



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

The Whiddon Group - Temora RACS ID: 2795

Approved Provider: The Frank Whiddon Masonic Homes of New South Wales

Reconsideration of decision regarding the period of accreditation of an accredited service under section 2.19(1)(a) of the *Quality Agency Principles 2013*.

Reconsideration Decision made on 8 January 2018

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 9 July 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 19 August 2015 to 19 April 2019.

Reason for decision Under section 2.69 of the *Quality Agency Principles 2013*, the decision was reconsidered under 'CEO's own initiative'.

The Quality Agency is seeking to redistribute the dates for site audits for a number of services that have demonstrated consistent and sustained compliance with the Accreditation Standards to achieve a more level distribution of the timing of accreditation site audits over a three year period. More information is available on our website at <http://www.aacqa.gov.au/publications/news-and-resources/redistribution-of-aged-care-accreditation-program>.

The Australian Aged Care Quality Agency will continue to monitor the performance of the service including through unannounced visits.

This decision is effective from 8 January 2018

Accreditation expiry date 19 April 2019



Australian Government

Australian Aged Care Quality Agency

The Whiddon Group - Temora

RACS ID 2795
180 Kitchener Road
TEMORA NSW 2666

Approved provider: The Frank Whiddon Masonic Homes of New
South Wales

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 19 August 2018.

We made our decision on 09 July 2015.

The audit was conducted on 01 June 2015 to 05 June 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (or his or her representative) and the health care team.

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

Standard 3: Resident lifestyle**Principle:**

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

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

Standard 4: Physical environment and safe systems**Principle:**

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

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



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Australian Aged Care Quality Agency

Audit Report

The Whiddon Group - Temora 2795

Approved provider: The Frank Whiddon Masonic Homes of New South Wales

Introduction

This is the report of a re-accreditation audit from 01 June 2015 to 05 June 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 01 June 2015 to 05 June 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of two registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 2014.

Assessment team

Team leader:	Toby Hammerman
Team member/s:	Sandra Daly

Approved provider details

Approved provider:	The Frank Whiddon Masonic Homes of New South Wales
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Details of home

Name of home:	The Whiddon Group - Temora
RACS ID:	2795

Total number of allocated places:	40
Number of care recipients during audit:	39
Number of care recipients receiving high care during audit:	39
Special needs catered for:	12 bed dementia specific unit

Street/PO Box:	180 Kitchener Road	State:	NSW
City/Town:	TEMORA	Postcode:	2666
Phone number:	02 6977 1022	Facsimile:	02 6978 0409
E-mail address:	g.lynch@whiddon.com.au		

Audit trail

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

Interviews

	Number		Number
Director of care services	1	Residents	8
Deputy director of care services	1	Representatives	3
General manager residential care	1	Recreation activity officer (RAO)	1
Registered nurses	3	Assistant RAO, music/aroma therapist & play-up coordinator	1
Infection control co-ordinator	1	Fire services contractor	1
Care staff	8	Fire officer	1
Endorsed enrolled nurse/physiotherapy aide	1	Volunteers	1
Physiotherapist	1	Laundry staff	2
Administration officer/archives	2	Cleaning staff	2
General manager catering	1	Maintenance manager	1
Catering staff	3	Maintenance staff	2

Sampled documents

	Number		Number
Residents' files	6	Medication charts	10
Summary/quick reference care plans	6	Personnel files	8

Other documents reviewed

The team also reviewed:

- Admission packs including client information booklet, care agreement, privacy statements and personal information authority
- Audit schedule, audits and surveys
- Clinical care documents including advanced care directive –life threatening injury or illness form, palliation, behaviour monitoring and management, bowel, blood glucose level monitoring, dietary needs/preferences, meals and drinks, pain, weight monitoring, wound management/dressings, dietician reviews
- Catering - NSW Food Authority licence, diet summary sheet, food preferences, dietary information lists, meal choices, menus –four week rotating, kitchen communication book, order book, food safety manual, delivery monitoring records, temperature monitoring records, audits and results, kitchen cleaning schedule, duty lists, daily menu on display
- Cleaning and laundry – room and task cleaning schedules, work procedures, rosters, protocols for infection control and other specialised procedures, training records.
- Comments ,complaints folder and register

- Communication systems: newsletters, notices, memoranda, handover sheets, diaries and communication books
- Continuous improvement logs, register and action plans
- Education: orientation checklist, calendar 2014 and 2015, attendance records mandatory education, staff records for internal and external courses completed, education needs list for 2015
- Fire system logbooks and annual fire safety certificate
- Human resource documentation: recruitment policies and procedures, job descriptions & duty lists, rosters, staff employment kit, clients and staff handbooks
- Information processes: meeting minutes and meeting schedules, memo folder, feedback folder, communication books, staff handbooks, clients and staff information packages and satisfaction surveys
- Inventory and equipment and external services: approved supplier lists, service provider agreements, stock monitoring and delivery systems, planned maintenance program and routine maintenance request and implementation records
- Lifestyle documents: client feedback and satisfaction surveys, recreational activities folder and monthly activities program, activities evaluation and attendance records, minutes of meetings, lifestyle assessments
- Regulatory compliance :Mandatory consolidated reporting registers for alleged or suspected elder abuse and missing persons, staff police checks register, peak body and government update bulletins
- Medication management including medication management and administration policy, medication charts, incident reports, clinical refrigerator monitoring records, pharmacy communications, drugs of addiction registers and 'as needed' (PRN) medications, medication advisory committee meeting minutes, refrigerator temperature records
- Nutrition and hydration documentation
- Policies and procedures
- Self-assessment report for re-accreditation
- Work health and safety: policies, identified hazard register and risk assessment processes

Observations

The team observed the following:

- Activities in progress, associated resources, photographs of past events, activity program on display and activity resources
- Aged care complaints scheme feedback forms
- Care staff handover
- Charter of residents' rights and responsibilities on display
- Cleaning in progress
- Emergency call bell access
- Environment, internal and external
- Equipment and supply storage areas including food, chemical and clinical supplies, toiletry, chemical, paper goods, continence and linen stock in sufficient quantities
- Fire safety systems and equipment and Annual fire safety certificate on display

- Hairdressing salon
- Infection control resources and equipment including spills kits, outbreak box, personal protective equipment, colour coded equipment, hand washing stations, hand sanitiser dispensers, sharps waste disposal containers
- Information brochures on display for clients, visitors and staff, internal and external complaints system and advocacy services, information notice boards, menu, activities calendar
- Inspection tags on fire extinguishers, colour coded emergency flip charts and evacuation floor plans in various locations around the site
- Interactions between staff, residents and representatives
- Medication administration and secure storage
- Menu and servery list of resident menu choices and preferences
- Manual handling and mobility equipment including walk belts, wheeled walkers, shower chairs, toilet seats, mechanical lifters, sensor mats, low beds, handrails and internal lift access between floors
- NSW Food Authority Certificate displayed
- Nurse call system and response by staff
- Public telephones
- Quality Agency re-accreditation audit notices on display
- Residents utilising pressure relieving and limb protection equipment
- Safety data sheets, out of order tags
- Secure storage and archiving of confidential resident and staff information
- Short observation in Harmony- dementia specific unit
- Sign in/out books for visitors and tradesman/contractors
- Staff handover and practices
- Staff work areas and practices including clinical, lifestyle, administration, catering, cleaning, laundry and maintenance
- The dining environments during lunch and beverage services with staff assistance, morning and afternoon tea, including resident seating, staff serving/supervising, use of assistive devices for meals and residents being assisted with meals in their rooms
- Wound dressing trolleys and wound management supplies

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home is actively pursuing continuous improvement. Areas for improvement are identified through mechanisms that include: quality logs and action plans, regular meetings, feedback from stakeholders, a commercial benchmarking program of audits, surveys and analysis of monitoring data. Opportunities for improvement are also formulated centrally into quality projects by the Whiddon Group head office (the organisation) and often result in a systems review, change of practice, purchase of new equipment or staff education. The deputy director of care services records identified improvements on a register that describes its relevance to an expected outcome of the Accreditation Standards, the action taken and the evaluation of the outcome. Residents/representatives and staff are encouraged to actively contribute to this process and those interviewed report they are aware of the ways they can make suggestions for improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard One and recent examples of this are listed below:

- The home's regular newsletter, The Chatterbox, contained relevant local information but its format was not aligned with the Whiddon Group's branding and content requirements. The organisation's communication department produced a 10 page newsletter template that contains organisational news of interest to all clients such as major awards, new buildings or innovative projects. The template also allows for the incorporation of local news, client education and announcements. Feedback on the new standardised format has been positive with clients saying the information provided is clear and relevant but still retaining the local flavour.
- Data collection and collation, across the group, was seen as cumbersome. Information was often inconsistent and not helpful in measuring risk or demonstrating improvements. The organisation sourced and implemented a data collection and collation system (eQstas) which is a secure, web-based process that is easy to navigate and provides a logical and step-by-step process for managing and reporting on performance data. The system was introduced initially for continuous improvement documentation and risk management. The advantages so far include the ability to track improvements and risks centrally, but still allow local users to take ownership of the process, plan corrective actions and evaluate the results.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home, with the Whiddon Group’s management support, has an efficient system in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The organisation subscribes to an aged care specific legislation update service and a peak body service to ensure the home is up to date with regulatory requirements. The home receives regular updates from the organisation’s regulatory compliance processes that are responsible for identifying all regulatory related information. The director of care services ensures policies and procedures reviewed and updated by head office are implemented at site level. The team verified that staff are informed of changes to regulatory requirements through meetings and memos and staff practices are monitored regularly to ensure compliance with regulatory requirements. Examples of the home’s responsiveness to recent legislative changes are:

- There is a system for the secure storage, archiving and destruction of personal information in accordance with the NSW Privacy and Personal Information Protection Act and regulations for residents’ records.
- An electronic register is maintained to ensure criminal history record checks have been carried out for all staff.
- The organisation has identified the legislative requirement that describes the type of records that need to be kept by the approved provider. The organisation includes a statutory declaration into the welcome pack for all new staff. The form ensures all staff, including those who were a citizen or permanent resident of a country other than Australia, since turning 16 years of age, have signed a statutory declaration regarding any previous criminal history.
- The organisation’s executive general manager for people and culture (human resources) issued a memo to all staff (27 May 2015) outlining possible changes to employee entitlements as a consequence of announcements in the Federal Budget 2015. The memo informed staff that a potential reduction to their entitlements under the meal entertainment exempt benefits scheme and the changes to parental leave have prompted the organisation to commence a review of the implications of these announcements. Staff were told as an employer of choice, the review would include consultation to ensure fairness is maintained and advice would be sought as to alternative benefits that may be offered in lieu.

1.3 Education and staff development:

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. The program is overseen by a newly appointed education coordinator who determines topics to be included in the annual calendar and monitors attendance. The recruitment process identifies the knowledge, skills and education required for each position. There is a comprehensive orientation program for all new staff and an allocated buddy system to support the new staff during their first days of employment.

The education program, including topics covering the four Accreditation Standards, is developed with reference to resident needs, staff surveys, performance appraisals, and management assessments. Records of attendance at training are maintained, the training is evaluated and the effectiveness of the training is monitored through questionnaires and competency assessments. Management and staff interviewed report they are supported to attend relevant internal and external education and training. Resident/representatives interviewed are of the view staff have the skills and knowledge to perform their roles effectively.

Recent education and training that management and staff attended relating to Accreditation Standard One include:

- The orientation program covering such topics as: policies and procedures, the philosophy of the organisation, the communication system and the complaints process.
- The in-service program which included such topics as: protecting clients' rights, customer service and accreditation and effective workplace relations.

1.4 Comments and complaints

This expected outcome requires that "each care recipient (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".

Team's findings

The home meets this expected outcome

Residents, called clients by the organisation, are informed of internal and external complaint mechanisms through the client handbook, client agreement, orientation to the home, notices and at clients' meetings. Quality improvement forms for comments and complaints are available in the home and brochures about an external complaint mechanism are also available. Management maintains a log of all comments and complaints and these are all responded to in a timely manner. Issues that require further consideration are escalated to the area or regional managers. Residents/representatives can also raise concerns and identify opportunities for improvement through client meetings, satisfaction surveys and other designated forums. Residents interviewed say they are aware of how to make a comment or complaint and feel confident that concerns are addressed appropriately.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The vision, values, philosophy and commitment to quality are well documented and on display in the home. They are also available to all residents/representatives, staff and other stakeholders in a variety of documents used in the home. Vision, mission and values are included in the orientation program to ensure staff are fully aware of their responsibility to uphold the rights of residents and the home's objectives and commitment to quality.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

Residents and their representatives interviewed told us staff who provide care to the residents are skilled and competent. There is a system to manage human resources that includes policies and procedures, 'my road map' staff appraisals (when required), job descriptions, selection and recruitment processes, appropriate rostering and an education program. Replacement staff come from a casual pool. Rosters reviewed demonstrated appropriate replacement of staff, and there is evidence of considerable effort to ensure all shifts are filled. Residents/representatives are very satisfied with the level and competency of staff and their ability to meet residents' care and service needs. Staffing levels and rostering is set and monitored to meet the demands of residents, taking into consideration regulatory requirements, occupancy levels, resident needs, and the changing environment in which the home operates

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home uses organisational generated systems to ensure that appropriate stocks of goods and equipment are available at all times. Observations, interviews and review of documentation demonstrated that appropriate stocks of goods and equipment, food, continence aids, furniture and linen are achieved. Stock rotation processes, budgeting and purchasing through preferred suppliers ensures this ongoing program is effective. Staff and relatives interviewed all confirmed that there is sufficient and suitable equipment for their use. The organisation has also developed a preventative maintenance schedule and a daily maintenance procedure to ensure that equipment is maintained in a safe operational standard. All maintenance requirements are carried out in an appropriate time frame by the maintenance person at the home. The team observed and all stakeholders reported there is sufficient and appropriately maintained equipment and stocks of goods.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has organisational and locally generated systems that effectively manage the creation, usage, storage and destruction of all records, both hardcopy and electronic. Interviews and documents reviewed showed the home effectively disseminates information from management to staff and care residents/representatives relating to legislation, "client care", organisational information and other matters that are of interest to them. This is achieved through ready access to online management and intranet systems, which provides a suite of flow charts and associated forms that clearly explain current policies and procedures. The home also effectively conveys information through newsletters, memos,

noticeboards, meetings, clinical records, client information packages, education sessions, meeting minutes and hard copies of policy and procedure manuals. Information is managed in accordance with the home's privacy policy. The team observed stakeholders accessing the comprehensive and extensive documentation system that is used daily for the management and dissemination of information. The processes cover all aspects of the home's functioning and this enables staff and management to maintain consistent access to up to date information for appropriate decision-making.

1.9 External services

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

Team's findings

The home meets this expected outcome

Externally sourced services are provided in a way that meets the residential care service's needs and service quality goals. The home has a list of corporate approved preferred core suppliers and individualised written agreements with the external providers are maintained at head office. The home also ensures local businesses have the opportunity to provide some services. The organisation has a system for managing non-conformance of suppliers when there is poor performance of the supplier and the team noted examples of a change in suppliers who did not meet the home's quality requirements. All stakeholders reported satisfaction with the quality of service they receive from external service providers. External contracts are reviewed at organisational and local level with the home's quality requirements clearly identified. The organisation's head office regularly reviews the work performed or goods supplied by external contractors to ensure they are provided in a timely manner and as requested.

Standard 2 – Health and personal care

Principle: Care recipients' physical and mental health will be promoted and achieved at the optimum level, in partnership between each care recipient (or his or her representative) and the health care team.

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Two and recent examples of this are listed below:

- The Temora clinical care meeting identified an increase in the number of falls which they decided required a range of risk mitigation strategies. A falls prevention and management committee including work, health and safety representatives, was created and this allowed staff at all levels to contribute to the development of prevention strategies. The committee accessed evidence based best practice sources and introduced strategies including registered nurse reviews after all falls, observations routinely conducted at the time of the fall and at regular intervals as determined by the registered nurse. Staff are also required to conduct neurological examinations when falls are unwitnessed or they involve potential head injury. Care plans are now reviewed after all falls including consideration of appropriate pain management practices. Results to date indicate all falls are now evaluated by senior management within 48 hours and the strategies in place ensure frequent fallers are better managed.
- The deputy director of care services identified a potential decline in residents' mobility due to increased frailty and reduced range of movement opportunities. A physio aide was appointed to attend to gentle exercises at both Narraburra (Temora) two days per week and the adjacent Greenstone facility. Gentle group exercises are now held weekly and some individual sessions are also conducted as needed. After almost 12 months of operation the feedback from residents has been very positive. Staff have noted improvement in general wellbeing and observed in some participants better strength and balance. Residents in the dementia specific unit have been observed recognising the physio-aide and requesting participation in the exercise program each time she enters the unit.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home's regulatory compliance system is referred to in expected outcome 1.2 Regulatory compliance. The home uses those processes to identify and implement a range of compliance measures relevant to Standard two Health and Personal Care. These include:

- Implementing a system to ensure registered nurses and other health care professional registrations are maintained. The administration officer can also access the Australian Health Practitioner Regulatory Agency (AHPRA) website to verify registrations if needed.
- Registered nurses and staff assisting with medications are monitored to ensure they comply with the relevant policies that reflect the Health (Drugs and Poisons) Regulations 1996 and Best Practice Guidelines in Medication Management.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home’s system to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. We verified through discussions with staff and management and documentation review that the home delivers education relevant to Standard Two that will promote residents’ physical and mental health. Examples of education provided specific to Standard two include best practice in oral health, pain management, falls prevention, continence care and insulin administration for care staff.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home provides residents with appropriate clinical care through initial and ongoing assessments, care planning and evaluation processes. The home has systems that enable residents/representatives to exercise control over the care they receive and to provide input into residents’ care planning. Registered nurses review and evaluate residents’ individual plans of care every three months or when required. Relevant staff are informed of any alterations/exceptions to the usual care required at handovers, case conferences, meetings, verbally and through communication diaries. Residents’ weights, vital signs and urinalysis results are recorded monthly or as ordered by the medical officer. An accident and incident reporting system is in place for the reporting of resident incidents, such as falls, skin tears and behaviours of concern. Staff demonstrate knowledge of residents’ care needs ensuring residents’ clinical care is being met. Residents and representatives interviewed are generally satisfied with the timely and appropriate assistance given to residents by care staff.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff, with medical officer input when required. The home has an adequate staffing skill mix to ensure residents’ specialised nursing care needs can be met by appropriately qualified and skilled personnel. This includes registered nurse input into assessment,

management and care planning for residents. The home currently provides specialised nursing care for residents requiring diabetic management, wound care, catheter care and pain management. Staff are provided with education in specialised nursing procedures. Staff confirmed they have access to adequate supplies of equipment for the provision of residents' specialised nursing care needs. Residents/representatives are satisfied with the level of specialised nursing care offered to residents by nursing, medical and/or other health professionals.

2.6 Other health and related services

This expected outcome requires that "care recipients are referred to appropriate health specialists in accordance with the care recipient's needs and preferences".

Team's findings

The home meets this expected outcome

Staff interviews, progress notes, medical notes, pathology, allied health and hospital discharge information demonstrates timely referrals for residents are arranged with appropriate health specialists as required. Registered nurses have regular access to a physiotherapist, podiatrist, speech pathologist and optometry services. Regular review and evaluation of residents' health and well-being and referrals are carried out by registered nurses in collaboration with care staff and medical officers, by both face to face meetings and tele-health conferences. Effective monitoring is achieved through handover of key resident information to relevant staff. When required, residents' medical officers are alerted and consulted. Residents/representatives stated residents are referred to the appropriate health specialists in accordance with residents' needs and preferences.

2.7 Medication management

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

Team's findings

The home meets this expected outcome

The home has processes to ensure residents' medication is managed safely and correctly. These include policies and procedures, regular pharmacy deliveries, the secure storage of medications and internal/external audits. Staff administer medication using a prepacked medication system and the registered nurses oversee the home's medication management system and processes. All prescribed medications are recorded in the paper based medication chart. Review of residents' medication profiles show current medical officers' orders are recorded and information includes medication identification sheets, residents' photographic identification, allergies and medication allergy status. The home has a medication advisory committee that ensures safe medication practice is carried out. All staff who administer medications are assessed according to the home's medication policy through annual skills based assessments or as required. Residents/representatives said they are satisfied with the home's management of residents' medication.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

All residents are assessed to identify their pain history and presence of pain. Strategies for alleviating and/or to minimise and manage pain levels are documented in the resident's care plan and provided to staff. Pain re-assessments are completed to determine the effectiveness of interventions and care plans are updated as required. A multidisciplinary approach involving the residents' medical officer, nursing staff and recreational activities officer supports the resident's pain management program. Staff are knowledgeable about the many ways of identifying residents who are experiencing pain. Pain management strategies include pharmacological reviews, various non-pharmacological interventions and treatment in liaison with residents' medical officers. Residents are repositioned, assisted with movement and exercise, given gentle heat therapy, massage, and are involved in distraction therapies. Residents say the care provided at the home relieves their pain or it is managed so they are comfortable.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

The home has a suitable environment and culture to ensure the comfort and dignity of terminally ill residents is maintained. Where possible, residents' end of life wishes are identified and documented on entry to the home or at an appropriate time thereafter, through case conferencing and the assessment process. The home has specialised clinical and comfort devices to ensure and maintain resident palliation needs and preferences. The local clergy visit and are available to provide emotional and spiritual support. Staff receive ongoing education and describe practices appropriate to the effective provision of palliative care. Residents/representatives said the home's practices maintain the comfort of terminally-ill residents.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

The home has processes to provide residents with adequate nourishment and hydration. Residents are assessed for swallowing deficits and other medical disorders, allergies, intolerances, food likes and dislikes, as well as any cultural or religious aspects relating to diet. Provision is made for residents who require special diets, supplements, pureed meals and thickened fluids or extra meals and snacks throughout the day. On admission the information is recorded on a resident's nutrition and hydration form and sent to the kitchen. Residents are provided with assistance at meal times and assistive cutlery and crockery are available. The home monitors nutrition and hydration status through staff observations and recording of residents' weights with variations assessed, actioned and monitored. Residents are referred to a dietician and/or speech pathologist when problems arise with nutrition.

Residents and representatives are satisfied they are able to have input into menus and residents' meals.

2.11 Skin care

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

Team's findings

The home meets this expected outcome

The home has a system to ensure residents' skin integrity is consistent with their general health. Initial assessment of the resident's skin condition is carried out along with other assessments relating to and influencing skin integrity. Residents have access to nutritional support, podiatry, hairdressing and nail care according to their individual needs and choices. Maintenance of skin tears, skin breakdown and required treatments are documented, reviewed and noted on wound care charts. The home's reporting system for accidents and incidents affecting skin integrity is monitored monthly and is included in clinical indicator data collection. The home has a range of equipment in use to maintain residents' skin integrity. Care staff help to maintain the residents' skin integrity by providing regular pressure area care, by applying protective skin guards and by using correct manual handling practices. Residents/representatives are satisfied with the skin care provided to residents and report that staff are careful when assisting residents with their personal care activities.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

The home has a system for identifying, assessing, monitoring and evaluating residents' continence needs to ensure their continence is managed effectively. Processes are in place for the distribution of residents' continence aids and informing staff of residents' continence aid needs. Residents are assisted and encouraged to maintain or improve their continence level in a dignified and supportive manner. Care staff have access to adequate supplies of continence aids to meet resident's needs and they provide residents with regular toileting programs as indicated. Bowel management programs include daily monitoring and various bowel management strategies. For example: regular drinks, aperient medications if necessary and a menu that contains high fibre foods such as fresh fruit and vegetables and a variety of fruit juices. Infection data, including urinary tract infections, is regularly collected, collated and analysed. The home's continence supplier provides ongoing advice and education for staff and residents. Feedback from residents and representatives shows satisfaction with the continence care provided to residents.

2.13 Behavioural management

This expected outcome requires that "the needs of care recipients with challenging behaviours are managed effectively".

Team's findings

The home meets this expected outcome

The needs of residents with challenging behaviours are managed through consultation between the resident/representative, staff, medical officers and allied health professionals. Care staff and the recreational activities officers implement a range of strategies to effectively

manage residents with challenging behaviours. The residents' challenging behaviours are monitored and recorded with referrals made to their medical officer and/or external health specialists as appropriate. Staff are able to put in place appropriate strategies to manage behaviours by recognising the triggers and early warning signs exhibited by some residents. The team observed the environment to be calm and residents well groomed. Residents' representatives said staff manage residents' challenging behaviours well.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that "optimum levels of mobility and dexterity are achieved for all care recipients".

Team's findings

The home meets this expected outcome

Residents are assisted to maintain their mobility, dexterity and independence for as long as possible. Clinical assessments on entry identify the assistance required by residents for transferring and mobility. Resident's mobility status and falls risk are assessed by a registered nurse when the resident moves into the home, after a fall and as their needs change. A physiotherapist assesses all new residents for mobility and manual handling needs and undertakes a review following any falls or changes to their mobility. Individual treatments include massage, heat treatments and exercises. Falls prevention strategies include the completion of risk assessments. The physiotherapy aide provides interventions including group exercises and assistance with managing specialised equipment such as mobility aids. Staff are able to discuss individual residents' needs and were seen assisting residents to mobilise within the home. Residents said they are satisfied with the program and assistance they receive from staff.

2.15 Oral and dental care

This expected outcome requires that "care recipients' oral and dental health is maintained".

Team's findings

The home meets this expected outcome

The home has systems to ensure residents' oral and dental health is maintained. Residents' dental needs are identified through assessment and consultation with the resident/ representative on a resident's entry to the home and as their needs change. Appropriate dental health is planned and staff are informed of the resident's needs. The resident's medical officer is consulted if there are any dental needs and referrals may be made to specialists, dentists or dental technicians if further assessment or treatments are needed. Ongoing care needs are identified through resident feedback, staff observation of any discomfort, or a reluctance to eat and/or weight variances. Residents are encouraged to maintain their oral and dental health with staff providing physical assistance and prompts where necessary. Residents and representatives said they are satisfied with the oral and dental care provided to residents.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

At entry the home assesses residents’ eyesight and hearing and on an ongoing basis. Other sensory assessments for touch, smell and taste are undertaken when assessing residents’ nutritional needs, dexterity and interest in activities. These are documented on residents’ care plans to prompt and instruct staff on how to care and engage residents appropriately. The home’s activity program features activities to stimulate residents’ sensory functions. Staff described group and individual activities which encourage active participation from residents with sensory deficits. Staff said they employ various strategies to assist residents with sensory deficits. These include positioning, utilising and adapting materials and equipment to enhance resident participation, adapting the environment to ensure it is conducive to maximising residents’ enjoyment and participation in the chosen activity. Residents/representatives said they are satisfied with the home’s approach to managing residents’ sensory losses.

2.17 Sleep

This expected outcome requires that “care recipients are able to achieve natural sleep patterns”.

Team’s findings

The home meets this expected outcome

The home assists residents to achieve natural sleep patterns through a sleep assessment, care planning, provision of a choice of time for going to bed and rising, and offering staff support at night. Staff are able to explain the various strategies used to support residents’ sleep. For example: offering warm drinks or snacks, appropriate pain and continence management care, a comfortable bed, repositioning and night sedation if ordered by the medical officer. Residents can use the nurse call system to alert the night staff if they have difficulties in sleeping. Residents state they sleep well at night. Resident/representatives are satisfied with the home’s approach to residents’ sleep management.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvements for information about the home’s system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Three and recent examples of this are listed below.

- The director of care services observed the home’s current client handbook is outdated and not easy to read. In collaboration with the organisation’s communication unit, the handbook was reviewed and a series of changes to content and format made, including the incorporation of local matters specific to the home. The revised booklet has now been distributed to all residents and feedback to date is that the information provided is easy to read and has assisted their absorption into the home.
- Play up therapy, involving weekly visits by trained laughter therapists, has been operating successfully at the home for three years. A review of the program and the way the performers were delivering their services resulted in adoption of a slightly changed program, now called Play-up stage 2. This stage involves continued performer visits to ten nominated residents, but also includes more involvement from local staff. Documentation has also been changed to better reflect residents’ needs and provide ongoing evaluation of their responses to being involved in the program.

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 care recipient lifestyle”.

Team’s findings

The home meets this expected outcome

The home’s regulatory compliance system is referred to in expected outcome 1.2 Regulatory compliance. The home has used those processes to identify and implement a range of compliance measures relevant to Standard Three Care recipient lifestyle. These include:

- A copy of residents’ rights and responsibilities is displayed prominently in the home and reprinted in the clients’ handbook.
- Clients’ contracts are generated by head office, on advice from the industry peak body, and updated as legislative changes occur. Notifications of significant changes are sent direct to relevant stakeholders.
- The organisation has made clients and their representatives aware of this Accreditation site audit visit and of their opportunity to speak with the assessors in confidence. Individual letters were sent to all care recipients or their nominated representatives.
- A comprehensive policy was developed on elder abuse and reporting procedures outlining the organisation’s interpretation of the legislation. The policy lists the specific

requirements from all stakeholders to ensure compliance including the creation of a consolidated register of incidents documenting all information recommended in Appendix A of the Australian Government's *Compulsory Reporting Guidelines For Approved Providers of Residential Aged Care*. We were shown evidence of education for staff about reporting time obligations and staff interviewed were aware of guaranteed protection for staff who provide those reports.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details about the home's system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Recent education and training that management and staff attended relating to Accreditation Standard Three is listed below.

- The orientation program covering such topics as clients' rights and the organisation's new branding process
- The in-service program covering such topics as: dementia and communication, emotional, spiritual and cultural support.
- Recreation activity officers have completed the Certificate IV in Leisure and Lifestyle

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Residents and representatives are satisfied the residents are supported in adjusting to life in the new environment and on an ongoing basis. Each resident receives pre-entry information to ensure a smooth transition to residential care, and there is ongoing emotional support throughout the care assessment process. During the entry period, the new resident is introduced to staff and other residents, as well as provided with an orientation to the home. This initial period is enhanced by social profiling and assessment of each resident's health, personal care, social, cultural and spiritual needs to gain an all-inclusive understanding of each resident's individual requirements and wishes. Visiting hours are open during the day and residents are encouraged where possible to participate in outings, maintain existing social connections and develop relationships with others within the home. Residents and representatives said they feel supported by the staff, both when the resident first entered the home and on an ongoing basis.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Resident and representatives expressed satisfaction that residents are assisted to achieve maximum independence, maintain friendships and participate in life within and outside the home. Residents' specific preferences and abilities, in relation to lifestyle and activities of daily living, are identified during the assessment process. Strategies to support residents optimise their independence are documented in the care plans; these are regularly monitored, reviewed and updated. The home welcomes visits from family, and residents have access to indoor common areas where they can entertain guests. In the lounge area tea and coffee making facilities have recently been made available to residents and representatives. Mobility and continence programs assist residents to achieve optimal levels of independence. There are opportunities for residents to participate in life within the home as well as the wider community through the continuation of existing external activities, bus trips and special events such as Mothers' Day in the local club.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Residents are supported to retain their right to privacy and dignity with policies to guide staff in this process. Information on residents' rights and responsibilities is on display and also given to each resident on entry to the home. Observations of staff practices show these are consistent with the home's privacy and dignity related policies and procedures. Staff were observed considering residents' privacy by knocking on doors before entering and residents said the staff care for them in a respectful manner. Staff address residents by their preferred names and shift handover reports occur in a manner that ensures privacy of information. Information for staff regarding residents' rights to privacy and confidentiality is provided through policies and procedures, handbooks and education programs. Staff sign a confidentiality agreement when first employed at the home and personal information is stored securely. Interviews with residents and representatives and observations demonstrate residents' privacy, dignity and confidentiality are recognised and respected.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Management demonstrates residents are encouraged and supported to participate in a wide range of interests and activities of interest to them. The recreation activities officer visits new "clients" to discuss their leisure, recreational interests and social interaction needs before preparing care plans. A staff member is allocated to both homes to offer music and aromatherapy and coordinate the weekly play up program. Attendance records and feedback from residents are completed after each program to assist in evaluating participation and

interests. Resident meetings are conducted each month and residents use that opportunity to have input on the choice of activities and/or outings. There are regular theme days and bus trips to community events. The activity plan includes a wide range of activities including arts and crafts, gardening, cooking, music, happy hour and men's group. Residents interviewed say they are happy with the activities available to them.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home is able to demonstrate that individual interests, customs, beliefs and cultural backgrounds are valued and fostered. Assessment of any resident's specific needs, customs, and beliefs is performed on entry to the home and on an ongoing basis. Residents are actively encouraged to maintain cultural and spiritual links in the community and regular religious services are held at the home. Days of cultural significance are celebrated including Christmas, St Valentine's Day, St Patricks Day, Remembrance Day and Australia Day. The lifestyle staff have access to information regarding cultural and spiritual diversity and demonstrate individual assistance they give to residents. Residents interviewed state they are encouraged and supported to continue with their own interests, customs and beliefs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home has effective mechanisms for residents and/or their representatives to participate in choice and decision-making about care and services provided. Resident's individual choices and preferences are established through the assessment process. Staff explained how they ensure residents have choices available to them in care routines, medications, activities and hospitality services. Residents and their representatives are able to provide feedback to management through a range of options which include meetings, and suggestion boxes, as well as through individual consultation. The home's management has an open door policy which facilitates feedback and open communication. Resident and representatives indicate they are satisfied with the opportunities to exercise choice and make decisions according to resident needs and preferences.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Information is provided to explain care and services for new residents and/or their representative prior to entry to the home. A care and accommodation agreement is offered to each client (resident) and/or representative to formalise occupancy arrangements. The

agreement and client handbook include information about their rights and responsibilities, care and services provided, fees and charges, complaints handling, their security of tenure and the process for the termination of the agreement. Resident/representatives are advised to obtain independent financial and legal advice prior to signing the agreement. The charter of residents' rights and responsibilities and other relevant information is documented in the handbook and is on display in the home. Resident/representatives are satisfied with the information provided by the home regarding security of tenure and their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Four and recent examples of this are listed below.

- An organisational initiative required all homes to review their current emergency management plan. The DCS met with a consultant and together they developed a new and site specific emergency management plan. The new plan now includes detailed evacuation plans, agreements with potential facilities to accept evacuees if necessary and enhancement to a range of practical measures such as development of an evacuation pack. The gap analysis conducted as part of the review has prompted the establishment of a project team to review existing systems and upgrade building and plant as needed.
- Visitors had no area to make their own tea or coffee when visiting their relatives. Management identified a suitable kitchenette area in a lounge room that was being used to recharge lifter batteries and a bar fridge was purchased.. The batteries were re-located to another area and catering staff assigned the duty to re-stock the kitchenette with fresh milk and biscuits. Signs were placed in the home and visitors and families were invited to use the new facilities in the newsletter. Feedback from families about this initiative has been very positive with families saying it makes them feel at home and very welcome.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

This expected outcome is based on the home’s regulatory compliance system, referred to in expected outcome 1.2 Regulatory compliance. The home has used those processes to identify and implement a range of compliance measures relevant to Standard Four Physical environment and safe systems. These include:

- The team observed documents stored on site used to inform the workforce of relevant legislation and regulatory requirements such as work health and safety and manual handling information displayed on a staff notice board, food safe information in the kitchen and infection control policy and procedure.
- A review of records and observations showed fire safety equipment is being inspected, tested and maintained in accordance with fire safety regulations. Staff training records and interviews with staff indicate most staff have fulfilled the mandatory fire awareness and evacuation training.

- The service is licenced by the NSW Food Authority and a food safety program is implemented to ensure ongoing compliance with legislation relating to the provision of food to vulnerable persons.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details about the home's system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Recent education and training that management and staff attended relating to Accreditation Standard Four is listed below.

- The orientation program includes training in; fire safety, infection control, manual handling, accident/incident reporting, and the maintenance system.
- The in-service program covering topics such as: infection control in laundry and cleaning, fire awareness and evacuation, manual handling, health and safety –understanding your role
- All catering staff have attended food safety training.

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 care recipients' care needs".

Team's findings

The home meets this expected outcome

The home is actively working to provide a safe and comfortable environment to meet residents' care needs. Accommodation consists of 40 large single rooms with en-suite bathrooms and all residents are encouraged to personalise their rooms. There are a number of communal areas and lounge rooms as well as a recently completed outdoor patio and garden area. Maintenance requests are responded to promptly and a routine planned preventative maintenance program is implemented. Hand rails, mobility aids, lifting equipment and access to a nurse call system contribute to residents' safety. Internal temperatures are comfortably maintained. Environmental audits are conducted and issues identified are addressed in a timely manner. Residents and visitors were seen to be enjoying the internal communal areas and expressed satisfaction with the living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has a system to ensure management and staff are actively working together to provide a safe working environment that meets regulatory requirements. Work Health and Safety (WHS) training is given to all staff during orientation. The WHS system involves audits, inspections, accident and hazard reporting procedures. The WHS committee meets monthly. The agenda includes infection control and falls prevention as standing agenda items. WHS is a standing agenda item at all staff forums. Preventative and corrective maintenance programs ensure equipment is in good working order and the environment is safe. Safe work procedures and practices were observed. Staff said they have attended WHS education and demonstrated an awareness of workplace safety.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The fire and safety systems are maintained and monitored to provide an environment with safe systems that minimise fire, security and emergency risks. The system includes regular testing of fire and other emergency equipment including a sprinkler system. There is compulsory training at orientation and annually for staff on fire safety procedures, use of equipment and evacuation drills. Emergency information flip charts are easily accessible and include stepped instructions for fire and other emergencies such as bomb threats, medical emergency, and internal and external emergencies. Emergency exits are clearly marked, well lit and kept free from obstruction. There are nurse call activators in each resident's room and in communal areas, which are regularly checked by the maintenance staff. Processes are in place for the securing of the building after hours to ensure resident and staff safety. Staff demonstrated knowledge of the location of emergency equipment and emergency procedures and residents said they feel safe and secure in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The infection control program consists of ongoing education, infection prevention strategies, tracking of infection rates and undertaking audits. Strategies include the offering of vaccinations to all staff and residents, the use of colour coded cleaning equipment and systems for the management and disposal of contaminated waste. There are procedures for the prevention of and dealing with an outbreak. Staff interviewed are familiar with infection control practices and confirmed there are ample supplies of personal protective equipment readily available. Staff described and demonstrated the use of various infection control strategies including the colour-coded system used during all aspects of cleaning, the use of personal protective equipment and the food safety practices in place.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home prepares all meals on site according to a seasonal four weekly rotating menu which has been reviewed by a dietician. Residents' dietary needs, including allergies, likes and dislikes are identified and recorded on entry to the home and updated as required. The catering staff have clear systems to ensure residents receive their identified preferred foods and beverages. Food delivery, storage and serving temperatures are monitored and recorded daily and there are systems to order, store, rotate and identify food. All residents interviewed expressed a high level of satisfaction with the meals at the home. Residents' personal clothing is laundered onsite seven days a week, ironed if required and returned to residents' rooms daily. Residents said they are very satisfied with laundry services at the home. Cleaning schedules and completion records are in place. Residents' rooms and common areas were observed to be clean during the site audit and residents/representatives said the home is always clean and tidy.