



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Ardrossan Community Hostel**

RACS ID 6111  
37 Fifth Street  
ARDROSSAN SA 5571

**Approved provider: Ardrossan Community Hospital Inc**

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 21 October 2018.

We made our decision on 03 September 2015.

The audit was conducted on 03 August 2015 to 05 August 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.

| <b>Expected outcome</b>                     | <b>Quality Agency decision</b> |
|---|--------------------------------|
| 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**

**Ardrossan Community Hostel 6111**

**Approved provider: Ardrossan Community Hospital Inc**

### **Introduction**

This is the report of a re-accreditation audit from 03 August 2015 to 05 August 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

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 03 August 2015 to 05 August 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

|                     |                   |
|---------------------|-------------------|
| <b>Team leader:</b> | Catherine Wohling |
| <b>Team member:</b> | Andy McArdle      |

## Approved provider details

|                           |                                  |
|---------------------------|----------------------------------|
| <b>Approved provider:</b> | Ardrossan Community Hospital Inc |
|---------------------------|----------------------------------|

## Details of home

|                      |                            |
|----------------------|----------------------------|
| <b>Name of home:</b> | Ardrossan Community Hostel |
| <b>RACS ID:</b>      | 6111                       |

|  |   |
|--|---|
| <b>Total number of allocated places:</b>                           | 26  |
| <b>Number of care recipients during audit:</b>                     | 26  |
| <b>Number of care recipients receiving high care during audit:</b> | 22  |
| <b>Special needs catered for:</b>                                  | People with dementia or related disorders |

|                        |  |
|------------------------|--|
| <b>Street:</b>         | 37 Fifth Street  |
| <b>City:</b>           | ARDROSSAN  |
| <b>State:</b>          | SA   |
| <b>Postcode:</b>       | 5571   |
| <b>Phone number:</b>   | 08 8837 3021   |
| <b>Facsimile:</b>      | 08 8837 3677   |
| <b>E-mail address:</b> | <a href="mailto:ceo@ach.yorke.net.au">ceo@ach.yorke.net.au</a> |

## Audit trail

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

### Interviews

| Category                          | Number |
|-----------------------------------|--------|
| Director of Nursing               | 1      |
| Clinical and care staff           | 6      |
| Lifestyle staff                   | 1      |
| Administration assistant          | 1      |
| Care recipients/representatives   | 8      |
| Quality and health & safety staff | 2      |
| Housekeeping staff                | 5      |
| Maintenance staff                 | 2      |

### Sampled documents

| Category                                   | Number |
|--|--------|
| Care recipients' files                     | 6      |
| Summary/quick reference care plans         | 6      |
| Medication charts                          | 6      |
| Care recipients' dietary requirement plans | 4      |

### Other documents reviewed

The team also reviewed:

- Activities calendars
- Annual report
- Asbestos register
- Audit schedule and various audit results
- Audited food safety program
- Call bell response time reports
- Care recipient special dietary requirements documentation
- Clinical procedures
- Complaints, suggestions and compliments documentation

- Continuous improvement documentation
- Corrective and preventive maintenance records
- Dangerous drugs of addiction register
- Electrical test and tag documentation
- Housekeeping documentation
- Human resource documentation
- Incident and hazard documentation
- Infection control documentation
- Key indicator reports and trend analyses
- Leisure & lifestyle documentation
- Mission, vision and values statements
- Organisation structure and Strategic Plan 2011-2016
- Pest control records
- Resident handbook
- Resident newsletters
- Residential care service agreement
- Schedule 4 and 8 drug licence
- Standard operating procedures
- Temperature monitoring documentation
- Treatment records
- Various audits
- Various cleaning schedules
- Various letters, newsletters, emails and memoranda
- Various meeting minutes
- Various policies, procedures and manuals
- Various surveys



## Observations

The team observed the following:

- Activities in progress
- Anti-bacterial gel dispensers in use
- Care recipients using specialised equipment
- Charter of care recipients rights and responsibilities on display
- Emergency procedure documentation displayed
- Equipment and supply storage areas
- Infection and outbreak control resources
- Information on internal and external complaints mechanisms on display
- Internal and external living environment
- Noticeboards
- Notification to stakeholders of re-accreditation audit on display
- Personal protective equipment
- Security processes within the home such as key-pad entry doors and gates
- Short group observation in main lounge room
- Special diets and fluids folder / charts / menu preferences
- Staff work areas and equipment
- Storage and administration of medications

## 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

Ardrossan Community Hospital manages its ongoing continuous improvement program through its quality assurance manual which outlines policies and procedures to guide staff and the home in seeking and managing continuous improvement. The home's vision and mission statement is centred on quality. The home maintains a proactive improvement plan established by the Risk Management Committee and strategic planning is conducted by the Board of Directors. The home has a dedicated quality assurance officer who oversees the framework of continuous improvement and actively promotes its importance throughout the home through meetings and discussions. Improvements are identified through strategic planning, meetings, feedback, surveys, incident and hazard reporting data. Monitoring occurs through regular management meetings and on-site staff meetings, feedback, resident and representative meetings, data analysis, observations, audits and surveys. Outcomes and evaluation are conducted and discussed regularly to evaluate and monitor improvements.

Results show care recipients, representatives and staff interviewed are aware of the home's continuous improvement processes and are able to contribute and feel the home is responsive to suggestions.

In relation to Standard 1 Management systems, staffing and organisational development improvements implemented include:

- After an annual review of the home's education system, management identified enhancements to the home's mandatory training processes were needed. After planning and consultation a mandatory annual training calendar was constructed for 2015. One of the major changes is that rather than all staff attending whichever mandatory training they could get to, they are now attending training days where specific staff disciplines attend separate compulsory sessions, for example all personal care assistants do their training together as do other staff disciplines. The new plan was initially reviewed 10 June 2015 with staff feedback stating the new sessions are more specific and content is relevant to their role, and staff report feeling more comfortable as they are with peers during training.
- Management identified a decrease in continuous improvement entries in recent years from staff and care recipients and wanted involvement in the process to improve. The home decided to begin by separating their complaints from their suggestions and

compliments data logs, now keeping and maintaining two separate logs. During the planning of this improvement it was identified by a care recipient that the home's forms for capturing suggestions were confusing and hard to read. In consultation with care recipients' the home has designed and introduced separate forms for suggestions and compliments and one for complaints. Since its introduction the home has already seen a dramatic increase in both care recipient and staff suggestions. Feedback from care recipients is that they find the new forms easier to read and identify.

## 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 has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The home's director of nursing and co-ordinator are responsible for ensuring service delivery is compliant. The director of nursing and aged care co-ordinator both hold membership with a range of key industry bodies in conjunction with updates from relevant government departments. The home allocates responsibility of specific legislations to particular management staff for monitoring. If any implications arise, appropriate communication of changes occurs to staff through updates to policies and procedures, staff meetings, memoranda and training sessions. Care recipients and representatives are informed through meetings, letters and updates to relevant documents. Compliance is monitored through, meetings, inspections, feedback and audits. Results show processes are effective in identifying compliance issues and corrective actions are undertaken where deficits are identified. Staff interviewed said they are regularly updated about changes in legislation and compliance. Care recipients interviewed are satisfied they are informed of changes in relation to regulatory compliance.

Examples of how the home ensures compliance in relation to Standard 1 Management systems, staffing and organisational development include:

- Care recipients and representatives notified in writing of re-accreditation audit
- Police certificates are current for staff, volunteers and contractors
- Professional registrations monitored for clinical and allied health staff

## 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's education and staff development system ensures management and staff have appropriate knowledge and skills to effectively perform their roles. The home provides staff with annual mandatory training, education meetings, external training and online education resources. Additional requests for training and education are considered and supported where possible. Monitoring occurs through the evaluation of all training sessions held, annual

performance appraisals, audits, feedback and staff meetings. Results show the home provides relevant education across the Accreditation Standards. Staff interviewed said they are satisfied with the education system and are able to request training as needed. Care recipients and representatives interviewed said they are satisfied staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education and training provided over the last 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- Understanding accreditation
- Orientation and induction
- Complaints process training.

#### **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

The home has a system to ensure care recipients, representatives and other interested parties have access to internal and external complaints mechanisms. There is a feedback system which caters for the capturing of verbal or written complaints, compliments and suggestions and the home encourages this to occur. The home's quality officer oversees suggestions and compliments, whilst the director of nursing oversees any complaints which are raised. Feedback can be raised anonymously through the use of the home's complaint forms and suggestion box, in addition to external avenues of complaint resolution and advocacy services. The home monitors and reviews compliments, complaints and suggestions through regular meetings, audits, observations, data analysis and surveys.

Results show care recipients and representatives are aware of and are able to lodge internal and external feedback. Staff interviewed said they are aware of the home's system for managing suggestions and complaints, and feel supported in raising concerns with management. Care recipients and representatives interviewed are satisfied concerns raised are handled effectively and promptly.

#### **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 has a documented vision, mission and values statement and commitment to delivery of quality care throughout the service. The home's mission statement is "To provide a high quality health service to the community" and is documented consistently within care recipient and staff documentation as well as displayed throughout the home. The home has a quality policy which outlines the home's objectives, which is displayed throughout the home

and subject to annual review. Results show staff are familiar with the home's vision and commitment to quality care and services.

## **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

The home has systems to ensure there are sufficient numbers of appropriately skilled and qualified staff to deliver care and services. Recruitment and selection processes ensure staff are appropriately skilled and checked prior to commencing. Management monitor police certificates and professional registrations of staff and volunteers. Contractor agreements are monitored by management which ensures legislative requirements are met. Supervision of external contractors occurs at all times. Rosters are managed on-site and staff are rostered and allocated to specific areas on the basis of care recipient care needs and staff roles, skill mix and experience. The home has access to registered nurses 24 hours a day being co-located with the Ardrossan hospital. Staff are guided by induction and orientation processes, job descriptions, policies and procedures and duty statements. Staff performance appraisals are regularly undertaken to ensure staff possess appropriate skills and knowledge.

Monitoring occurs through care plan reviews, incident and hazard data, infection data, observations, reviews, feedback, audits and meetings. Results show changes to the roster are made in response to results of monitoring processes. Staff interviewed stated they have sufficient time to complete their duties. Care recipients and representatives interviewed are satisfied staff have appropriate skills and are responsive to care needs.

## **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 has systems to ensure adequate stocks of goods and equipment are available. New equipment is trialled and risk assessed prior to purchase to ensure safety of staff and care recipients and once purchased it is added to the home's electrical test and tagging register and preventive maintenance schedules. The home maintains a register for equipment maintained by external contractors along with contact information. The home's Health and Safety representative monitors and ensures training on use of equipment is provided to staff. Relevant departmental staff maintain adequate stocks of goods and equipment to ensure they are readily available as required by care recipients and staff.

Monitoring occurs through meetings, maintenance, audits, data analysis, feedback and care reviews. Results show the home has appropriate stocks of goods and equipment available to support service delivery. Staff interviewed said they have access to sufficient goods and equipment which allow them to undertake their tasks and duties. Care recipients and representatives interviewed are satisfied care recipients have access to suitable goods and equipment.

## 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 systems to ensure there is effective information management in place. The home has processes to provide management and staff with access to sufficient, accurate and appropriate information to support them in meeting the requirements of their roles.

Policies and procedures, staff meetings, job descriptions and duty statements assist in providing effective information to guide staff. Confidential information is stored appropriately and is able to be retrieved when necessary. Care recipients and representatives have access to information through meetings, noticeboards, correspondence and newsletters. Monitoring occurs through audits, surveys, resident and staff meetings, review of policies and procedures and feedback mechanisms. Results show management actively reviews information systems to ensure there is effective and up-to-date information which is accessible to staff. Staff interviewed stated they have access to appropriate information to assist them in their role. Care recipients and representatives interviewed are satisfied they have access to relevant information to assist them to make informed decisions about care recipients' 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

The home uses external contractors to assist in meeting the residential care service's needs and service quality goals. Management monitor the use of external services through a range of systems, including a preferred suppliers list and the home's reactive and preventive maintenance programs. The contracts and service agreements with external service providers set out quality criteria and ensure regulatory requirements are met. Monitoring and evaluation processes include comments and complaints, regular corporate contract reviews, incident reporting and audits. Results show external services meet the residential care service's needs. Care recipients and staff interviewed are satisfied with externally sourced services.

## 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 related to the home's continuous improvement systems and processes.

In relation to Standard 2 Health and personal care, the home identifies improvements from care recipient and staff feedback, incidents and care reviews. Staff record care recipient incidents, including wounds, falls, behaviours, infections, medication errors and unexplained care recipient absences. Information is then collated and analysed regularly for trends.

Continuous improvement activities are monitored by management and discussed at various meetings. Results show care recipients and staff are satisfied the home supports them to provide feedback and suggestions.

Improvements implemented by the home relevant to Standard 2 Health and personal care over the last 12 months include:

- Management identified the need for a new physiotherapist service due to the previous visiting physiotherapist relocating and due to time constraints on registered nursing staff. After planning and consultation the home employed a local physiotherapist in December 2014 for one day a week to provide massages and activities to care recipients, assist in care plan reviews and to support and educate staff. Feedback from care recipients and staff is that the new physiotherapist has been a great addition and management stated care recipient data analysis shows significant improvement in mobility and pain management statistics in the last five months.
- As a result of data analysis, management identified that the majority of medication incidents occurred due to new staff not being familiar with the home's medication systems. Previously there were individual pharmacy and nursing manuals which both had varying information in them regarding medication. After planning occurred the home introduced a medication management manual which was communicated to staff through the home's communication book. Since its introduction a new staff member has provided feedback on the manual stating it was easy to use. An audit undertaken 17 July 2015 indicated staff had good knowledge of medication systems and there were no medication incidents were reported for July 2015.

## 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

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

Examples of how the home ensures compliance in relation to Standard 2 Health and personal care include:

- Mandatory reporting process for unexplained absences of care recipients
- Schedule 4 and 8 drug licences
- Medication stored safely and securely.

## 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 the homes systems and processes for education and staff development.

Examples of education and training provided over the last 12 months in relation to Standard 2 Health and personal care are:

- Continence management
- Dysphagia
- Catheter management.

## 2.4 Clinical care

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

### **Team’s findings**

The home meets this expected outcome

Care recipients receive clinical care that is appropriate to their individual needs and preferences. Clinical care needs are identified by initial and ongoing assessment and review processes. An initial assessment and interim care plan are completed on entry to the home. Assessments are completed in consultation with care recipients/representatives and other health care providers. This information is used to develop care plans that are reviewed three



monthly. The home has access to medical officers to assist with the assessment and review of care recipients. Care recipients' clinical care is monitored through weighs, treatment charts, observation, care reviews, clinical audits and weekly case conferencing. Changes are communicated to staff through progress notes, education meetings and memoranda. Medical officers are informed of significant changes in care recipients' health status and visit the home on a regular basis. Care recipients are referred to specialists as required. Results show care recipients' needs are documented, reviewed and changes to care are implemented as required. Information provided by staff interviewed is consistent with care recipients' care plans. Care recipients and representatives interviewed said they are satisfied with the health and personal care provided to care recipients.

## **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

Care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff. Clinical care staff are responsible for the initial assessment, care planning and review processes on entry to the home and when care recipients' care needs change. Individualised care plans are developed in consultation with care recipients' medical officers and other health professionals. The home has access to external specialists to assist in meeting care recipients' individual needs. Specialised nursing care is monitored through care plan reviews, audits and observations. Results show care recipients' needs are documented and reviewed. A review of documentation and staff interviews confirm staff have access to education and specialised clinical guidelines. Care recipients and representatives interviewed said they are satisfied with the specialised nursing care provided to care recipients.

## **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

Care recipients are referred to health specialists according to their assessed needs and preferences. Care recipients' needs for specialist health referrals are identified through care reviews, consultation and observations. Physiotherapy services are provided on-site and comprehensive assessments of care recipients' needs are completed on entry to the home and on an ongoing basis. Care recipients are referred to a variety of health services, including podiatry, speech pathology, urology and dental services. Changes to care recipients' needs are documented in progress notes and care plans are updated to reflect these changes. Monitoring processes include audits, care reviews and consultation with care recipients and representatives. Results show care recipients' needs are documented and reviewed. Staff interviewed said they are informed of changes through progress notes, education meetings, verbal handover and memoranda. Care recipients and representatives interviewed said they are satisfied care recipients have access to health specialists according to their individual 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

Care recipients’ medication is managed safely and correctly in accordance with relevant legislation, regulatory requirements and professional standards and guidelines. Care recipients’ medication needs are identified on entry to the home. Each care recipient has a medication chart with personal details and administration instructions. Medications are stored safely and securely. Medications are pre-packaged in blister packs and administered by enrolled and registered nurses. Monitoring processes include care reviews, incident reporting and audits. Medication issues are discussed at relevant meetings. Results show care recipients’ medications are documented and reviewed. Education records and staff interviews confirm staff undertake annual medication competencies. Care recipients and representatives interviewed said they are satisfied with the level of consultation and management of care recipients’ 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

Care recipients’ pain is managed to ensure they are as free as possible from pain. Care recipients’ pain is managed through initial and ongoing assessment and review processes. This information is used to develop individualised care plans in consultation with medical officers and physiotherapy services. Pain monitoring tools are used to assess all care recipients including those with cognitive deficits. In addition to medication, the home uses interventions such as, massage, exercises, heat packs and repositioning to assist in managing care recipients’ pain. Monitoring processes include care plan reviews, observations and audits. Results show care recipients’ pain is identified, assessed and evaluated with changes made to care plans and medication charts as appropriate. Education records and staff interviews confirm staff are provided with pain management education.

Staff interviewed said they are aware of the non-verbal signs of pain. Care recipients and representatives interviewed said they are satisfied care recipients’ pain is managed according to their individual needs and preferences.

## **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 processes to maintain the comfort and dignity of terminally ill care recipients. Care recipients’ end-of-life wishes are identified on entry to the home. This information is used to develop individualised care plans. The home has links with external palliative care

specialist. Pastoral services are available to provide emotional and spiritual support to care recipients and representatives. Monitoring processes include clinical reviews, observation and feedback from representatives. Results show care recipients' end-of-life wishes are documented and implemented as required. Staff interviewed said they have access to appropriate equipment and education is provided. Care recipients' families are supported if they wish to stay at the home. Complimentary written and verbal feedback from representatives express satisfaction with the home's approach to the care provided for terminally ill care recipients.

## **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

Care recipients receive adequate nutrition and hydration according to their individual needs and preferences. Initial and ongoing assessment and review processes identify and manage care recipients' nutrition and hydration needs and preferences. This information is used to develop individualised care plans. Care recipients with impaired swallowing or at risk of weight loss are referred to allied health professionals as necessary. Monitoring processes include weighs, audits, care plan reviews, surveys and observations. Results show care recipients with an assessed need are provided with assistive crockery and cutlery. Clinical staff interviewed said they update care recipients' nutrition and hydration care plans and communicate changes to kitchen staff. Staff interviewed are able to provide information consistent with the care recipients' care plans. Care recipients and representatives interviewed said they are satisfied care recipients' nutrition and hydration needs and preferences are met.

## **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

Care recipients are provided with care that maintains their skin integrity consistent with their general health. Initial and ongoing assessment and review processes identify and manage care recipients' skin care needs. A skin assessment tool is used to assess the level of risk for each care recipient. This information is used to develop individualised care plans. Preventive strategies include moisturising creams, pressure care mattresses, limb protectors, repositioning and protective dressings. Wounds are assessed, managed and reviewed by registered staff. Monitoring processes include care plan reviews, observations, audits and incident reporting. Results show care recipients' needs are documented and reviewed. Staff interviewed are able to provide examples of maintaining care recipient skin integrity. Care recipients and representatives interviewed said they are satisfied care recipients' skin integrity is maintained.

## 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 care recipients’ continence is managed effectively. Continence assessment processes identify care recipients’ normal patterns, support needs and required aids. Staff interviews and documentation confirm assessment processes include identification of care recipients’ individual needs and preferences. Management of care recipients’ continence is supported by the services of an external continence service and a dedicated staff member monitors and administers the continence program. The home follows dietary strategies to support natural bowel patterns. Data on infections that may affect continence is collected, analysed, trended and appropriate actions taken. Education is provided to staff in relation to continence management. Results show care recipients’ needs are documented and reviewed. Information provided by staff is consistent with care recipients’ documented continence needs and preferences. Care recipients and representatives are satisfied care recipients’ continence needs are being met.

## 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

Care recipients with challenging behaviours are managed effectively according to their individual needs and preferences. Initial and ongoing assessment and review processes identify and manage care recipients’ challenging behaviours. Behaviour management plans are developed from this information and strategies to assist staff are identified. The effectiveness of behaviour management strategies is monitored through incident reporting, care plan reviews, audits and observations. Referrals are made to mental health services and behaviour management specialists as required. Results show care recipients’ behaviours are documented and reviewed. Staff interviewed are able to provide examples of strategies to assist with the management of challenging behaviours. Care recipients and representatives interviewed said they are satisfied with the home’s approach to managing challenging behaviours.

## 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

Care recipients receive care that optimises their mobility and dexterity. Initial and ongoing assessment and review processes identify and manage care recipients’ mobility and dexterity needs. These processes include assessment by a physiotherapist and individualised strategies are documented in care recipients’ care plans. Equipment such as mobility aids and specialised cutlery are available to assist care recipients to maintain their independence,

mobility and dexterity. Monitoring processes include incident reporting, care plan reviews, clinical audits, observations and physiotherapy reviews. Results show care recipients' mobility, dexterity and rehabilitation needs are documented and reviewed. Staff interviewed said they attend annual manual handling education. Care recipients and representatives interviewed said they are satisfied the care provided optimises care recipients' mobility and dexterity.

## **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

Care recipients' oral and dental health is maintained according to their individual needs and preferences. The home has initial and ongoing assessment and review processes to identify and manage care recipients' oral and dental needs. This information is used to develop individualised care plans. The home encourages care recipients to attend regular dental checks and assists with facilitating visits to a dentist of their choice. Monitoring processes include care plan reviews, audits and observations. Results show care recipients' dental needs are documented and reviewed. Staff interviewed said they assist care recipients to maintain good oral hygiene. Care recipients and representatives interviewed said they are satisfied the care provided maintains care recipients' oral and dental health.

## **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

Care recipients' sensory losses are identified and managed effectively according to their individual needs and preferences. The home has initial and ongoing assessment and review processes to identify and manage care recipients' sensory needs for all five senses. Care recipients are assisted to use equipment such as hearing aids and prescription glasses where appropriate. The home facilitates appointments with external services as required.

Monitoring processes include care plan reviews, observation and audits. Results show care recipients' sensory needs are documented and reviewed. Staff interviewed confirm they are aware of strategies documented in care plans to assist care recipients with sensory loss.

Care recipients and representatives interviewed said they are satisfied care recipients' sensory losses are identified and managed effectively.

## 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

Care recipients are provided with care to assist them to achieve natural sleep patterns. Initial and ongoing assessments and review processes identify and manage care recipients’ sleep patterns. This information is used to develop individualised care plans that identify care recipients’ sleep preferences, including preferred settling and rising times. Environmental preferences and strategies, including lighting, repositioning and warm drinks are offered to support natural sleep patterns. Monitoring processes include care plan reviews, incident reporting, observations and audits. Results show care recipients’ sleep patterns are documented and reviewed. Staff interviewed said they refer to the care recipients’ care plans for individual sleep preferences. Care recipients and representatives interviewed said they are satisfied the care provided assists care recipients to achieve natural sleep patterns.

## 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 continuous improvement systems and processes.

In relation to Standard 3 Care recipient lifestyle, the home identifies improvements from activity evaluations, resident meetings and feedback processes. Staff encourage and support care recipients and representatives to provide feedback and suggestions. Care recipients and staff interviewed are satisfied the home supports them to provide feedback and suggestions.

Examples of improvement activities and achievements relating to Standard 3 Care recipient lifestyle include:

- Following feedback from care recipients the home introduced jig-saw puzzles to the activities program. After planning and consultation the home introduced a cards table and area for care recipients to spend time doing jig-saw puzzles together and with family members. Feedback from care recipients, representatives and staff has been that the jig-saw puzzles are a great avenue for care recipients to chat with others and that it is a meaningful activity.
- Following review of care recipients’ attendance at monthly outings, the activities director discovered numbers were decreasing. Individual discussions were held with each care recipient by the activities director in order to assess what was happening. Results indicated care recipients did not want to go on long trips as they were tiring and they were not always interested in having lunches at hotels. Feedback from care recipients was that many of them had links with and an interest in attending outings at the local RSL hall regularly. The home held their care recipient Christmas lunch at the RSL in 2015 and due to the success, regular lunch trips are now held at the RSL. Feedback from care recipients has been that they enjoy the RSL lunches much more and feel connected to the community, with participation levels increasing by 50 percent since January 2014.

### 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

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

In relation to Standard 3 Care recipient lifestyle, examples of regulatory compliance include:

- Policy and procedure for allegations of elder abuse
- Mandatory training focusing on reportable assaults
- Residential services 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

Refer to expected outcome 1.3 Education and staff development for information related to the home’s system for education and staff development.

Examples of education and training provided over the last 12 months in relation to Standard 3 Care recipient lifestyle include:

- Person centred care
- Positive ageing
- Certificate IV 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

Each care recipient is supported to adjust to life in the home and is provided with ongoing support. Care recipients are welcomed by lifestyle staff and provided with a welcome pack and flowers in their room to assist them to settle into the home. Initial assessments, ongoing review processes, observation and one-to-one communication identify care recipients’ emotional support needs and personal preferences. This information is used to develop individualised



care plans. The home evaluates the effectiveness of emotional support provided through the comments and complaints process, lifestyle and care reviews, audits and surveys. Results show assessment processes are effective in capturing care recipients' emotional support needs. Staff interviewed said they report any identified changes to senior staff. Care recipients and representatives interviewed are satisfied with the support provided by staff on an initial and 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

Care recipients are assisted to maintain independence, friendships and connections with the home and broader community. Care recipients' capabilities, preferences and wishes are identified through initial and ongoing assessments and review processes. Individualised care plans are developed from this information. Care recipients are assisted and encouraged to maintain contact with the local community, including family, friends and social groups.

Visitors and community groups are welcomed in the home. Monitoring processes include care and lifestyle reviews, comments and complaints processes, audits and surveys. Results show the home's processes are effective in promoting independence, including identifying care recipients who wish to vote in elections. Staff interviewed said they encourage care recipients to maintain their independence. Care recipients and representatives interviewed are satisfied care recipients are assisted to maintain friendships and physical independence.

### **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

Care recipients' right to privacy, dignity and confidentiality is recognised and respected. Initial assessment and ongoing review processes identify care recipients' wishes and preferences. This information is used to develop individualised care plans. Care recipients and representatives are informed about the home's approach to collecting and storing personal information on entry to the home. Staff are informed about care recipients' rights to privacy and dignity and sign a confidentiality agreement when commencing employment at the home. Monitoring processes include comments and complaints, surveys and audits. Results show staff practices are effective in recognising and respecting care recipients' right to privacy, dignity and confidentiality. Staff interviewed are aware of strategies to maintain care recipients' privacy and dignity, including addressing care recipients by their preferred name. Care recipients and representatives interviewed are satisfied with practices used by staff to respect and recognise care recipients' right to privacy, dignity and confidentiality.

### **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

Care recipients are encouraged and supported to participate in individual and group activities of interest to them. Lifestyle assessments and social history profiles identify care recipients' interests and preferred activities. This information is used to develop group activity programs and to implement strategies to assist care recipients to maintain or develop personal interests and activities. Activity program calendars are displayed on electronic noticeboards around the home and emailed to representatives on request. Care recipients are informed about activities by lifestyle staff and volunteers and are provided with support to attend if they wish. The effectiveness of the activities program is monitored through lifestyle reviews, comments and complaints, attendance records, activity evaluations, meetings, audits and surveys. Results show care recipients' leisure interests are identified and supported. Staff interviewed said they assist care recipients to attend activities of interest. Care recipients and representatives interviewed are satisfied with the support provided to enable care recipients to participate in leisure interests and activities.

### **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

Care recipients' individual interests, customs, beliefs and cultural backgrounds are valued and fostered. Initial assessment and ongoing review processes identify care recipients' cultural and spiritual needs. This information is used to develop individualised care plans. Religious services are held in the home on a regular basis. Pastoral workers and chaplains provide one-to-one visits to care recipients. The home celebrates significant spiritual and cultural days, such as Anzac Day, Remembrance Day, St. Patrick's Day and birthdays.

Monitoring processes include care and lifestyle reviews, comments and complaints, audits, surveys and meetings. Results show care recipients' cultural and spiritual preferences are documented in care plans. Staff interviewed are aware of care recipients' cultural and spiritual needs that affect the provision of care and lifestyle. Care recipients and representatives interviewed are satisfied staff foster and value care recipients' individual cultural and spiritual needs and preferences.

### **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

Each care recipient is encouraged and supported to participate in decisions and exercise choice and control over the care and services they receive. Initial assessment and ongoing review processes identify care recipients' likes, dislikes and preferences. This information is used to develop care and lifestyle plans. Care recipients have opportunities to provide feedback about the provision of care and services and are encouraged to raise suggestions. Care recipients and representatives are provided with advanced care directives information to enable them document their care wishes and appoint substitute decision makers of their choice. Monitoring processes include care and lifestyle reviews, comments and complaints, meetings, audits and surveys. Results show care recipients' have access to advocacy services and their choices are respected and encouraged. Staff interviewed said they assist care recipients to make informed choices where appropriate. Care recipients and representatives interviewed are satisfied care recipients are able to exercise choice and control over their care and lifestyle.

### **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

Care recipients have secure tenure within the home and are assisted to understand their rights and responsibilities. Care recipients and, or their representatives are informed of their security of tenure and care recipient rights and responsibilities on entry to the home. Care recipients are provided with a resident handbook and enter into a residential services agreement. Care recipient and representative satisfaction is monitored through resident and representative meetings, feedback, surveys and audits. Information regarding independent sources of advice and advocacy are available within the home. Requests to change rooms are considered by the home's management and implemented where appropriate in consultation with care recipients, representatives and health professionals as needed.

Results show staff interviewed are aware of care recipients' rights and responsibilities. Care recipients and representatives interviewed are satisfied their tenure is secure and the home supports their individual needs and preferences where possible.

## 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 improvements for information about the home’s continuous improvement systems and processes.

In relation to Standard 4 Physical environment and safe systems, the home monitors the safety and comfort of the home through workplace inspections, incident and hazard data, feedback, maintenance records and audits. Care recipients and staff interviewed are satisfied the home supports them to provide feedback and suggestions.

Examples of improvement activities and achievements relating to Standard 4 Physical environment and safe systems include:

- Management identified an opportunity to improve the health screening and immunisation of its staff to enhance their infection control processes. After planning and discussions held in staff meetings, it was planned for staff education to be provided in regards to the facts and myths of various immunisations. Further to this, management implemented an immunisation history register which includes allergies and reactions as well as immunisation information so they can better monitor and support individual staff members. Management advise that following the improvement there was a 89 percent increase in staff having the Influenza vaccine and a decrease of 50 percent in staff declining immunisations.
- Following a suggestion from a visitor within the home during summer, the home investigated installation of ceiling fans to help maintain a comfortable temperature. The visitor suggested having the option of a fan as opposed to air-conditioning may increase comfort and minimise the risk of being too cold when care recipients needed a lower degree of cooling temperature options. After planning occurred the visitor personally donated ceiling fans for the home, with an electrician hired to install them. Feedback from care recipients is positive, stating they often do not need to use their air-conditioner now that they have the fans, adding to their choice and comfort levels.

## 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

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

In relation to Standard 4 Physical environment and safe systems examples of regulatory compliance include:

- Audited food safety program
- Fire systems are monitored as per regulations
- Safe drinking water audit in May 2015.

## 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 information about the home’s systems and processes.

Examples of education and training provided over the last 12 months in relation to Standard 4 Physical environment and safe systems include:

- Food safety
- Emergency procedures and fire safety
- Safe handling of chemicals.

## 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 actively works towards providing a safe, clean and comfortable environment that is consistent with care recipients’ care needs. There are two shared double bedrooms with shared bathrooms within the home and all other rooms include private ensuite bathrooms. The

home has an eight bed special care unit which provides secure accommodation for care recipients' living with Dementia with access to a private secure garden. Care recipients have access to communal living and dining areas, indoor and outdoor areas and are encouraged to personalise their rooms to reflect individual preferences. In relation to restraint management, consultation occurs with the care recipient and/or representatives, in conjunction with clinical staff and relevant medical officer.

Monitoring occurs through preventative and corrective maintenance programs, incident and hazards, feedback, meetings, electrical testing and tagging, audits, observations and surveys. Results show the home is well maintained and incidents and hazards addressed promptly. Staff interviewed are able to describe their roles in assisting to maintain a safe and comfortable environment. Care recipients interviewed are satisfied with the safety and comfort of the home.

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

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

##### **Team's findings**

The home meets this expected outcome

The home has systems and processes to provide a safe working environment that meets regulatory requirements. Management meet regularly to provide support to the homes on-site health and safety representative to discuss, review and analyse incidents, hazards and trends. The home has manuals for manual handling and work, health and safety policies and procedures to guide staff to ensure their health, safety and wellbeing. Monitoring processes include incident and hazard reporting, workplace inspections and audits, meetings, preventative and corrective maintenance programs, consumer feedback, observations and surveys. Any gaps or trends are addressed by management through corrective action plans and monitored to ensure resolution. Results show incident and hazard reporting is effective in identifying and managing safety issues. Staff said they have sufficient access to personal, protective equipment, policies, procedures and guidelines. Staff said they receive appropriate training, and have access to relevant equipment, policies and procedures to support safe work practices.

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

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

##### **Team's findings**

The home meets this expected outcome

The home has systems to reduce the risk of fire, security and other emergencies. There are emergency procedures and evacuation plans accessible to staff, who receive regular training in fire and emergency procedures. Fire drills are regularly held to assess staff knowledge and practices in the event of an emergency. The home has a documented emergency manual for staff to access, which includes natural disasters. Instructive signs are located in care recipients' rooms and throughout the home in the event of an emergency. The home regularly updates care recipients' evacuation needs in the event of an emergency. Security is maintained through entry point security cameras, keypad entry points, emergency call bells, security rounds conducted by staff, including lockdown procedures overnight. Monitoring occurs through regular fire and evacuation drills, audits, maintenance, observations, incident

and hazard reporting and observation. Results show fire safety records are current and maintenance requests are actioned in a timely manner. Staff interviewed said they complete annual fire safety and regular simulated emergency activities. Care recipients interviewed 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 organisation has an effective infection control program at a corporate and site level. The organisation participates in an external special interest group which provides up to date information on infection control issues and current guidelines. Infection data is collated, analysed, trended and interventions implemented as needed. Infection control is managed through the home's policies and guidelines and outbreak management procedures.

Resources are observed to be readily available. Staff and care recipients have access to an annual influenza vaccination program. There are processes for the appropriate disposal of contaminated waste and sharps. A food safety plan guides catering staff practice and an external contractor provides a pest management program. Management monitors infection control by scheduled audits, infection data analysis and staff competency assessments.

Results show an effective infection control system is in place. Staff interviewed said there is adequate personal protective equipment available and they are aware of infection control guidelines. Care recipients and representatives interviewed said they are satisfied staff maintain infection control practices.

#### **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 has systems to ensure hospitality services are provided in a way that enhances care recipients' quality of life and the staff's working environment. Assessment processes identify each care recipient's dietary requirements and preferences both on entry to the home and on an ongoing basis. Meals are prepared on-site, in-line with a rotating menu which includes daily input from care recipients. Alternative options are available as requested and specialised diets are catered for, in conjunction with speech pathologist and clinical care reviews. Cleaning schedules guide daily cleaning of care recipient rooms, bathrooms, staff and common areas. On-site laundry services cater for care recipient's personal clothing and linen needs are managed by an external service. The home monitors satisfaction of catering, cleaning and laundry services through internal and external auditing processes, surveys, observation and feedback. Results show hospitality services are provided in a way to enhance care recipients' quality of life. Staff interviewed said they receive ongoing training to maintain their skills and knowledge and have access to relevant information which guides their practices. Care recipients and representatives interviewed said they are satisfied with the catering, cleaning and laundry services provided by the home.