Australian Government

Australian Aged Care Quality Agency

A H Orr Lodge

RACS ID 0007
31 Clissold Street
ASHFIELD NSW 2131

Approved provider: Ashfield Baptist Homes Ltd

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 25 March 2018.

We made our decision on 29 January 2015.

The audit was conducted on 16 December 2014 to 19 December 2014. 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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Audit Report

A H Orr Lodge 0007

Approved provider: Ashfield Baptist Homes Ltd

Introduction

This is the report of a re-accreditation audit from 16 December 2014 to 19 December 2014 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

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 16 December 2014 to 19 December 2014.

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:	Wendy Ommensen
Team member/s:	Rosemary Chaplin

Approved provider details

Approved provider:	Ashfield Baptist Homes Ltd

Details of home

Name of home:	A H Orr Lodge
RACS ID:	0007

Total number of allocated places:	60
Number of care recipients during audit:	60
Number of care recipients receiving high care during audit:	30
Special needs catered for:	Dementia care

Street/PO Box:	31 Clissold Street
City/Town:	ASHFIELD
State:	NSW
Postcode:	2131
Phone number:	02 9799 2844
Facsimile:	02 9799 8480
E-mail address:	info@bethel.org.au

Audit trail

The assessment team spent 4 days on site and gathered information from the following:

Interviews

Category	Number
Board chairman	1
Chief executive	1
Acting deputy director of nursing/ clinical nurse educator	1
Clinical care manager	1
Quality co-ordinator	1
Human resources officer	1
Physiotherapist	1
Clinical nurse assistant	1
Care service employees	5
Client relations officer	1
Administration assistants	2
Care recipients/representatives	10
Diversional therapist	1
Recreational activity officer	1
Area manager contracted catering services	1
Chef manager contracted catering services	1
Catering staff	4
Servery staff	2
Managing director contracted cleaning services	1
Cleaning contract manager	1
Cleaning staff	3
Maintenance staff	2

Sampled documents

Category	Number
Care recipients' files including assessments, observation charts and forms, care plans, progress notes, case conference records, medical and allied health documentation, pathology and transfer information	7
Wound charts	7
Advanced care directives	10
Medication identification charts, primary medication charts and signing charts on electronic and hardcopy format	6
Personnel files	8
Resident and accommodation agreements	6

Other documents reviewed

The team also reviewed:

- Activity calendars, proposed activity sheets, resident activity preference and suggestions chart, pastoral care spiritual attendance forms, resident activity forms, sensory assessments folder, residents' life story documents and DVDs, activity participation records, lifestyle social history profiles, social activity care plans and documentation evaluation schedule
- Cleaning schedules – kitchen, laundry and residential areas, audits and inspection reports, hazard register, policies and procedures including outbreak management guidelines, safe work method statements
- Clinical care documentation - physiotherapy assessments and care plans folder at nurses stations, care plan review date sheets, pain management intervention records, physiotherapy complex health directives and assessments and physiotherapy program recording sheet, residents' bowel summary forms, sight charts and pressure area charts in hard copy at nurses station, signed environmental restraint authorisations, weekly report writing schedule at nurses stations, weight loss and gain forms
- Continence aids folder including high care residents report and daily pad supply lists
- Education: education calendar, staff education records including attendance records, evaluations and feedback, staff education needs analysis, tool box talk forms, competencies
- Emergency flips charts, emergency response plan, contingency plans, emergency evacuation procedures, fire equipment service records, fire equipment safety inspection reports
- External service contracts and allied health services agreements, contractor safety induction checklist, supplier evaluation form, supplier index and directory of services
- Food services – antibacterial wash log for fruit and vegetable records, calibration records, cleaning schedules, cook/chill records, residents' dietary requirements sheets,

NSW Food Authority licence and audit reports, food safety program, dietician approved menu, food and equipment temperature records, pest control records,

- Human resource management – employment letters, contract of employment, police certificates and system for review, performance development reviews, position descriptions, policies and procedures, professional registration records, rewards and recognition program, staff handbook, staff duty lists folder, staffing rosters and replacement forms, staff satisfaction survey 2013, staff statutory declarations

- Infection control – infection control audit by external service, infection data statistics and analysis, executive summaries and action plans for infection control, infection control and outbreak management guidelines, pathology results for Legionella testing, immunisation histories

- Information systems – communication diaries, electronic care planning and documentation program, handover sheets, RN handover cheat sheets, meeting minutes, meeting schedule, newsletters, policies and procedures, residents' handbook, residents' satisfaction survey, RN nursing care plans review list at nurses station, staff satisfaction survey and graphed comparisons with previous years, staff handbook

- Medication reviews, medication incident reports, medication refrigerator temperature checking charts, nurse initiated medication list, pharmacy medication reviews, Schedule 8 drug register, analgesia patch application and checking forms

- Memorandum regarding documentation requirements on bowel charts 18 December 2014, bowel management audit template

- Preventative maintenance schedule, reactive maintenance logs and maintenance service reports, electrical tagging and testing records

- Quality program – accident and incident reports, audit schedule, audit results, improvement register, monthly reports to the Board, quality improvement logs

- Regulatory compliance – annual fire safety statement, compulsory reporting register and supporting documentation, police certificate records with expiry dates, NSW Food Authority licence, NSW Food authority audit reports, residents' privacy consents, police check register for contractors, professional registrations, re-accreditation audit advice, residential agreements, regulatory legislative compliance register, staff privacy and confidentiality agreements, visa right to work records, workplace gender equality report

- Residents' security of tenure – agreements, application for residency, residents' admission checklist

- Work health and safety - hazard reports, meeting minutes, risk assessments, safe work method statements, environmental audits.

Observations

The team observed the following:

- Activities in progress, activity program displayed in residents' rooms, Church services notice

- Charter of care recipients' rights and responsibilities displayed

- Chemical storage including signage, personal protective clothing, equipment and safety data sheets
- Cleaner's room, trolleys
- Clinical guidelines and instructions available to staff
- Comments and complaints mechanisms available including brochures, forms and locked suggestion box
- Daily care guides and manual handling instructions in residents' rooms (or in the folder in dementia unit)
- Equipment and supply storage areas - continence aids, linen, medications, medical supplies, mobility and pressure relieving equipment, paper products, personal protective equipment
- Fire detection and firefighting equipment checked and tagged, emergency evacuation pack, evacuation plans on display, emergency flip charts strategically located throughout the building, evacuation egresses, instruction for fire procedures posted inside residents' doors
- Food services –decanting, labelling, storage and rotation of stock
- Infection control - hand washing stations and hand sanitiser dispensers, outbreak management kits, personal protective clothing and colour coded equipment in use
- Internal and external living environment
- Kitchen – dry stores rotation and labelling of food stock, separate preparation and wash up areas
- Laundry – separate wash, drying areas and folding areas
- Lunch time meal service and medication round
- Medications safely stored including locked medication rooms, trolleys, refrigerators, schedule 8 cupboard, and electronic medication management system tablets
- Oxygen cylinders securely stored
- Re-accreditation audit notices displayed
- Residents and representatives' survey results 2014 and plans for improvement displayed in resident living areas
- Residents' and families' Christmas party
- Sensitive interactions between staff and residents
- Short group observation in dementia unit
- Signage regarding safe management for self-medicating residents in resident's room

- Waste management area for general and recycled waste, secured contaminated waste bins, sharps containers.

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 management and staff team at A H Orr Lodge implement systems and processes which link to a quality framework which identifies opportunities for improvement across all management and service areas. Systematic and proactive assessment through internal and external audits, clinical indicators and reporting processes, as well as the collection and analysis of clinical data further supports the program. Sustainability is measured through monitoring, evaluation and review of the effectiveness of implemented changes. Mechanisms such as improvement logs, meetings, surveys, formal and informal feedback processes and consultation encourages all stakeholders to have involvement in the continuous improvement processes.

Recent examples of improvement activities related to management systems, staffing and organisational development are outlined:

- The staff satisfaction survey of 2013 highlighted staff concerns about communication of information and a lack of recognition by management. They felt decisions affecting staff were being made without consultation or feedback. Memoranda outlining upcoming changes are circulated and staff are encouraged to give suggestions or make comments. A reward and recognition program has been instigated for staff who exhibit work practices which reflect the organisational values. The staff survey of 2014 demonstrates increased satisfaction in these areas. Ongoing monitoring will be implemented to track sustainability of this improvement.

- A human resources consultant was engaged to review the roles and responsibilities, systems and processes of the staff management at the home. Responsibilities were allocated and systems and processes consolidated under a newly constructed human resources department. Filing systems were streamlined allowing for easy access to all relevant information, position descriptions were updated to allow linkages to performance appraisals and processes to ensure legislative compliance were implemented. Recruitment and selection, orientation, education, rostering and performance reviews are now more effective and efficient.

- Education records and processes were refined and streamlined. An education calendar was introduced reflecting the results of a training needs analysis. An electronic training program was implemented, monthly mandatory education now targets all staff and other

relevant topics are broadcast and facilitated. Leaning outcomes are evaluated and associated work practices monitored. Competency assessments are conducted annually or on a needs basis. All staff have completed mandatory education during 2014.

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

Systems and processes ensure the identification and implementation of changes in legislation, regulatory requirements, professional standards and guidelines. Information is sourced in a variety of ways which include: subscription to a legislative update service, through industry related newsletters, from peak bodies, from State and Commonwealth government departments, from statutory authorities and the internet. Changes to legislation are notified to the home and disseminated to the home's staff via memoranda, meetings and education sessions. Policies and procedures are reviewed and updated in line with new legislation. Auditing by external regulatory authorities, internal auditing processes, surveys, quality improvement activities and monitoring of work practices ensure consistency and compliance with legislative requirements.

The following examples demonstrate the effectiveness of the system relating to regulatory compliance and pertaining to Accreditation Standard One:

- The re-accreditation site audit was discussed at staff and residents' meetings, persons responsible for residents were notified by mail, information was included in the newsletter and notices displayed prominently throughout the home. Most residents and representatives interviewed during the re-accreditation audit were aware of the process.

- Prospective employee's police certificates are checked prior to engagement and there is a process in place to review the currency of this status every three years. Contracted service personnel are also required to provide police certificates.

- The Workplace Gender Equality Agency statistical information regarding staffing was completed and the organisational "philosophy of care" changed to include "respect for people from culturally diverse backgrounds".

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 management and staff have appropriate knowledge and skills to perform their roles effectively. The education program includes mandatory, planned and reactive training for staff. All new staff complete an orientation program to ensure duty of care obligations are met and key information relating to policies is addressed. Staff are expected to attend yearly compulsory education sessions covering topics such as fire safety awareness, infection control, elder abuse and mandatory reporting, manual handling and the

mission and values of Ashfield Baptist Homes. A system exists to follow up non-attendance at these sessions. There is a designated clinical educator who is responsible for education. Staff training needs are identified through a variety of sources including annual staff performance appraisals, analysis of key performance indicators and audit results, competency testing, changes to legislative requirements and residents' identified needs.

Education is provided through tool box talks, an electronic training channel, contracted training providers, external training courses and online training. Staff told us they are encouraged and supported to attend education and training courses and attendance records are maintained.

Examples of education sessions and activities relating to Accreditation Standard One include:

- Accreditation - your role and responsibilities
- Effective written documents
- Electronic medication management system training
- Resolving confrontational situations
- Recent changes to clinical procedures.

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

Information explaining the internal and external complaints' mechanisms is prominently displayed at the home. The processes for complaints resolution are documented in the residents' handbook and residents' agreement. These are also discussed with residents and their representatives as part of the entry process, at meetings and are outlined in the newsletter from time to time. A register of comments, complaints and compliments is in place. A review of complaints demonstrates that issues are investigated, analysed and mostly responded to in a timely manner. There is a system for making confidential complaints and for complimenting staff. Annual general surveys of service satisfaction are conducted and, where indicated, results generate action plans for improvement. At interview residents, their representatives and staff confirm an awareness of the mechanisms by which comments, complaints, or suggestions can be made.

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 home's vision, values, philosophy and objectives of the care service are documented, regularly reviewed and reflect the intention of delivering quality services to the residents. Management, staff, residents and representatives at A.H. Orr Lodge advise that these values

and objectives are adopted. Values are embraced and demonstrated by senior management and strategic planning processes are reviewed every three years. They are discussed with staff at orientation, displayed at the home, documented in the resident and staff handbooks and other relevant publications.

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

There are systems and processes in place to ensure that the home has sufficient appropriately skilled and qualified staff to provide services in accordance with the Accreditation Standards and the home's philosophy and objectives. Policies, procedures and forms that guide human resource practices are accessible to all staff. Recruitment processes include professional registrations, police certificates and reference checks. Orientation training and mentoring of new staff is conducted and performance reviews are in place.

Grievance processes are documented. Rosters are developed fortnightly in advance and a review of rosters confirmed that absent staff are mostly replaced. Relief arrangements include permanent part time and casual staff. All staff interviewed advised that team work is vital to ensuring appropriate care and service delivery at the home. Residents and their representatives generally report satisfaction with the consistency of care provided and the skills and professional approach of all staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Management and staff interviews confirm there are adequate levels of goods and ready access to equipment for the delivery of quality services at the home. Budgeted processes and risk assessments ensure that goods and equipment are suitable for the purpose and meet the specific needs of residents. There are ordering processes and stock rotation systems for consumable and perishable items. Specific staff members assume responsibility for conducting stock reviews and ordering necessary supplies. Monitoring processes include hazard reports and environment and safety audits. Preventative and reactive maintenance programs ensure service delivery supports a safe living and working environment. Chemicals are stored securely with easy access to safety data sheets. Electrical tagging is conducted.

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

There are information management systems in place. All staff have access to policies and procedures which are available in hard copy and on an electronic shared drive. Confidential files are stored securely and systems promote the archiving and destruction of records. A review of residents' files indicates that clinical care plans are reviewed and there are processes for consultation with residents and their representatives. A schedule of committee and other meetings at the senior management and local level ensures relevant information is available to stakeholders. Information is disseminated through secure password protected emails, on noticeboards, through newsletters, case conferences, staff handovers, formalised feedback mechanisms and informal lines of communication. External and internal audits, surveys and the collection of data relating to the quality of care and services provide information which support processes of assessment and continuous improvement. Residents and their representatives told us they are provided with information which assists them to make decisions about their care and lifestyle.

1.9 External services

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

Team's findings

The home meets this expected outcome

Externally sourced services are provided in a way that meets the home's requirements for quality service goals. The organisation engages contracted and preferred service providers and suppliers. Service providers must produce evidence of licensing, professional registrations, safe work method statements, public liability and other insurance and are required to provide police certificates. A contractor's safety induction checklist outlines expectations on site. Service agreements and contracts with external providers are negotiated and managed by the chief executive officer and supervised by the maintenance supervisor. The performance of external contractors is regularly reviewed in line with feedback from staff and residents or their representatives. Non-conforming behaviour may lead to cancellation of the contract. External contracts include (but are not limited to): supply of chemicals, fire systems maintenance, pharmacy services, podiatry, hairdressing, waste management and pest control.

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

The results of the team's observations, interviews and review of documentation revealed that the home is pursuing continuous improvement in relation to health and personal care of care recipients. For information regarding the continuous improvement system see expected outcome 1.1 Continuous improvement.

The following are examples of some of the improvements undertaken in relation to health and personal care of residents:

- An audit of oral and dental care across A. H. Orr Lodge and Bethel Nursing Home demonstrated a gap in the regular assessment and identification of residents' needs. A review resulted in colour coded toothbrush changes seasonally, dentures being labelled for easy identification and staff practices relating to oral and dental care being monitored. Care staff are required to report any care issues to clinical management staff. Education on all aspects of oral and dental care was conducted on 11 December 2014. An onsite dental clinic is to be set up in 2015.

- Wound management was being documented on two separate forms, one electronic form which had to be printed to record treatment progress and one hard copy. This was making it difficult to know how the wound was healing as updated information was not always being recorded. The electronic version was abandoned and a new form designed and implemented. Reporting is now more consistent and registered nurses are attending to wounds in line with residents' assessed needs. Monitoring of this initiative is continuing weekly.

- It was identified during an accreditation support contact that there was no medical officer sign off on self-medication authority forms. A form was designed and all residents choosing to self-medicate were assessed for this competency by their medical officers. Some families were bringing in prescribed and non-prescribed medication for their residents. Letters providing guidelines for safe medication management were distributed. Residents were briefed on, and issued with, the organisational self-medication policy document. Information was also provided in the Ashfield Baptist Homes newsletter. A monthly auditing program monitors self-medication practices and audits of medication management also cover these practices.

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 re-accreditation team's observations, interviews and review of documentation demonstrate that an effective system is in place to manage regulatory compliance in relation to health and personal care. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

Evidence that there are systems in place to identify and ensure regulatory compliance relating to health and personal care includes:

- Authority to practise registrations for registered nurses, enrolled nurses and medical officers are sighted and a professional registration log is maintained by the home. Contracted allied health services managed by the organisation are also required to provide evidence of registration. These include, but are not limited to, the accredited pharmacist, the physiotherapist and the podiatrist.

- Registered nurses are responsible for the care planning and assessment processes and specialised nursing services implemented for all residents in the home.

- The home ensures care recipients are provided with specified care and services, supplies and equipment as required under the Quality of Care Principles (1997). These entitlements are advised to residents and/or their representatives on entry to the home and in the resident and accommodation agreement.

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

Information about the home's system for education and staff development is provided under expected outcome 1.3. Education sessions management and staff attended relating to Accreditation Standard Three include:

- Dementia- everyday care
- Helping aged care residents with dysphasia
- Pain – recognising and responding
- Palliative care loss and grief
- Person centred care
- Enteral pump use
- Oral and dental care.

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 has systems to ensure residents receive appropriate clinical care. A comprehensive program of assessment is undertaken when a resident moves into the home and a care plan is developed. Residents and/or their representatives are consulted during the assessment and care planning process including through case conferences.

Documentation review confirms allied health professionals and medical officers are involved in the planning and delivery of residents' clinical care. Appropriately skilled staff develop and review care plans on a regular basis and when residents' identified needs and preferences change. Medical officers review residents regularly and as requested and residents are referred to specialist medical and allied health services as required. A range of care based audits, clinical indicators and resident surveys are used to monitor the quality of care. Care staff are provided with current resident clinical care information through handovers, communication diaries, wardrobe daily care guides and progress notes. Staff report they have appropriate equipment, resources, education and supervision to ensure residents receive appropriate clinical care. Staff interviews demonstrate that they are knowledgeable about the care requirements and preferences of individual residents. Residents are satisfied with the clinical care they receive.

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

The home has systems to ensure residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff. Specialised nursing care needs are assessed and documented on care plans when residents move into the home. Changes are documented in the progress notes, clinical charts, specialist forms and charts and in the care plans. Care plans are regularly reviewed and evaluated in consultation with residents and/or their representatives. Registered nurses attend residents' specialised care and equipment is supplied as necessary to meet identified needs. External nursing specialist services are accessed as required including the services of palliative nurse specialists. Staff informed us they have appropriate training, resources, equipment and support to provide specialised nursing care for residents. Residents are satisfied with the specialised nursing care provided.

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

The home has systems to assist staff to identify, assess and refer residents to appropriate health specialists in accordance with the resident's needs and preferences. Review of documentation including residents' files demonstrates that residents are referred to medical specialists and other allied health professionals such as a dietician, speech pathologist, podiatrist, behaviour management specialists, physiotherapist, audiology and optometry services as required. External providers of specialist services visit residents in the home or residents are assisted to attend appointments outside the home. Residents informed us they are satisfied with the referral process and are consulted when referral to health specialists is required.

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 systems to ensure residents' medication is managed safely and correctly. Medication needs and preferences are assessed on entry to the home and as residents' needs and preferences change. Registered nurses and competency tested certificate IV clinical nurse assistants administer medication which is prescribed by medical officers and dispensed by a pharmacist using a blister package system. Residents' medications are regularly reviewed by a medical officer and the pharmacist. The home has a medication advisory committee which meets to communicate such issues as legislative requirements and current best practice. Review of medication charts confirms residents' identifying information is

documented clearly including photographs, name, date of birth and allergies. Observation and staff interview demonstrates medication is stored safely in locked areas and dispensed in accordance with the home's policy. Review of documentation confirmed that medication incidents are recorded and addressed appropriately. Residents who wish to manage their own medications are able to if assessed as safe to do so. Residents informed us they are satisfied with their medication management.

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

The home has systems to ensure all residents are as free as possible from pain. A range of pain assessments including assessments used for residents living with dementia is undertaken by nursing staff and the physiotherapist to identify residents' pain. Care plans are developed for each resident including individualised interventions. Interventions used to assist residents to manage their pain include application of heat packs, gentle exercise, massage and analgesic medication. Pain management measures are evaluated for effectiveness and residents are referred to their medical officers or the nurse practitioner if required. Residents informed us they are satisfied with the way their pain is managed.

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

Residents who are terminally ill are regularly assessed in consultation with their representatives and medical officer to ensure their comfort and dignity is maintained. On entry to the home residents are offered an opportunity to provide information regarding end of life wishes and advanced care directives. Interviews demonstrate that staff are aware of maintaining the respect and dignity of residents who are terminally ill, and of supporting their families. The home provides a palliative care room with facilities for families who wish to stay with the residents receiving palliative services. Music and aromatherapy are utilised in conjunction with medical and nursing interventions to maintain comfort. Residents' emotional and spiritual needs and preferences are included in the care planning for terminally ill residents. We observed supplies of equipment used for palliative care including specialised pressure relieving equipment, electric beds and mechanical lifters.

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 systems to ensure residents receive adequate nourishment and hydration including initial and ongoing assessments of residents' needs and preferences. Care plans are

developed and reviewed regularly and as required. The registered nurse identifies residents at risk of weight loss and malnutrition by monitoring monthly weight records. A dietician and speech pathologist are consulted when required. Nutritional supplements, modified cutlery, equipment and assistance with meals are provided as needed. Staff are aware of special diets, residents' preferences and special requirements such as any modified textured meals via a dietary needs folder, dietary needs lists in the kitchen, beverage and supplement lists and the residents' care plans. Residents have input into menu planning through resident meetings, comments and complaints mechanisms and informal discussions with staff. Observation confirms the menu is displayed for residents in the dining areas of the home. Residents are satisfied with the catering services provided.

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 systems to ensure that each resident's skin integrity is consistent with their general health. Residents' skin integrity is assessed when they move into the home through the initial assessment process. Ongoing assessment occurs regularly and as residents' needs and preferences change. Care staff confirm they monitor residents' skin integrity as part of daily care and report any changes to the registered nurse for review and referral as appropriate. Complex wound management is carried out by registered nurses. Wounds are assessed regularly using comprehensive wound assessment charts. Skin tears and infections are recorded and data is analysed by the management team. A podiatrist and hairdresser attend the home on a regular basis. A range of skin protective devices are available, if needed, including pressure relieving mattresses, hip protectors, skin emollients and limb protectors. These are available to all residents and are consistent with individual care plans and identified resident needs. Residents informed us they are satisfied with the provision of skin care and the range of equipment available to them.

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 systems to ensure residents' continence is managed effectively. Clinical documentation review and interviews with staff confirms continence management strategies are developed for each resident, if required, following initial and ongoing assessment. Staff said they assist residents with their toileting regime, monitor skin integrity and receive training and supervision in the management of continence and the use of continence aids if necessary. The home has sufficient stock of continence aids in appropriate sizes to meet resident needs. Residents and their representatives are satisfied with the management of residents' continence needs. Staff were observed being considerate of residents' privacy and dignity at all times.

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 home has systems to effectively manage residents with challenging behaviours. In consultation with residents and their representatives assessment and monitoring is undertaken on entry to the home and on an ongoing basis. Challenging behaviours, triggers that lead to challenging behaviours and successful interventions are identified and documented on residents' care plans. Care plans are regularly reviewed and evaluated for effectiveness. Residents are referred to their medical officer and behaviour management specialists for clinical review and assessment when necessary. Staff receive ongoing training and we observed their interactions with residents who exhibit challenging behaviours to be consistent with person centred care philosophies. Residents and their representatives are satisfied with the management of residents with challenging behaviours and informed us they are not disturbed by these residents.

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

The home has systems to ensure that optimum levels of mobility and dexterity are achieved for all residents. Residents' mobility and dexterity needs and preferences are assessed on entry to the home and on a regular basis or as needs change. The physiotherapist develops individual exercise and mobility programs for residents with identified needs. Documentation review and interviews with staff confirms all residents are assessed on moving into the home for mobility, dexterity and transfers, falls' risk and pain management. The physiotherapy and exercise programs are implemented by the physiotherapist, care staff and activity staff.

Programs are regularly reviewed and evaluated by the physiotherapist and registered nurses. Staff are trained in falls prevention, manual handling and the use of specialist mobility and transfer equipment. Assistive devices such as mobility frames, mechanical lifters and wheelchairs are available if required. Falls' incidents are referred to the physiotherapist, documented and the data is analysed. Residents informed us they are satisfied with the way their mobility and dexterity needs are managed.

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. A review of documentation shows that residents' oral and dental health is assessed when they move to the home and individual care plans are regularly reviewed and evaluated to meet changing needs.

Diet and fluids are provided in line with the resident's oral and dental health needs and preferences and specialist advice for residents with swallowing problems is sought if needed. Dental appointments and transport are arranged in accordance with residents' needs and preferences. Staff have received education in oral and dental care. Residents informed us staff provide assistance with residents' oral and dental care as required or as requested.

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

Initial assessment of residents' sensory loss is identified when they move into the home. Management strategies are implemented, regularly reviewed and evaluated in consultation with the resident and referral to specialist services is arranged as needed. External optometry and hearing services are accessed. We observed the environment to have good lighting, including natural light, and that rooms and walkways are spacious and uncluttered to ensure they facilitate resident safety. Staff said they use a variety of strategies to manage sensory loss, including appropriate equipment and support to promote independence.

Residents informed us staff are attentive to their individual needs, including the care of glasses, hearing devices and if needed assistance to move around the home.

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

Residents' sleep patterns and known strategies to assist sleep are assessed when they move into the home and their care plans are regularly reviewed and evaluated by appropriately qualified staff. Staff, including the registered nurse from the co-located high care facility monitor and are available to assist residents during the night. Residents' preferences for rising and retiring are respected and accommodated by staff. A review of documentation and discussions with staff show residents are offered comforts such as soft music, heat packs, aromatherapy, snacks, warm milk, and any other support to assist them achieve natural sleep patterns. Disturbances in sleep patterns are monitored and referred to the medical officer as needed. Lighting and noise levels are subdued at night. Residents informed us they are satisfied with the management of their sleep and the night time environment.

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

The home is pursuing continuous improvement in relation to residents' lifestyle and this was confirmed through observations, interviews and review of documentation. For comments regarding the continuous improvement system see expected outcome 1.1 Continuous improvement.

Examples of improvements made to resident lifestyle are outlined:

- Residents' transition into the residential care service was generating some issues of concern. Alzheimer's Australia was commissioned to assist the formulation and documentation of a "transitioning into a new life" program. Staff and carers were engaged in this process and attended the training. During the entry process the resident and their family are given the opportunity to meet staff from various disciplines, notably administration, care, recreational and chaplaincy staff. Recreational staff with the assistance of family now research and document the resident's life story.

- Residents requested opportunities to get to know other residents and to form social relationships. A men's group has been introduced, high tea for the ladies, alfresco dining with an invited guest and daily bus trips are now available in the different areas. Relationships have increased markedly and feedback has been positive.

- Residents expressed an interest in extending the activities program to include: visiting entertainers, art therapy, jigsaw puzzles and one to one interactions such as story reading, nail painting and letter writing. Data from activities preference sheets and survey results was also collated. To facilitate and maintain this program extension additional staff were employed and volunteers trained. Residents have voiced appreciation of the additional variety in activities and attendances have increased.

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

Observations, interviews and review of documentation revealed an effective system is in place to manage regulatory compliance in relation to resident lifestyle. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

- All residents are issued with a residential agreement which incorporates clauses required by law such as a 14 day cooling off period and the provision of specified care and services. The agreement is regularly reviewed to ensure that legislative requirements are being met.

- Documents provided to residents and their representatives to inform of relevant legislation and regulatory compliance include 'The Charter of Residents' Rights and Responsibilities' and the residents' handbook.

- A compulsory reporting register is in place, policies and procedures relating to identification and reporting of elder abuse are regularly reviewed. Records demonstrate that protocols are followed. Mandatory education for staff is conducted annually.

- A privacy officer has been appointed by the organisation to facilitate procedures relating to privacy legislation. Staff are advised of their role in relation to privacy and sign confidentiality agreements.

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

Information about the home's system for education and staff development is provided under expected outcome 1.3. Education sessions management and staff attended relating to Accreditation Standard Three include:

- The use of restraints

- Secret men's business

- Cultural and spiritual diversity.

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

The home has systems to ensure each resident is supported in adjusting to life when they enter the home and on an ongoing basis. Care staff and leisure and lifestyle staff spend one to one time with residents during their settling in period and thereafter according to the resident's needs. The client liaison officer provides individual support to residents and their representatives prior to and during the entry process. The entry process includes gathering information from residents and their representatives to identify residents' existing care and lifestyle preferences. Feedback about residents' levels of satisfaction with the provision of emotional support is gained through meetings, audits and resident surveys. Residents expressed satisfaction with the level of emotional support and assistance staff provide to them on entry to 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

Residents are encouraged to entertain at the home and visitors and relatives are made to feel welcome when they visit. Staff facilitate resident participation in the local community, for example, through the arrangement of regular bus trips. Many community groups visit the home including entertainers, special interest groups and school children. Residents have access to the internet including programs which enable contact with friends and family who are not able to visit often. Regular exercise programs and the mobility programs assist residents to maintain their mobility levels and independence. Residents are able to decide whether they wish to remain on the electoral roll and assistance is provided to them to vote if they wish to do so. Observations and interviews confirm staff promote residents' independence when assisting with their activities of daily living. Residents state they are satisfied with the opportunities available to them to participate in the life of the community within and outside the home.

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

The home has systems to ensure each resident's right to privacy, dignity and confidentiality is recognised and respected. Residents care plans and progress notes provide evidence of consultation regarding their preferences for the manner in which care is provided. Resident's individual preferences are documented and known by staff. Resident records are securely stored and the organisation's privacy policy is included in the residents' handbook. All staff

have signed code of conduct and confidentiality agreements. Observations confirm staff address residents in a respectful manner by their preferred names. Staff were observed to knock on resident room doors before entering. Residents informed us staff respect their privacy and dignity.

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

The home has systems to ensure residents are encouraged and supported to participate in a wide range of interests and activities of interest to them. Lifestyle and social history profile assessments are undertaken when residents move into the home in consultation with residents and their representatives. Care plans are developed and evaluated regularly.

Recreational activity staff plan monthly activity calendars for each area of the home which include a variety of events and activities in consultation with residents and their representatives. One on one activities are included in the calendar to cater for those who prefer not to attend group activities. Activity programs are distributed to residents in their rooms to remind them of the program available. Care staff announce the day's activities at breakfast daily and encourage participation. Residents are consulted through resident meetings and surveys regarding the activity program. This information is evaluated to make improvements to the program on an individual and group basis. Residents informed us they enjoy the activities and particularly enjoy the walking groups, concerts, bus trips, bingo and word games.

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

Residents are assessed on entry to the home for their individual customs, beliefs and cultural and ethnic backgrounds. A variety of religious services and devotions are held regularly at the home and residents are assisted to attend services outside the home if they prefer.

Specific cultural days such as ANZAC Day, Australia Day, Christmas and Easter are commemorated with appropriate festivities. Each resident's birthday is recognised and celebrated. Interviews confirm the recreational activity staff and care staff have knowledge of and respect for the residents' individual backgrounds and beliefs. Pastoral care is provided for residents by the chaplain as required. Residents informed us they are satisfied with the cultural and spiritual life offered at the home.

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 systems and processes to ensure residents and their representatives participate in decisions about the services they receive and are able to exercise choice and control. Mechanisms providing this include regular case conferences, discussions with staff, residents' meetings, surveys and comments and complaints processes. Residents informed us they are involved in decisions about their care routines and their participation in the activity program. Residents' choice of medical officer and allied health services is respected. Residents have personalised their rooms with memorabilia and items of their choosing including furniture and pictures. Residents informed us they are satisfied with the level of choice and decision making offered.

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

The residential service is able to demonstrate that residents have secure tenure within the home and understand their rights and responsibilities. Relevant information about security of tenure and residents' rights and responsibilities is provided in the residents' agreement and the handbook. This is discussed with prospective residents and their representatives prior to and on entering the home. The Charter of Residents' Rights and Responsibilities is displayed and included in publications. Residents and representatives interviewed state they are kept informed about matters of importance to them, they feel secure of residency within the home and they confirmed an awareness of 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

For comments regarding the continuous improvement system see expected outcome 1.1 Continuous improvement. Examples of the improvements made to the physical environment and safe systems are outlined:

- The workplace health and safety committee was not meeting consistently due to staff changes. A review of associated systems and processes demonstrated gaps. An action plan to address these deficits has been formulated and implemented. The work health and safety committee members have been recruited and trained. New hazard assessment forms have been introduced and reporting procedures reviewed. The evacuation plan for the home has been updated. Designated staff roles and responsibilities have been assigned. Emergency evacuation drills are to be conducted to measure the effectiveness and efficiency of these improvements.

- The cleaning program across both homes was not satisfactory and residents and their families reported dissatisfaction with cleaning outcomes. In addition an audit by an infection control service returned negative results. The organisation tendered for a contracted cleaning service which was engaged in December 2013. Cleaning audits are regularly conducted and are returning positive outcomes.

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

Observations, interviews and review of documentation revealed there is an effective system to manage regulatory compliance in relation to the physical environment and the implementation of safe systems. For comments regarding the system see expected outcome 1.2 Regulatory compliance.

Evidence that there are systems in place to identify and ensure regulatory compliance related to the physical environment and the safe system includes:

- The Annual Fire Safety Statement certifying that firefighting equipment and fire warning systems are appropriate and suitably serviced is current and on display.
- The NSW Food Authority licence, under the legislation governing food services to vulnerable persons, is in place.
- A biological testing program ensures pathology of samples from the warm water system is attended, results analysed and remedial action implemented to ensure the system is free from Legionella bacteria.

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

Information about the home's system for education and staff development is provided under expected outcome 1.3 Education and staff development. Education sessions management and staff attended recently relating to Accreditation Standard Four include:

- Safe food handling
- Responding to emergencies
- Fire indicator panel training
- First aid training
- Emergency co-ordinator and warden 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

Management demonstrated they are actively working to provide a safe and comfortable environment consistent with resident's care and lifestyle needs. Mechanisms, such as entry and orientation processes for new residents, satisfaction surveys, newsletters and meetings provide information and allow residents and their representatives to contribute ideas about their living environment. The home is constructed on two levels with wide hallways, comfortable internal communal areas and a well-kept garden courtyard for residents to enjoy and entertain visitors. Residents and their representatives enjoy the kiosk which provides food and beverages and a pleasant community like ambience. Accommodation consists of pleasantly furnished single rooms with en-suites. Hand rails in the hallways, support equipment in the en-suites, mobility aids, and access to a nurse call system contribute to safety in the living environment. Internal temperatures are comfortably maintained.

Environmental audits are completed and actions implemented to correct any identified issues.

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

There are work, health and safety processes which aim to ensure a safe working environment. An organisational work, health and safety committee has been convened with representation from a mix of staff disciplines across A. H. Orr Lodge and Bethel Nursing Home. Workplace inspections monitor the living and working environment and hazards are reported and actioned. Identified risks are recorded in the maintenance request log, prioritised for repair and actioned by the maintenance supervisor or external contractors.

Staff incidents are low. Staff complete manual handling training during orientation and annually. Personal protective clothing and equipment is provided and was observed being used appropriately. Position descriptions include work, health and safety responsibilities for the roles. Rehabilitation and return to work processes ensure care of the injured staff member.

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

Systems are in place to ensure the safety and security of residents and staff. Checks of equipment by external contractors, auditing processes, fire and emergency evacuation

procedures are in place. Evacuation maps are correctly orientated and emergency flip charts are located at strategic points throughout the building. The home is fitted with fire warning and firefighting equipment, a sprinkler system, smoke and thermal detectors, extinguishers, fire blankets and emergency lighting. Chemical storage is secured, personal protective clothing available and material safety data sheets located in suitable positions throughout the home. Designated smoking areas have been assigned for residents and staff. Staff attend compulsory fire safety training and demonstrate an understanding of evacuation procedures. Records of attendance at training are maintained and monitoring of this process occurs. The home is monitored by controlled circuit television cameras. An emergency evacuation and relocation plan has been drafted and an emergency evacuation kit includes current residents' names, mobility status and care needs.

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 home has an effective infection control program. Policies and procedures for infection control including outbreak management guidelines are available to all staff. Infection data is collected, collated and evaluated. Residents' infections are identified; medical officer reviews initiated and pathology services organised to enable effective treatment. The home's infection control program includes education for all staff, hand washing competencies, staff and residents' immunisation programs. Cleaning and maintenance schedules, temperature monitoring, use of spills kits and safe disposal of general and infectious waste support the program. Personal protective clothing and equipment, hand washing facilities and hand sanitisers are readily available across the home. Auditing processes together with monitoring of infection data ensure review of the program. Staff were observed following infection control practices in their various roles and in their day to day interactions with residents.

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

There are systems and processes to ensure hospitality services are provided in a way that enhances residents' quality of life and the working environment. Catering staff have implemented food safety guidelines in the kitchen. Processes ensure that residents' food and drink preferences and special dietary requirements are identified. The living environment is observed to be clean and fresh. Cleaning staff demonstrate a working knowledge of the home's cleaning schedules, infection control practices and safe chemical use. Staff explained the laundry processes, including the collection, storage and management of linen and personal clothing. The laundry staff are responsible for the return of residents' personal wash to their rooms. Infection control practices are adhered to in the central laundry.

Residents were generally complimentary of the staff and expressed satisfaction with the hospitality services provided to them.