify areas for improvement. Residents and staff are encouraged to make suggestions. Projects are documented by the lifestyle coordinator and discussed at continuous improvement meetings. The quality manager supports lifestyle staff with the documentation and reporting of the projects and once projects are completed they are logged in the quality reporting system. The home demonstrated improvements related to resident lifestyle including:

- To support residents to find their seating place in the dining room of the secure area, the home developed personalised place mats. It was identified that new or relieving staff needed easy identification of residents, their seating place and their meal requirements. The place mats were developed with resident and family assistance to choose relevant pictures and photos. The place mat system has been improved to include a diet code system. Coloured dots on the place mat are a reference to diet requirements, such as diabetic diet, soft diet, thickened fluids and assistance required.
- Residents requested Tai Chi classes via the ‘Care to comment’ forms. The home identified the need to increase the current exercise program and has introduced a Tai Chi program by a qualified instructor. The Tai Chi program is run generally twice per week in the cottages and in the secure area. The popularity of the program is evaluated by the increasing attendance, resident feedback and the participation of residents in the secure area. Music accompanies the program. An information session for residents on the benefits of Tai Chi was held with the physiotherapist and Tai Chi instructor, providing information and response to resident queries regarding the program.
- The home identified an opportunity to improve the pastoral care provided. A new pastor was appointed for eight hours per week. A pastoral care folder has been developed to assist the pastor in maintaining resident support. The folder contains relevant resident information, pastoral care review forms and a brochure providing information about pastoral care. The brochure was developed in consultation with the new pastor. Staff can contact the pastor for support for specific residents if required between the scheduled visit. The lifestyle coordinator evaluated the success of the new program by monitoring residents visited and resident feedback at meetings. Both have indicated the program is successful.

### **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 systems to identify, monitor and communicate changes to relevant legislation, regulatory requirements, professional standards and guidelines in relation to residents' lifestyle. The chief executive officer receives aged care legislative alerts through peak external bodies, including Aged and Community Services and the Department of Health and Ageing. Updates are forwarded to the relevant managers and supervisors. Legislative updates are tabled at the Continuous Improvement and Occupational Health Safety and Welfare Committee and are a standard agenda item at meetings. Residents are provided with a residential care agreement on entry to assist them to understand their rights and responsibilities, fees and charges and security of tenure. Staff are aware of their regulatory requirements relating to resident lifestyle. This includes the compulsory reporting and documenting of elder abuse, protecting residents' privacy and maintaining the confidentiality of resident information.

### **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 demonstrates a commitment to develop and maintain staff knowledge and skills in relation to resident lifestyle. Staff are satisfied with the training and education information, opportunities and ongoing support to improve their knowledge and skills. Training completed by staff in relation to resident lifestyle includes privacy and dignity, colour my world workshop, the magic of music and art therapy program. Staff practice is monitored through performance appraisals, supervision, surveys and resident feedback. Residents and representatives are satisfied that staff have the appropriate knowledge and skills to perform their roles effectively.

### **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 and representatives are satisfied with the level of emotional support provided on entry to the home and on an ongoing basis. Residents and their families are encouraged to visit the home prior to admission and are provided with pre-admission information. The resident's care plan and social profile, personal history, lifestyle and information assessment identifies individual emotional, spiritual, cultural, social and lifestyle preferences. The profile is reviewed and generally updated regularly or as required. Staff and volunteers assist residents to settle into their new environment by introducing them to other residents and providing one-to-one emotional support. Additional support provided includes pastoral care visits, pet therapy, doll therapy, aromatherapy and complimentary therapies. Residents are encouraged to maintain links with family and local community groups and attend regular church service. Surveys, lifestyle review, activity evaluations and resident feedback assist the home to monitor resident satisfaction.

### **3.5 Independence**

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

#### **Team's recommendation**

Does comply

Residents and representatives are satisfied with the assistance provided by staff to assist residents' to achieve their independence, maintain friendships and participate in the local community. Lifestyle and other care assessment and review processes identify residents' needs, abilities, interests, preferences and family and community associations. Other strategies include physiotherapy assessments, access to mobility aids, specialised equipment, exercise classes, large print and talking books, access cabs and on-site trust account, hairdresser and mobile polling booth. Lifestyle activities, including the use of volunteers and bus trips assist residents in maintaining friendships and links to the community. Staff assist residents whilst respecting their right to refuse participation. Surveys, lifestyle review, activity evaluations and resident feedback assist the home to monitor resident satisfaction.

### **3.6 Privacy and dignity**

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

#### **Team's recommendation**

Does comply

Residents are satisfied that the home respects their individual needs and preferences and that their privacy, dignity and confidentiality is maintained. Residents are accommodated in single rooms with ensuite bathrooms. Residents have access to a personal locked drawer in their room. Staff assist residents in their activities of daily living by promoting and supporting their privacy needs through knocking on doors before entering and ensuring discretion at handover. There are several areas available for private gatherings. Resident files and confidential information is stored securely and electronic information is password protected. Staff and volunteers are informed of the home's privacy and confidentiality policies and sign a confidentiality form as part of their orientation to the home. Surveys, lifestyle review and resident feedback assist the home to monitor resident satisfaction.

### **3.7 Leisure interests and activities**

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

#### **Team's recommendation**

Does comply

Residents and representatives are satisfied with the activities available and the support provided to assist residents to participate. On entry the care plan and social profile, personal history, lifestyle and information assessment identifies resident's individual interests and preferred activities. The monthly activity calendar is displayed on the noticeboard in each area and residents receive an individual copy. Residents are encouraged and assisted to participate in individual and group activities. Volunteers assist the home to provide a variety of individual and group activities. Special events

and scheduled activities include bus trips, entertainment, communal lunches, bingo, exercise classes and art and craft classes. Surveys, observations and lifestyle program evaluations monitor residents' satisfaction with, and ongoing participation in the activities offered.

### **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

Residents and representatives are satisfied with the level of spiritual and cultural support offered. The home identifies residents' cultural and spiritual needs and any practices that are of significance to them. Residents have access to one-to-one support from volunteers, staff and both the pastor and visiting lay minister. Cultural, religious and local significant days are identified and acknowledged. These include mainstream Christian celebrations such as Christmas, Easter, Mothers' Day, Fathers' Day, Australia Day, Remembrance Day and Anzac Day. Scheduled church services, communion and ecumenical devotion are offered. The home monitors and evaluates residents' spiritual and cultural needs through one-to-one support, feedback, observations and surveys.

### **3.9 Choice and decision-making**

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

#### **Team's recommendation**

Does comply

Residents and representatives are satisfied with the consultation, choice and support provided to make decisions around issues that affect their daily life. Information on residents' rights and responsibilities is included in the residents' handbook, the resident agreement and displayed throughout the home. Residents are encouraged to personalise their rooms within safety limits, have a voice through the 'care to comment forms' and have choice in their activities of daily living. Individual discussions with volunteers, staff and management, resident meetings, surveys and care and lifestyle reviews assist the home in monitoring residents' satisfaction with the choices and decisions made available to them. Staff respect and understand their responsibilities in providing residents with the opportunity to make choices about the services they receive.

### **3.10 Resident security of tenure and responsibilities**

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

#### **Team's recommendation**

Does comply

Residents and representatives are satisfied with the information provided and the processes used to assist them to understand their rights and responsibilities, fees and charges and security of tenure. As part of the entry process the chief executive officer meets with residents and their representatives to explain the residential service agreement. The chief executive officer assists residents and their representatives to understand their rights and responsibilities, security of tenure, fee structure, level of care and services to be provided and the complaints process. This information is documented in the resident agreement and information book. The *'Charter of resident's rights and responsibilities'* is displayed throughout the home. Residents and representatives are consulted regarding any change in their accommodation, and this is documented in individual progress notes. Aged care advocacy and complaints information is displayed in the home.



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

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

### **4.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

The quality manager oversees the quality system and supports the hospitality manager and property manager to maintain auditing, surveys, continuous improvement reporting and documentation reviews for their area. The audits and surveys are guided by a schedule and developed by each area manager according to the area prioritised. Audits and surveys respond to current need or follow up of actions and outcomes from previous audits. Information from senior management discussion, resident suggestions, surveys and audits is used to identify and plan improvement projects. Staff demonstrate they are actively involved and informed about improvement activities. Improvements undertaken in relation to the living environment include:

- The home responded to resident feedback regarding missing laundry and reviewed laundry practices and procedures. Areas for improvement were identified including the handling of laundry, clothing labelling and the use of the dryer. The laundress was provided with information regarding the correct use of the dryer. Additional laundry trolleys, racks and a sorting table were purchased with residents’ names and room numbers placed on the trolleys to assist laundry staff when delivering clean clothing. Procedures for informing the laundress of new residents, colour-coding laundry bags from each area, naming all clothing and the use of laundry skips have been improved and staff practices monitored. The use of triple skips was trialled. These skips separate the residents’ laundry from linen sent externally for cleaning. The procedures have been evaluated as successful by monitoring resident and staff feedback and the reporting of missing clothing.
- The home identified a security and safety risk related to the 31 external doors which provide residents with access to garden areas. The home wanted to improve the manual locking system and alert staff when external doors were opened after hours. A locksmith was consulted and a swipe card locking system has been installed. The system provides improved security for internal as well as external areas. Nurses’ stations, treatment rooms and service areas are secured. Staff have been provided with a swipe card. External doors are automatically locked at specified times and staff are alerted when doors are opened after lockdown. There are now five doors which are not automatically locked and need to be manually locked and checked. The new system has provided increased security and safety and residents and staff have provided feedback regarding their appreciation of the new measures.

### **4.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

The home has systems to identify, monitor and communicate changes to relevant legislation, regulatory requirements, professional standards and guidelines in relation to the physical environment and safe systems. The chief executive officer receives aged care legislative alerts through peak external bodies, including Aged and Community Services and the Department of Health and Ageing. Updates are forwarded to the relevant managers and supervisors. Legislative updates are tabled at the Continuous Improvement and Occupational Health Safety and Welfare Committee and are a standard agenda item at meetings. Staff are aware of their regulatory requirements relating to the physical environment and safe systems including fire safety, food safety, occupational health and safety and infection control.

#### **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 demonstrates a commitment to develop and maintain staff knowledge and skills in relation to the physical environment and safe systems. Training needs in relation to the environment are identified through audits, adverse events and performance appraisals. Staff are satisfied with the training and education information, opportunities and ongoing support to improve their knowledge and skills. Compulsory training completed by staff includes fire and emergency, infection control, chemical training and food safety. Other training in relation to the physical environment and safe systems includes disaster event preparation and occupational health and safety. Staff practice is monitored through performance appraisals, supervision, surveys and resident feedback. Residents and representatives are satisfied that staff have the appropriate knowledge and skills to perform their roles effectively.

#### **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

Resident and representatives are satisfied with the comfort and safety of the living environment and the attention to their care needs and preference. The home is divided into five cottage areas with residents accommodated in single rooms which they can personalise within safety limits. One cottage provides secure accommodation for residents. Outside living and garden areas are well maintained with security lights and perimeter fencing. The home monitors the living environment through internal and external audits, incident, accident and hazard reports, resident and staff feedback and preventative and corrective maintenance. Restraint is assessed by nursing staff in consultation with the representative and doctor, monitored reviewed regularly. The home has strategies to support residents' independence, such as sensor mats, sensor beams, electric beds and wandering alarm bracelets. A secure door locking system controlled by swipe cards has recently been installed along with key pad entry to improve resident and staff safety.

#### **4.5 Occupational health and safety**

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

##### **Team's recommendation**

Does comply

The home demonstrated it is working to provide a safe working environment that meets regulatory requirements. All staff are orientated to the home's occupational health and safety requirements, have access to policies and procedures and understand their responsibility for reporting incidents and hazards. Incident and hazard data is collated and reported at the Continuous Improvement and Occupational Health and Safety Committee. The evaluation and trending of incident and hazard data assist the home to identify opportunities to improve practice and procedures. Risk assessment procedures are in place for new equipment. Material safety data sheets are maintained and spill kits are available where chemicals are used. Processes to monitor the safety of the environment include audits, inspections, policy and procedure review, hazard and incident monitoring and supervision of staff practices.

#### **4.6 Fire, security and other emergencies**

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

##### **Team's recommendation**

Does comply

The home has systems to provide a safe environment and work systems to minimise fire, security and emergency risks. Fire equipment and detection systems are regularly tested and maintained by the maintenance officer and external service providers. Emergency equipment, evacuation maps and exits are clearly labelled and accessible throughout the home. The home has a current Triennial Fire Safety Certificate. Material safety data sheets are located with chemicals, and dangerous goods are stored securely. Electrical equipment is regularly tested and tagged. Sign in/out sheets for visitors, contractors and residents assist staff to monitor the safety of the home. The home has installed an automatic door locking system with swipe card entry/exit for all external doors. The home has purchased and installed a generator and inverter in the event of power failures. Staff receive mandatory training in fire and emergency, infection control, chemical safety and manual handling and are aware of their responsibility in the event of an emergency.

#### **4.7 Infection control**

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

##### **Team's recommendation**

Does comply

The home demonstrates an infection control program which is effective in identifying and containing infection. Infection control practices are guided by documented guidelines, operating procedures, clinical and hospitality procedures. An outbreak kit is maintained. Residents at risk of infection are identified and interventions documented in care plans. Staff are provided with infection control training relevant to their area including chemical use, standard precautions and food safety. Residents and staff are offered vaccinations. The home has installed hand sanitiser stations in relevant areas

and signs reminding visitors of infection control considerations. The home has updated and improved procedures, equipment and staff training regarding infectious outbreaks. Infections are collated, monitored and reported at senior management meetings. Staff practices are monitored by observation, the auditing process and review of care documentation.

#### **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 are satisfied with the catering, cleaning and laundry services provided by the home. Hospitality services are in line with infection control practices and guidelines. All meals are prepared on-site with alternate choices available on request. Special dietary needs such as modified texture foods, thickened fluids and supplements are available as required. The home has an audited food safety program. Cleaning services are provided according to daily schedules. Cleaning staff are respectful of residents' personal request and privacy needs. External service providers assist the home in maintaining a safe, clean and comfortable environment. Personal laundry and bed linen is laundered on-site, flat linen is serviced by an external linen service. Resident's personal clothing is labelled to help prevent loss. Residents' laundry is returned in mobile clothes rack with drawers, this assists staff to maintain residents' dignity. Residents have the opportunity to comment on the hospitality services directly with staff, at resident meetings, through surveys and 'care to comment forms'. Staff practice is monitored through audits, surveys, performance appraisals and staff and resident meetings.