Decision to accredit
The Pioneers Lodge

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

The Agency has decided that the period of accreditation of The Pioneers Lodge is three years until 21 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:	The Pioneers Lodge
RACS ID:	0080

Number of beds:	75	Number of high care residents:	64

Special needs group catered for:	• Dementia

Street/PO Box:	15-23 Sidlow Road

City:	GRIFFITH	State:	NSW	Postcode:	2680
Phone:		02 6964 5663	Facsimile:	02 6962 1548	

Email address:	admin@pioneerslodge.com.au

Approved provider

Approved provider:	The Pioneers Lodge Inc

Assessment team

Team leader:	Jane Satterford
Team member/s:	Alexander Davidoff
Date/s of audit:	16 June 2009 to 17 June 2009

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

Executive summary of assessment team's report		Accreditation decision

Standard 3: Resident lifestyle

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

Standard 4: Physical environment and safe systems

Expected outcome	Assessment team recommendations	Agency findings
4.1 Continuous improvement	Does comply	Does comply
4.2 Regulatory compliance	Does comply	Does comply
4.3 Education and staff development	Does comply	Does comply
4.4 Living environment	Does comply	Does comply
4.5 Occupational health and safety	Does comply	Does comply
4.6 Fire, security and other emergencies	Does comply	Does comply
4.7 Infection control	Does comply	Does comply
4.8 Catering, cleaning and laundry services	Does comply	Does comply

Assessment team's reasons for recommendations to the Agency

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

SITE AUDIT REPORT

Name of home	The Pioneers Lodge
RACS ID	0080

Executive summary

This is the report of a site audit of The Pioneers Lodge 0080 15-23 Sidlow Road GRIFFITH NSW from 16 June 2009 to 17 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 The Pioneers Lodge.

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.

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Dates of site audit: 16 June 2009 to 17 June 2009
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Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 16 June 2009 to 17 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:	Jane Satterford
Team member/s:	Alexander Davidoff

Approved provider details

Approved provider:	The Pioneers Lodge Inc

Details of home

Name of home:	The Pioneers Lodge
RACS ID:	0080

Total number of allocated places:	75
Number of residents during site audit:	75
Number of high care residents during site audit:	64
Special needs catered for:	Dementia

Street/PO Box:	15-23 Sidlow Road	State:	NSW
City/Town:	GRIFFITH	Postcode:	2680
Phone number:	02 6964 5663	Facsimile:	02 6962 1548
E-mail address:	admin@pioneerslodge.com.au		

Assessment team's recommendation regarding accreditation
The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit The Pioneers Lodge.

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	7
Director of aged care services (DOACS)	1	Representatives	4
Quality coordinator	1	Staff trainer/RN	1
Manager low care	1	Care staff	3
Supervisor low care/ OH&S/ fire officer	1	Recreational activity officers (RAO)	2
Supervisor low care dementia	1	Maintenance staff	1
Registered nurse (RN)	1	Chef	1
Enrolled nurse (EN)	1	Cleaning staff	2

Sampled documents

	Number		**Number**
Residents' files including, assessments care plans	12	Personnel files	6
Activities of daily living sheets	3	Accident and incident reports	8
Medication charts	12	Bowel charts	12

Other documents reviewed
The team also reviewed:
- Activities calendars
- Annual quality management program 2008—2009
- Behaviour identification and monitoring charts
- Benchmarking data collection 2008—2009
- Bowels charts, hygiene charts and wound charts folder
- Building maintenance warranty database

- Cleaner's manual high care
- Complaints summary register
- Completed checklists; Legionella testing, mixing valves and warm water system
- Continence products folder
- Continuous improvement activities monthly summary November 2008—June 2009
- Contractor's external services folder
- Criminal record check and risk assessment register: staff, podiatrist hairdresser and red cross volunteers
- Elder abuse summary register
- External benchmarking reports low care and high care ending March 2009
- External benchmarking staff competencies low care and high care: fire and emergency September 2008, infection control November 2008
- External benchmarking low care and high care: staff satisfaction surveys February 2009, surveys of resident views December 2008
- Fire detection system smoke detector maintenance record and report book
- Hazard checklist for new building
- Hazard register
- House keeping and cleaning routine
- Incident hazard and aggression reports high care
- Incident reports folder
- Infection control manual
- Information for residents and relatives fees
- Information for residents and relatives handbooks
- Kitchen log chlorine level of fruit and vegetable sanitiser and cleaning check list
- Kitchen quality assurance folder including; cleaning schedule, and cool room, freezer, microwave and food temperature on serving temperature logs
- Maintenance industrial cleaning schedule folder
- Maintenance request books
- Medications audits and incidents folder
- Meeting minutes: quality committee, OH&S, staff
- NSW food authority audit report April 2009
- Observations folder, including blood sugar levels, catheter and PEG tube, monthly observations, dressings and frequent observations.
- Pest control services agreement and certificate of currency
- Physiotherapy plans
- Policy and procedure manual administration
- Position description and duty statements database
- Quality activity monthly monitoring report 2008—2009
- Quality assurance audits
- Quality audits and improvement plans
- Recreational activities resident participation sheets
- Regethermic equipment service report
- Registered nurses authorities to practice database
- Resident activity participation records
- Resident agreement
- Resident assessments and evaluations
- Resident dietary advice form
- Resident food survey May 2009
- Resident menu cards
- Resident roll call folders
- Residents religious preferences lists
- Schedule 8 medications register
- Sprinkler system installation and inspection service log book
- Staff appraisals low care
- Staff attendance record sheet evaluations
- Staff competency assessments 2009

- Staff education attendance database low care
- Staff education plan
- Staff handbook
- Staff influenza immunisation register
- Staff rosters
- Staff yearly training calendar, attendance sheets, evaluations and competencies folder

Observations

The team observed the following:
- Activities in progress
- Aged Care Channel calendar
- Aged Care Complaints brochures on display
- Bed motion sensors
- Chapel
- Charter of Residents' Rights and Responsibilities displayed
- Cleaners' trolley with colour coded equipment
- Daily activity program notice board
- Dining room during meal service
- Emergency procedures flipchart
- Equipment and supply storage areas
- Evacuation diagram
- Exercises in progress
- Fire detection and fire fighting equipment
- First aid kit
- Foot spa room
- Hair dressing salon
- Hand washing facilities located appropriately throughout the home and safe hand washing signs, hand sanitising gels
- Infection control – clinical waste and sharps containers, blood and body substance spill kits, personal protective clothing and equipment
- Influenza kit
- Interactions between staff and residents
- Keypad access
- Living environment including residents' rooms, communal internal and external areas
- Manual handling aids and lifting equipment
- Material safety data sheets (MSDS)
- Mission, philosophy of care and objectives statements on display
- Noticeboards: staff and residents
- NSW food authority licence on display
- OH&S – safety signage
- Pad storage room
- Perspex photograph holders outside resident rooms low care dementia unit
- Public phone
- Resident library
- Resident personal laundries
- Secure storage of resident and personnel files
- Spa bath
- Staff areas including nurses stations, staff room and amenities
- Suggestion box
- Water coolers

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 home actively pursues continuous improvement across the four Accreditation Standards. Management provides a variety of mechanisms for residents, resident representatives and staff to provide feedback on all areas of service delivery. These include: audits, surveys, improvement suggestions, incident forms, hazard reporting, meetings and the comment and complaints system. Management uses the results of incident data to monitor their performance and to identify trends through audits and benchmarking of key performance indicators. Improvement strategies identified are fed into the home's continuous improvement system and are actioned through the home's quality committee meetings and the development of the quality plan. Results of surveys and the quality committee meeting minutes are presented at management committee meetings and feedback is given to stakeholders through the meeting forum and noticeboards. Recent improvements relevant to Accreditation Standard One include the following examples:
- Staff orientation has been revised and updated to consist of a safety orientation on commencement of employment at the home and a full orientation with the recently appointed staff trainer within three months.
- To improve communication between management, residents and staff the revised newsletter currently in production will include a report from the home's management board.

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 effective systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Management has access to a variety of authoritative sources of information through membership of peak bodies, updates from government departments, subscription to relevant journals and publications, attendance at conferences/seminars and information accessed via the internet. Staff are notified of changes to regulations through meetings, education and information on noticeboards. Policies and procedures are updated to include changes as they occur. Resource information is available for staff at the home. The home's regulatory compliance is monitored through observation of staff practices, audits, performance indicators and feedback. Examples of regulatory compliance relevant to Accreditation Standard One include:
- National criminal history checks for all existing and new staff, volunteers and board members are conducted through an on-line service.
- Management ensures that residents have access to internal and external comments and complaints mechanisms.

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

Strategies to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively include: a position description; a duty statement, an orientation program conducted by the staff trainer; a "buddy" system when staff commence work at the home and an education program. The knowledge and skills of staff are evaluated on an ongoing basis at the home through a range of competency assessments, performance review and appraisals. The education program incorporates a range of topics across the four Accreditation Standards which are provided on an in-service basis, access to the aged care channel as well as from external sources. The education program includes individual education needs identified by audits, from competency benchmarking results or from staff feedback. In addition the program focuses on specific areas requiring regular updating as well as mandatory education requirements determined by legislation. Staff training records and attendance are recorded in the home's education attendance folder and on an education electronic database to ensure that staff attend mandatory sessions and non-mandatory education appropriate to their position. Staff reported satisfaction with the education program, and the residents stated that the staff are professional and well skilled when undertaking their duties. Examples of education attended by staff in relation to the Accreditation Standard One include:

- Aged care funding instrument (ACFI) training
- Six staff attended TAFE training in documentation
- Teamwork situations and leadership

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 reported that they are aware of how to make a comment, complaint or compliment. Residents and their representatives are informed of the complaints mechanism when they move into the home and are encouraged and supported through resident/relative meetings, surveys, brochures and notices to provide feedback on the services provided. Suggestion boxes are accessible for residents. The resident/relative handbook includes information about how to make suggestions, the availability of complaint forms and about the internal and external complaints mechanism. The senior unit managers respond to complaints and maintain a register to document comments/complaints including verbal complaints that include a complaint log number, the nature of the complaint, the date and the outcome. This ensures that actioning and feedback can be provided in a timely manner. An internal quality plan may be initiated for complaints of a more serious nature. Information concerning staff complaint avenues and grievance procedures is contained in the staff handbook. Most complaints are reported to the quality committee and the system is monitored through audits and internal benchmarking. Residents commented that they are able to talk to staff and that management provide feedback regarding complaints in person or through meetings.

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's mission statement, philosophy of care and care objectives are documented in the home's publications including the resident/relative and staff handbooks and are on display in the home. The home's commitment to quality is evident through the management team's continuous quality improvement initiatives, policies, procedures, plans and other documents that guide the practices of management and staff. The home encourages and fosters team work and provides opportunities for staff to advance their skills.

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 are satisfied with the care, lifestyle and hospitality services provided by staff. Residents report that there are sufficient staff to provide services to meet their needs and that the services are delivered by staff that are knowledgeable about their duties. Staff feedback confirmed that they have sufficient time and support to undertake their tasks. Staff stated that relevant education and guidance is provided to ensure that they have the necessary skills to undertake their duties. The home's overall approach to human resource management guides a program of staff recruitment, orientation, competency assessment and annual performance appraisal. Appropriately skilled and qualified staff are employed and rostered to meet the needs of residents and legislated requirements. Separate staff rosters are maintained for the high and low care units to reflect the requirements of residents. The team was told that the level of staff retention at the home is good and there is a pool of available staff to cover absenteeism if required. The home has policies and procedures for staff grievance and dispute and also for counselling, discipline and termination. This may involve third parties such as union or industry representation if required. The home has a return to work program. Staff stated that they enjoy working at the home and express a commitment to the residents. Residents commented that the staff are "very good".

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 ensure appropriate stocks of goods and equipment fit for the intended purpose are available at all times. Need requirements are assessed across all areas of the home. There are procedures for purchasing and trialling equipment across clinical, maintenance and hospitality services. There is a stock rotation system in operation of "first-in first -out" protocol. New equipment is risk assessed for occupational health and safety and maintenance needs and staff training is provided if required. Maintenance request books are located at each of the three units and equipment is maintained through a corrective and planned preventative maintenance program. Management maintains a database to action repairs and services covered by the builder's warranty. Approved external contractors are used for specialised equipment service and repair and regular maintenance requirements are recorded on a service plan. Management monitors the supply of goods and maintenance of equipment at the home through audits, surveys, review of incident and hazard reports and verbal comments from residents and staff both informally and at meetings.

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 disseminate information to staff and residents and their representatives relating to management, clinical care, residents' lifestyle and the physical environment. The resident/relative and staff handbooks, the resident agreement, staff orientation program, information on noticeboards and meeting minutes, are mechanisms to ensure that all stakeholders receive accurate and timely information. Residents stated that the information available to them assists them to make choices about their daily routines at the home. Management and staff use assessments, care planning tools, and communication at handover to ensure that resident's care and lifestyle needs and preferences are identified, interpreted and supported. Information to ensure that care and support is provided consistently to residents is contained in clinical files and

communication books. There are secure systems for the generation, storage, archiving and destruction of documentation to ensure that each resident's dignity, privacy and confidentiality are maintained. Policies and procedures relating to information systems are reviewed and updated as required. Electronic information is password protected and staff have restricted access to the home's computer network appropriate to their position. Staff sign a confidentiality agreement on commencement of their employment.

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

Management ensures that external contractors provide the level of service required to meet their quality goals. Service agreements or contracts for the supply of goods and services are reviewed on a regular basis so that the home receives an agreed standard quality product or service that meet occupational health and safety legislative requirements. Trade persons are required to provide proof of registration and insurance cover. Management monitor and review external services through the home's quality system, and this includes audits, surveys and comments and complaints from staff and residents.

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

As a result of the home's continuous improvement systems referred to in Expected outcome 1.1 Continuous improvement, the team notes improvements have been made relating to Accreditation Standard Two: Health and personal care. Resident feedback indicates a high level of satisfaction with care provision.

Recent continuous improvement initiatives include the following examples:
- For improved clinical care for residents the local division of general practitioners has provided two new computers at the home to allow remote online access to residents notes and prescription information from the medical officers' surgeries.
- "Clinical pathways", an aged care triage service at the emergency department of a local hospital will become available for staff to access for advice and the prescribing of emergency medications in July 2009. Staff commented that this service may assist in preventing resident hospitalisation and already provides useful resource and educational material.
- Large screen plasma television video and audio systems have been installed in communal areas to assist vision or hearing impaired residents.

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

Team's recommendation
Does comply

Management has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional guidelines as referred to in Expected outcome 1.2 Regulatory compliance. Examples of regulatory compliance relevant to Accreditation Standard Two: Health and personal care, include:
- The home maintains a register to monitor that registered nurses and allied health professionals have current authorities to practice.
- The home undertakes electronic submission of Aged Care Funding Instrument (ACFI) assessments to achieve regulatory compliance and efficient work practices.

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

Team's recommendation
Does comply

The home has systems to ensure that staff have appropriate knowledge and skills referred to in Expected outcome 1.3 Education and staff development. The team verified that the home uses those systems to identify and implement a range of educational measures relevant to Accreditation Standard Two: Health and personal care. Examples of relevant education that have occurred in 2008-2009 include:
- Compulsory clinical competencies for registered nurses
- Six staff commenced Certificate IV in aged care
- Pharmacist provided training on use of psychotropic drugs

- Visiting geriatrician provided education on dementia
- Workshop on diabetes.

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

Team's recommendation
Does comply

The home has systems to assess, identify, monitor and evaluate residents' individual care needs on entry to the home and on an ongoing basis. Information obtained on entry to the home from residents and representatives, Aged Care Assessment Team report, observations and other documents are used to complete the admission data base which is used to provide guidance on resident clinical care in the initial stages. After a settling in period a range of detailed assessments are undertaken, including specialised nursing care needs, nutrition and hydration, pain management, continence, behaviour management and others. The assessments are evaluated and provide the basis for formulating care plans which are regularly reviewed. Resident care also includes periodic clinical observations such as temperature, blood pressure, weight measurement and urinalysis. Other observations such as blood sugar levels are conducted as indicated by a medical practitioner. The home has several medical practitioners visiting residents and referrals to medical specialists, pathology and other diagnostic tests are done as needed. The team observed that the family and the doctor are advised when the condition of a resident changes. Staff training addresses issues relating to resident care, and where appropriate external expertise can be accessed to support staff and provide advice regarding specific care issues. The provision of care is monitored via audits and collection of key performance indicators which are benchmarked through an external service. Residents and representatives interviewed by the team expressed their satisfaction with the care provided, and advised that they are kept informed of resident care needs and any changes in health.

2.5   Specialised nursing care needs
This expected outcome requires that "residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's recommendation
Does comply

The home has systems to identify and meet residents' specialised nursing care needs. These needs are identified on entry to home and through subsequent observations and care plans are put into place to ensure that appropriate care is provided. Registered nurses oversee specialised care needs and referral to external medical and allied health specialists are made as needed. The home is able to provide care including to residents with diabetes, wound care, palliative care, catheter care, enteral feeding, pain management and dementia care. Training is provided to staff when a new resident care need is identified and external resources may be accessed for assistance. Residents and representatives interviewed by the team are satisfied with the care provided by the home.

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

Medical officers refer their residents to appropriate health specialists in accordance with the residents' needs and preferences. Examples of specialist services available to the residents include a psycho geriatrician, aged care assessment team, palliative care, speech therapist, dietician, optometrist, and regular visits to the home by a podiatrist and a physiotherapist. Residents also have access to pathology services, X-rays, MRI and CT scans. The home facilitates making external appointments and transport for residents to attend services if families are not available.

Residents and representatives interviewed by the team indicated that they are satisfied with the arrangements for referral to appropriate health and related specialists.

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

Team's recommendation
Does comply

The home has systems and practices to ensure that residents' medication is managed safely and correctly. The home uses a blister pack system for administering medications by care staff in low care wings, and administration from original packaging by registered nurses in the high care area. Competency testing and education of staff are in place. Medication charts were noted to include photographs, identification of any allergies and the method of administration for each resident, such as 'crushed'. Schedule 8 medications were observed to be stored appropriately and registers are maintained. Medications are stored securely in locked cupboards or locked medication trolleys. The medication advisory committee meets quarterly and resident medications are reviewed by a consulting pharmacist. Audits are also completed to check that medication stock is within use by date and that blister packed medications are being administered appropriately; a medication incidents reporting system is in place. Refrigerators used to store medications are temperature checked to ensure safety of storage. Residents and representatives interviewed said they are satisfied with the way their medications are managed.

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

Team's recommendation
Does comply

The home has systems to ensure that all residents are as free as possible from pain. A pain assessment is completed when a resident enters the home, and this includes observation of non verbal signs of pain for residents with cognitive impairment, and evaluation of effects of pain on sleep, physical activity and other aspects of resident's life. A pain management program is formulated where appropriate, and this includes the use of medications and alternative forms of pain relief such as repositioning, medicated ointments, hot/cold packs, massage, and exercise programs. Care staff, physiotherapy aides and recreational activity officers may be involved in delivering these pain relieving treatments. Effectiveness of pain management strategies is reviewed and discussed with the resident's medical officer and external specialist assistance is obtained as needed. Residents interviewed said they are satisfied with the way that their pain is managed.

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

Team's recommendation
Does comply

The home has systems to ensure that the comfort and dignity of terminally ill residents is maintained. The resident's relatives and the medical practitioner are contacted to discuss palliative management procedures and external specialists may be accessed for consultation. Staff have expertise in the use of syringe drivers and subcutaneous medication administration for pain management which may be used in the terminal stages. Procedures such as pressure area care, oxygen and suction therapies, and special personal hygiene programs may be implemented. Pastoral support is arranged if desired by the resident/relatives. Relatives are supported to stay with the resident and a double room is made available for this purpose. Care staff described a range of interventions employed when caring for terminally ill residents to ensure resident's pain is managed, and that their comfort and dignity is maintained.

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

Team's recommendation
Does comply

The home demonstrates that it has systems and processes to ensure that residents receive adequate nourishment and hydration. Residents' nutrition and hydration needs, preferences and assistance required at meal times are assessed on entry to the home and relevant information is provided to catering staff. Health professionals including a speech therapist and a dietician are available to support residents with eating or swallowing disorders. Assistive devices are offered to residents when applicable and food of different consistency and texture is provided for residents with swallowing or chewing difficulties. Residents are encouraged to maintain hydration with drinks provided at meal times, together with morning and afternoon tea; jugs of water are provided daily in resident rooms and all food serveries have filtered chilled water installations for use by residents and relatives. There is a system to check residents' weights regularly and nutritional supplements may be offered to assist residents at risk of unintended weight loss. Residents and representatives interviewed confirmed that they are satisfied with the catering services provided by the home.

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

Team's recommendation
Does comply

The skin integrity of residents is assessed on entry to the home and care plan strategies are formulated to maintain skin integrity; these are evaluated three monthly. Strategies used include care with manual transfers, ensuring smoothness of bedding, ongoing monitoring of problem skin areas, maintaining hygiene after incontinence episodes, the use of emollients, regular repositioning and other. All resident beds are equipped with viscoelastic mattresses to reduce pressure areas and air mattresses, heels protectors and shin protection are used as appropriate. Skin tear incidents are monitored and externally benchmarked, and wound care is managed by registered nurses. Interviews with residents and their representatives confirmed that they are satisfied with the care provided to maintain skin integrity.

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

Team's recommendation
Does comply

The home has a system to identify, assess and monitor residents' continence management needs to ensure that their continence is managed effectively and with dignity. Initial assessments include bladder, toileting and bowels assessments and evaluations which are used to formulate toileting and continence management care plans which identify specific continence management needs. A designated member of care staff is responsible for organising availability of continence aids and a system is in place for maintaining correct continence aids supplies for individual residents in their rooms. Resident continence needs are monitored on an ongoing basis and care plans and continence aids used are reviewed on indication. Bowel charts are maintained daily. Education in continence aids and care is provided by the product supplier. Interviews with residents and their representatives indicated they are satisfied with the home's support in managing continence for residents.

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 to assess and manage residents with challenging behaviour including initial and ongoing assessment of residents' behavioural needs and the development of a care plan that includes strategies to address residents' specific needs. Residents with identified challenging behaviour may be monitored by implementing a behaviour identification chart for a period of several weeks to identify behaviour patterns and behaviour triggers. The team noted that care plan strategies formulated for individual residents are based on and include knowledge of resident's behaviour patterns, interests, and personal preferences and needs. Families are consulted on care strategies where possible. External specialist advice may be accessed as needed. Education is provided to staff on the topics of dementia, responding to behaviours and mental health and depression. The team noted that the atom sphere in the home was generally calm and peaceful. Residents and representatives interviewed by the team indicated their general satisfaction with the manner in which residents with challenging behaviours are managed at the home.

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 are supported to maintain optimum mobility and dexterity levels through mobility assessments, care planning and exercise programs. Resident mobility and transfer needs are assessed in detail on entry to home and a physiotherapy plan is prepared by the physiotherapist who visits the home six weekly or as needed. The plans are re-evaluated three monthly. Individual resident exercise programs are conducted by the physio aide, recreational activity officers lead daily morning exercises and care staff are responsible for passive exercises conducted as part of activities of daily living. Instructions on residents' manual handling needs are located in residents' rooms. The home provides handrails in corridors, assist rails in the bathrooms and bed sticks to assist residents get in and out of bed, and observations demonstrate that residents have use of mobility aids to support their mobility. Strategies for residents' falls management include completion of falls risk assessments, staff education, use of hip protectors, use of bed sensors and accident and incident documentation and analysis. Residents and their representatives generally expressed their satisfaction with the support provided for residents to achieve optimum levels of mobility and dexterity.

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

Team's recommendation
Does comply

The home has a system to ensure residents' oral and dental health is maintained including initial assessment of residents' oral and dental needs and formulating appropriate strategies on the resident's activities of daily living chart. Daily oral care is attended to as per residents' individual care plans with residents being encouraged to brush their own teeth or dentures to maintain their independence. Residents' oral and dental health is monitored on ongoing basis and residents are assisted in accessing dental services. The team was told that there are limited dental services available locally, and the home's staff assist residents with mouth care within the limits of their skills. Residents are referred to medical officers where this could be of assistance, such as in cases of pain or infection. Residents and representatives interviewed by the team are generally satisfied with the oral and dental care provided by the home.

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

Team's recommendation
Does comply

The home has systems to identify and address sensory loss of individual residents. Sensory loss is assessed on entry to home and a care plan is developed incorporating these needs. Intervention actions required are documented on the activities of daily living sheets and include cleaning of glasses, fitting of hearing aids and changing hearing aid batteries. Residents are assisted with organising visits to a visiting audiologist in town and to an optometrist of their choice. The activity program incorporates sensory stimulation, such as massage, music and large print books. The physical environment in the home assist residents with sensory impairment and includes safe walking areas, good lighting, wide corridors with hand rails, grab rails in the bathrooms, large screen television sets in lounge areas and a warm water system to prevent scalding.

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

Team's recommendation
Does comply

The home assists residents to achieve natural sleep patterns through assessment processes, care planning and supporting residents to sleep at night. Sleep assessment charts are implemented to identify potential problems and to develop appropriate care strategies. Maintaining natural sleep patterns in the home is assisted by the fact that residents are accommodated in single or spacious two-bed rooms, with individually controlled air conditioning, which facilitates providing quiet preferred sleep environment for each resident. As far as possible the home provides residents with a choice of individual sleeping patterns, for example a resident may prefer not to sleep but to walk around for a period of time at night, and this is accommodated as far as possible. Stand up staff is on duty at night in all areas of the home and provide one-on-one attention as needed. Residents have call bells in their rooms to enable them to call for staff assistance at night if required and bed sensors may be used to alert staff if a resident is out of bed. Residents interviewed are satisfied with the homes approach to sleep management.

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

As a result of the home's continuous improvement systems referred to in Expected outcome 1.1 Continuous improvement, the team notes improvements have been made to Accreditation Standard Three: Resident lifestyle. Resident feedback indicates a high level of satisfaction with their lifestyle. Recent continuous improvement initiatives include the following examples:
- Feedback from a resident meeting identified that residents felt insecure exercising in chairs without arms. The chairs in activity rooms have been replaced by chairs with arms to assist resident comfort and stability.
- In response to resident request, residents may chose to lock the door when in their room to feel protected from the intrusion of residents who wander. Staff are able to open the doors by key when required and to respond to resident call bells.
- For resident privacy and to improve relaxation a room has been provided for the enjoyment of the four foot spas at the home.
- A new initiative to assist social interaction at meal times is to have place cards on dining room tables to assist both staff and residents to learn residents' names.

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

Management has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional guidelines as referred to in Expected outcome 1.2 Regulatory compliance. Examples of regulatory compliance relevant to Accreditation Standard Three: Resident lifestyle, include:
- New residents are offered a residency contract on entry to the home that includes: a 14 day cooling off period and information on; the care and services available, the comments and complaints mechanisms, security of tenure and other information according to current legislative requirements.
- A mandatory reporting policy has been developed to ensure the home's management of elder abuse and to comply with government regulations regarding mandatory reporting.

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

Team's recommendation
Does comply

The home has systems to ensure that staff have appropriate knowledge and skills referred to in Expected outcome 1.3 Education and staff development. The team verified that the home uses those systems to identify and implement a range of educational measures relevant to Accreditation Standard Three: Resident lifestyle. Examples of relevant education that have occurred in 2008-2009 include:
- Elder abuse training
- Two staff completed a leisure and lifestyle certificate course at TAFE

- Recreational activities officers attended an external course on programming.

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

Team's recommendation
Does comply

The home has systems to ensure each resident receives support in adjusting to life on entry to the home and on an ongoing basis. Processes include: orientation to the home and information on services and fees provided prior to entry to the home; identification of residents' personal and social history; staff support; and recreational activity programs. Care staff spend time with new residents to assist them to settle; support resident representatives; encourage friends of residents to visit; cater for residents' individual needs and preferences; and provide one-on-one support. The recreational activity officer maintains daily contact with residents and offers comfort and support if needed and ministers of religion are available to provide residents with emotional support. Residents and representatives interviewed are highly satisfied with the way the home assists residents to adjust to life in the home and with the ongoing support and care provided.

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

Team's recommendation
Does comply

Residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home according to their personal preferences and general health. The home provides an environment in which resident representatives, community visitors, and volunteers are welcome to visit. Families are encouraged to join residents at special activities and functions organised in the home, such as happy hour, special day celebrations and other occasions. Community groups are encouraged to visit and the team observed a visit to the home by a vintage car club. Recreational activity officers organise regular outings into the community, using assistance of family members and volunteers whenever possible. Residents may visit their family or go on holidays with them. Residents' independence is fostered through a number of ways including: residents having personal items in their rooms; processes to assist residents to vote; encouragement to attend to activities of daily living; and programs to maintain resident mobility through physiotherapy and exercise programs and the use of mobility aids and other equipment. Residents and representatives interviewed expressed satisfaction with the way the home assists residents to maintain 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

Residents' right to privacy, dignity and confidentiality in the home is recognised and respected. Information on the privacy and confidentiality of residents' information and the charter of resident rights and responsibilities are included in the residents' handbook, and residents sign consent for the home to collect and use resident personal information for the purpose of providing care. Information about residents is securely stored and staff sign a privacy and confidentiality agreement when they commence employment. Residents' rooms are key locked, and two locked drawers are provided in the rooms. Staff knock before entering and residents are called by their preferred names. The home has a number of small sitting rooms with tea and coffee making facilities which provide privacy for residents and their families if required. Residents' privacy and dignity are

monitored through the comments and complaints system and satisfaction surveys. Residents and their representatives confirmed that they are treated in a respectful and dignified manner, and that their privacy is maintained

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 in the home are encouraged and supported to participate in a wide range of interests and activities of interest to them. Social, religious, cultural and preferred lifestyle assessment is completed on entry and a social and human needs care plan is formulated, covering physical, emotional and cultural needs of each resident. Care plans are evaluated regularly and as needed. Evaluation of resident care needs also includes consideration of the family social and human needs. The activities program includes outings to community locations, visits by community groups and entertainers, regular sing-along's, happy hour, bingo, quizzes, newspaper readings and foot spas. Volunteers assist with activities such as outings and nail care; a hairdresser visits the home regularly. Resident participation in activities is documented to monitor resident's interests. Residents interviewed by the team expressed satisfaction with both group and individual activities offered by 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 has systems to value and foster residents' cultural and spiritual needs through the identification and documentation of residents' interests, social and cultural backgrounds, and religious preferences. The home celebrates special cultural and religious celebrations and church services of several denominations are held regularly in the home; a chapel is available for this purpose. Residents are reminded of religious services being held and are assisted to attend where needed. The home has access to local clergy and resident's preferences on clergy visits and notifications, including at palliative stages are documented. Spiritual support can be arranged for terminally ill residents as required. Specific examples of cultural activities enjoyed by residents include barbecues, Melbourne Cup day, footy tipping competition and Italian luncheon. The home has access to the trans-cultural aged care services and an Aboriginal liaison officer. Residents and representatives interviewed are satisfied with the spiritual and cultural support provided to meet their needs.

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 team's review of documentation, interviews with residents and their representatives and staff members indicate that residents are able to participate in decisions about the services they receive, and are able to exercise choice and control over their lifestyle. The resident information handbook and residents' agreement include information for residents about how they are able to exercise choice and control over their lifestyle. Residents are given opportunities to provide input into the home through systems such as satisfaction surveys, comments and complaints mechanisms, and resident and relatives meetings. Residents are provided with choices including personal care, spiritual choices, preferred getting up and going to bed times, menu choices, personalisation of their

rooms, participation in activities, end of life choices, and choice of their medical officer and pharmacist. Interviews with residents and representatives and documentation reviews demonstrated that the home actively supports residents in maintaining their right to make their own lifestyle choices and decisions.

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

Management ensure that residents and their representatives are provided with information about security of tenure and residents understand their rights and responsibilities. The residents' handbook outlines the security of bed allocation in the home. The resident agreement provided to all new residents explains the conditions under which a resident may be transferred, conditions for ending the agreement, and the complaints resolution procedure. The agreement includes the Charter of Residents' Rights and Responsibilities and lists specified care and services provided by the home. The Charter of Residents' Rights and Responsibilities is also included in the residents' handbook and is displayed in the home. Residents interviewed feel secure in their tenure.

Standard 4 – Physical environment and safe systems
Principle: Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

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

Team's recommendation
Does comply

As a result of the home's continuous improvement systems referred to in Expected outcome 1.1 Continuous improvement, the team notes improvements have been made to Accreditation Standard Four: Physical environment and safe systems. Resident feedback indicates a high level of satisfaction with their environment. Recent continuous improvement initiatives include the following examples:
- As an occupational health and safety initiative two new stand up lifters have been purchased both for resident comfort and for staff safety. Staff have received training in the use of the lifters.
- As a result of residents' request, picture rails are being installed in residents' rooms in the low care unit to enable residents to display craft work and photographs without damaging the walls.
- For resident and visitor safety, a ramp has been built from the car park to the footpaths to allow a safer alternative to walking along the internal roadways.

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

Management has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional guidelines as referred to in Expected outcome 1.2 Regulatory compliance. Examples of regulatory compliance relevant to Accreditation Standard Four: Physical environment and safe systems, include:
- Management monitors and maintains occupational health and safety guidelines and procedures that comply with regulations.
- A new policy regarding food brought in for residents by outside sources has been approved by the management board.

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

Team's recommendation
Does comply

The home has systems to ensure that staff have appropriate knowledge and skills referred to in Expected outcome 1.3 Education and staff development. The team verified that the home uses those systems to identify and implement a range of educational measures relevant to Accreditation Standard Four: Physical environment and safe systems. This includes mandatory training in fire awareness and evacuation procedure, infection control and manual handling. All staff attended an orientation of the systems and operations on moving to the new home. Staff undertake competency tests in, for example, infection control and fire and emergency procedures for external benchmarking.

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

Team's recommendation
Does comply

The Pioneers Lodge is a 75 bed home consisting of three units: a 19 bed low care unit, a 16 bed dementia specific low care unit and a 40 bed high care unit. The new building was completed and occupied in July 2008. The accommodation consists of 59 single rooms and eight two-bed rooms with reverse cycle air conditioning and en-suite bathrooms. Residents' rooms are lockable and are personalised with mementos and photographs and furniture provided has lockable draws. Shared rooms have privacy curtains. A call bell system has been installed and there are out of bed sensors in some rooms in the high care unit. To assist with orientation there are resident photo holders outside their rooms in the low care dementia unit. Common areas include lounges, dining rooms, private function rooms, a hair dressing salon, and landscaped courtyards with furniture and shade. The safety and comfort needs of residents' are addressed through the provision of safe access to communal areas with level flooring. For resident safety and for ease of mobility the corridors are wide and are fitted with hand rails and there are grab rails and press and lift rails in bathrooms. An emergency fire and security system is in operation in the home and a lock up procedure is in place. The site is fenced on all sides with a single entrance gate which is controlled electronically by keypads and magnetic locks and monitored by CCTV. Environmental audits through the occupational health and safety system, planned preventative and corrective maintenance systems and a regular cleaning schedule ensure that the home's environment is well maintained. Residents and their representatives expressed satisfaction with the comfort and safety of the home. A resident commented "the home is so roomy and bright".

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 has systems to provide a safe working environment consistent with regulatory requirements. There are systems to record, analyse and review resident, staff and visitor accidents and incidents to help prevent further occurrences. Staff report potential risks and hazards through maintenance requests, incident/injury reports, hazard alerts and aggression reporting forms. The occupational health and safety (OH&S) committee meets bi-monthly and feedback is reported at management and staff meetings. Management monitors and improves health and safety through the home's quality system using audits, benchmarking, regular work place inspections and developing staff training in matters such as managing challenging resident behaviour. The team observed safe work practices on site and the appropriate use of personal protective equipment. Staff orientation includes training in manual handling and occupational health and safety, and staff are able to demonstrate understanding of health and safety issues.

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 identifies the requirements for a safe environment related to fire, security and emergencies with reference to regulations and guidelines and the needs of residents and staff. There is a trained fire safety officer on site, and staff attend mandatory training in fire evacuation and fire safety and use of equipment procedures. Staff undergo an annual fire and emergency competency test as part of the home's benchmarking program. Fire safety information and emergency flip charts are placed strategically around the home, and evacuation egress plans are displayed. The home maintains resident roll call folders in each unit for use in the event of an evacuation. The fire panel, sprinkler and hydrant system, fire fighting equipment and exit and emergency lights are checked and maintained by external providers, regular tagging of electrical equipment and safe storage of chemicals is maintained. The home's security system is linked to the

fire panel so that in the event of the alarm being activated the magnetic locks automatically open. The systems to minimise fire, security and emergency risks are monitored through the home's feedback mechanisms including; meetings, ongoing education, audits and inspections by external contractors. Staff are able to confirm the action that they would take in an emergency.

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

Team's recommendation
Does comply

Management ensures that the infection control program is effective through policies and procedures, education and monitoring of staff practices. Each resident's condition and infection status is identified on admission to the home and on an ongoing basis. The DOACS/infection control co-ordinator oversees all aspects of infection control at the home. Staff attend regular education in infection control, and competencies for new staff in hand washing are conducted by the trainer. Staff undergo an annual infection control competency test as part of the home's benchmarking program. There are hand washing facilities and glove dispensers throughout the home and a waste management plan for general waste, sharps, spills and contaminated waste. An external pest contractor inspects the premises and conducts regular treatments. Staff use standard precautions for personal care and clinical procedures to minimise the risk of cross infection. There are processes and equipment for the management of outbreaks in line with government guidelines. The home has an influenza and Hepatitis B immunisation program for staff, and influenza and pneumovax immunisation for residents. Infection control procedures are followed in all the hospitality services including a food safety plan in the kitchen, the use of colour coded equipment and personal protective equipment. The team observed temperature logs for kitchen equipment and delivered and prepared food products. The home's reporting process involves all infections being logged and infection rates for the most common infections are benchmarked for each residential unit. Infection rates are analysed for trends and discussed at staff and management meetings. The system is monitored through regular workplace inspections, audits, surveys and benchmarking. Staff demonstrated a knowledge and understanding of infection control relevant to their area of work and were observed to implement the home's program.

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' dietary needs and preferences are assessed on entry to the home and recorded on a resident dietary advice form. A cook freeze foods service has been in operation in the central kitchen since April 2009 with kitchen staff receiving regethermic equipment training on the cooking of frozen food/meals. A sanitising system has been introduced for use with fresh food and vegetables. There are kitchenettes in each of the three units for the serving of meals. A monthly rotating menu has been developed with input from a dietician and caters for special diets for example diabetic and vegetarian. Residents are provided with a menu sheet with choices for each meal. Changes in residents' dietary requirements are communicated to the chef, and are documented on menu cards. There is a food safety plan and all kitchen staff are trained in safe food handling. In April 2009 the home achieved a "B" pass rating in the annual food safety audit by the NSW food authority. There is a regular cleaning schedule including spring cleaning of residents' rooms and communal areas by staff at the home in accordance with infection control guidelines. Care staff undertake cleaning duties in the low care units, and there are designated cleaners in the high care unit. Laundry services for linen and personal laundry are provided by external services. There are personal laundries in the low care units for those residents who chose to do their own laundry under staff supervision. Chemicals are stored safely and securely with current material safety data sheets throughout the home's hospitality services, and staff are observed to use safe work practices including the use of personal protective equipment. Management monitors the catering, cleaning and laundry services through audits, environmental inspections and resident

feedback. Residents express satisfaction with the hospitality services provided by the home and gave positive feedback on the change in food services. The team observed the home to be clean and well maintained.

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