Ottoman Village Aged Care

RACS ID 3528
66 Coleraine Street
BROADMEADOWS VIC 3047

Approved provider: Broadmeadows Turkish Islamic Society 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 06 November 2018.

We made our decision on 01 October 2015.

The audit was conducted on 17 August 2015 to 18 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 care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Quality Agency decision</th>
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</thead>
<tbody>
<tr>
<td>1.1 Continuous improvement</td>
<td>Met</td>
</tr>
<tr>
<td>1.2 Regulatory compliance</td>
<td>Met</td>
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<tr>
<td>1.3 Education and staff development</td>
<td>Met</td>
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<tr>
<td>1.4 Comments and complaints</td>
<td>Met</td>
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<tr>
<td>1.5 Planning and leadership</td>
<td>Met</td>
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<tr>
<td>1.6 Human resource management</td>
<td>Met</td>
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<tr>
<td>1.7 Inventory and equipment</td>
<td>Met</td>
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<tr>
<td>1.8 Information systems</td>
<td>Met</td>
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<tr>
<td>1.9 External services</td>
<td>Met</td>
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</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Expected outcome</th>
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<tbody>
<tr>
<td>2.1 Continuous improvement</td>
<td>Met</td>
</tr>
<tr>
<td>2.2 Regulatory compliance</td>
<td>Met</td>
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<tr>
<td>2.3 Education and staff development</td>
<td>Met</td>
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<tr>
<td>2.4 Clinical care</td>
<td>Met</td>
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<tr>
<td>2.5 Specialised nursing care needs</td>
<td>Met</td>
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<tr>
<td>2.6 Other health and related services</td>
<td>Met</td>
</tr>
<tr>
<td>2.7 Medication management</td>
<td>Met</td>
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<tr>
<td>2.8 Pain management</td>
<td>Met</td>
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<tr>
<td>2.9 Palliative care</td>
<td>Met</td>
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<tr>
<td>2.10 Nutrition and hydration</td>
<td>Met</td>
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<tr>
<td>2.11 Skin care</td>
<td>Met</td>
</tr>
<tr>
<td>2.12 Continence management</td>
<td>Met</td>
</tr>
<tr>
<td>2.13 Behavioural management</td>
<td>Met</td>
</tr>
<tr>
<td>2.14 Mobility, dexterity and rehabilitation</td>
<td>Met</td>
</tr>
<tr>
<td>2.15 Oral and dental care</td>
<td>Met</td>
</tr>
<tr>
<td>2.16 Sensory loss</td>
<td>Met</td>
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<tr>
<td>2.17 Sleep</td>
<td>Met</td>
</tr>
</tbody>
</table>
**Standard 3: Care recipient lifestyle**

**Principle:**

Care recipients 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.

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Quality Agency decision</th>
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</thead>
<tbody>
<tr>
<td>3.1 Continuous improvement</td>
<td>Met</td>
</tr>
<tr>
<td>3.2 Regulatory compliance</td>
<td>Met</td>
</tr>
<tr>
<td>3.3 Education and staff development</td>
<td>Met</td>
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<tr>
<td>3.4 Emotional support</td>
<td>Met</td>
</tr>
<tr>
<td>3.5 Independence</td>
<td>Met</td>
</tr>
<tr>
<td>3.6 Privacy and dignity</td>
<td>Met</td>
</tr>
<tr>
<td>3.7 Leisure interests and activities</td>
<td>Met</td>
</tr>
<tr>
<td>3.8 Cultural and spiritual life</td>
<td>Met</td>
</tr>
<tr>
<td>3.9 Choice and decision-making</td>
<td>Met</td>
</tr>
<tr>
<td>3.10 Care recipients security of tenure and responsibilities</td>
<td>Met</td>
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</table>

**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.

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Quality Agency decision</th>
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</thead>
<tbody>
<tr>
<td>4.1 Continuous improvement</td>
<td>Met</td>
</tr>
<tr>
<td>4.2 Regulatory compliance</td>
<td>Met</td>
</tr>
<tr>
<td>4.3 Education and staff development</td>
<td>Met</td>
</tr>
<tr>
<td>4.4 Living environment</td>
<td>Met</td>
</tr>
<tr>
<td>4.5 Occupational health and safety</td>
<td>Met</td>
</tr>
<tr>
<td>4.6 Fire, security and other emergencies</td>
<td>Met</td>
</tr>
<tr>
<td>4.7 Infection control</td>
<td>Met</td>
</tr>
<tr>
<td>4.8 Catering, cleaning and laundry services</td>
<td>Met</td>
</tr>
</tbody>
</table>
Introduction

This is the report of a re-accreditation audit from 17 August 2015 to 18 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 17 August 2015 to 18 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

<table>
<thead>
<tr>
<th>Team leader:</th>
<th>Ann De Pellegrin</th>
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<tr>
<td>Team member:</td>
<td>Rebecca Phillips</td>
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</tbody>
</table>

Approved provider details

<table>
<thead>
<tr>
<th>Approved provider:</th>
<th>Broadmeadows Turkish Islamic Society Inc</th>
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</table>

Details of home

<table>
<thead>
<tr>
<th>Name of home:</th>
<th>Ottoman Village Aged Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>RACS ID:</td>
<td>3528</td>
</tr>
<tr>
<td>Total number of allocated places:</td>
<td>31</td>
</tr>
<tr>
<td>Number of care recipients during audit:</td>
<td>29</td>
</tr>
<tr>
<td>Number of care recipients receiving high care during audit:</td>
<td>N/A</td>
</tr>
<tr>
<td>Special needs catered for:</td>
<td>Care recipients of a Turkish background</td>
</tr>
<tr>
<td>Street:</td>
<td>66 Coleraine Street</td>
</tr>
<tr>
<td>City:</td>
<td>Broadmeadows</td>
</tr>
<tr>
<td>State:</td>
<td>Victoria</td>
</tr>
<tr>
<td>Postcode:</td>
<td>3047</td>
</tr>
<tr>
<td>Phone number:</td>
<td>03 9309 7562</td>
</tr>
<tr>
<td>Facsimile:</td>
<td>03 9309 7047</td>
</tr>
<tr>
<td>E-mail address:</td>
<td><a href="mailto:asuman@ottomanvillage.com.au">asuman@ottomanvillage.com.au</a></td>
</tr>
</tbody>
</table>
Audit trail

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

Interviews

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
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<tbody>
<tr>
<td>Management</td>
<td>1</td>
</tr>
<tr>
<td>Clinical, care and lifestyle staff</td>
<td>8</td>
</tr>
<tr>
<td>Care recipients/representatives</td>
<td>10</td>
</tr>
<tr>
<td>Hospitality, safety and environment staff</td>
<td>5</td>
</tr>
</tbody>
</table>

Sampled documents

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care recipients' files</td>
<td>4</td>
</tr>
<tr>
<td>Medication charts</td>
<td>7</td>
</tr>
<tr>
<td>Residential agreements</td>
<td>4</td>
</tr>
<tr>
<td>Personnel files</td>
<td>9</td>
</tr>
<tr>
<td>Contractor service agreements</td>
<td>5</td>
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</tbody>
</table>

Other documents reviewed

The team also reviewed:

- Activities calendar
- Assessments and authorisations
- Audits, schedule and survey results
- Cleaning schedules and hospitality service manuals
- Clinical charts, checklists and records
- Comments and complaints register and feedback forms
- Communication diary
- Continuous improvement documentation
- Controlled substances register
- Education program, notices and related documentation
- Food safety plan and related documentation
• Human resource management documentation, including rosters
• Incident reports and analysis
• Infection control data and analysis
• Information/handbooks for care recipients, representatives, staff and volunteers
• Leadership statements
• Lifestyle documentation and photographs
• Maintenance schedule and records – reactive and preventative
• Meeting minutes and newsletters
• Menu and dietary resource information
• Mission, vision and philosophy statement
• New product trial evaluation
• Occupational health and safety resource information and records
• Pest control records
• Policies and procedures
• Risk assessment register and assessment tool
• Scheduled service agreement calendar
• Selected policies, procedures and flow charts
• Self-assessment
• Supplies and contractors’ contact information.

Observations
The team observed the following:
• ‘Twirling meditation’ mural
• Activities in progress
• Archive area
• Cleaning in progress
• Equipment and supply storage areas
• External complaint, advocacy and care recipients’ rights documentation displayed
• Firefighting equipment, evacuation maps, kit and egress routes
- Infection control equipment, outbreak and spills kits
- Information and signage in multiple languages
- Interactions between staff and care recipients
- Living environment
- Meal and refreshment service
- Medication administration and storage
- Noticeboards and information displays
- Oxygen storage and signage
- Palliative care kit
- Safety signage
- Security surveillance system
- Short observation in the dining room
- The ‘Charter of care recipients’ rights and responsibilities’ displayed.
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

Management has a system which demonstrates active pursuit of continuous improvement. Improvements arise through suggestion forms, meetings, informal feedback, surveys and review of practices and are documented on a continuous improvement plan. Assigned responsibilities and actions are monitored and evaluated by management. Stakeholders are informed about improvements through meeting minutes, display notices and memoranda.

Care recipients, representatives and staff are satisfied continuous improvement occurs at the home.

Recent improvements implemented by the home in relation to Standard 1 Management systems, staffing and organisational development include:

- To cater for the vast care recipient and representative population of Ottoman Village, management translated the ‘Resident Information handbook’ into the Turkish language. This is to ensure care recipients and their representatives better understand the organisation’s policies and procedures and the care and services provided. This handbook is given to care recipients and representatives on entry to the home and available thereafter on request. Care recipients and representatives advised they were well informed of the services at the home and we observed the information handbook readily available.

- To easily identify the date some medications and creams are opened, management introduced a new process. This included the purchase of sizeable labels whereby staff can clearly print the date the product is opened to ensure disposal within the requisite timeframe. Staff advised the labels are easy to use and the information is easy to read to ensure optimum efficacy of all medications by discarding them appropriately by their nominated use by date.
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 organisation’s management has a system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines in relation to the Accreditation Standards. Management receive updates, changes and relevant information through legislative and government subscriptions and industry and professional associations. Management review changes, update policies, procedures and associated documentation and inform stakeholders as required. Management utilise orientation, information handbooks, education, meetings and other communication mechanisms to flag specific regulatory compliance issues. Management monitor compliance through quality activities, incident reporting and observation of practice. Staff are aware of their obligations in relation to regulatory compliance and confirm management inform them when changes occur.

Examples of regulatory compliance in relation to Standard 1 Management systems, staffing and organisational development include:

- Management notified care recipients and/or their representatives of the re-accreditation audit within the required timeframe and raised this at relevant meetings and through distribution of notices.
- The home has a documented continuous improvement plan.
- There is a system for ensuring the currency of police certificates and statutory declarations as appropriate for staff and contractors.
- There are processes to ensure the currency of staff nursing registrations.
- Management and staff demonstrate there are appropriate and secure information storage and destruction systems at the home.

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

Management and staff have appropriate knowledge and skills to perform their roles effectively across the Accreditation Standards. Management develop an annual education calendar with additional education and training opportunities offered. These may be as a result of mandatory and regulatory requirements, response to incidents, staff feedback and care recipients’ current and changing needs. A range of delivery methods includes in-house and external sessions, competency training, case studies, self-directed learning, workshops, seminars and certified courses. Management maintain a database of mandatory and other completed education and training and monitor the effectiveness of the program through evaluations, observation of
practice, quality activities and stakeholder feedback. The organisation's board of directors supports and encourages professional development and responds to staff requests. Several staff have completed or are currently completing qualifications in nursing, leisure and lifestyle and food safety. Management and staff said they are satisfied with the type, frequency and availability of education provided. Care recipients and representatives are satisfied with skills, knowledge and professionalism of management and staff.

Examples of education and training scheduled and attended in relation to Standard 1 Management systems, staffing and organisational development include:

- Accreditation
- Aged care reforms seminar
- Care recipient fees and charges – ‘masterclass'.

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

Management has systems to ensure each care recipient, representative and all other interested parties have access to internal and external complaints mechanisms. The home informs stakeholders of the internal and external complaints mechanisms and advocacy services through orientation, information displays, brochures and handbooks. Opportunities for stakeholders to provide feedback include completing feedback forms, raising comments at meetings or by speaking directly to management and staff. The home has a suggestion box for anonymous and confidential feedback. Management record comments and complaints and provide feedback regarding the outcome. Care recipients, representatives and staff said they are aware of and are satisfied with the timeliness of the comments and complaints mechanisms.

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 organisation has a documented ‘mission, vision and philosophy’ statement which is displayed prominently in the home, including a Turkish version. Management also repeat this statement in a range of internal documents and information handbooks. Management and staff demonstrate their commitment to quality care and service and sensitivity to cultural and Islamic philosophy and principles.
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 appropriately skilled and qualified staff sufficient to ensure services are delivered in accordance with the Accreditation Standards and the residential care service’s philosophy and objectives. Recruitment processes include references and qualification checks, orientation, ‘supernumerary’ shifts and continued monitoring once employed. Position descriptions are current and define individual roles and responsibilities. Management and key personnel monitor and adjust staffing allocations. Rosters show adequate staffing levels and skill mix is maintained with a registered nurse accessible on all shifts. Permanent and casual staff cover planned and unplanned leave. Management monitor staff performance through skills competencies, performance appraisals and observation of practice. Staff are satisfied with the number of staff and adequacy of skills. Care recipients and representatives expressed satisfaction with staff skills, knowledge and attitudes and the care and support provided by 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 follow processes to ensure appropriate goods and equipment are available for quality care and service delivery. Key staff regularly check and re-order inventory through preferred suppliers before stock reaches minimum levels. Staff rotate stock where required and goods are stored in clean, tidy and secure storage areas. Equipment and new products are trialled prior to purchase following evaluation and feedback. Maintenance staff and contractors maintain and service all equipment through a scheduled and corrective maintenance program. Management monitor the stock of appropriate goods and equipment through audits, inspections, risk assessment and feedback mechanisms to ensure quality service delivery. Care recipients, representatives and staff expressed satisfaction with the quality, quantity and availability of stock and equipment as required.
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

Management demonstrate the home has an effective information system to effectively manage documented and electronic information in accordance with legislative requirements. Scheduled policy and procedure reviews ensure information remains relevant and current.

Management and staff are aware of their responsibilities to communicate, record and destroy information safely and appropriately. Confidential records are securely stored with access only by authorised personnel. Electronic systems are password protected with regular back-up of computerised information. Management utilise a number of processes to obtain relevant information and disseminate information to care recipients, staff and other stakeholders. Documentation, signage and discussion are undertaken in Turkish reflecting the language spoken by most care recipients. Management and key staff collect and analyse data with further discussions occurring at meetings. Staff said they have access to administrative, care and management information required to perform their roles. Care recipients and representatives are satisfied with the communication mechanisms and timeliness of information provided.

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

Management demonstrate they source external services to the meet residential care service’s needs and service quality goals. There are procedures for establishing contracted services and requirements with reviews of their performance to ensure contractual compliance. Management and staff monitor services with input from stakeholders and at relevant meetings. Evaluation of suppliers and contractors occurs with input from staff and stakeholders. Relevant staff have access to the external services providers’ list which shows contact numbers and services provided. Staff, care recipients and representatives expressed satisfaction with the external services currently provided.
Standard 2 – Health and personal care

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

### 2.1 Continuous improvement

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

**Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Management actively pursues continuous improvement across aspects of care recipients’ health and personal care. Care recipients and their representatives advised they are satisfied with the quality of care provided by staff.

Recent improvements implemented by the home in relation to Standard 2 Health and personal care include:

- The organisation recently sourced a provider who now brings portable x-ray equipment for care recipient investigations. Staff report stakeholders are pleased with the convenience of timely on-site x-ray facilities for care recipients as their clinical needs arise, which reduces the need for hospital transfer and also provides ultrasound services if required.

- To further minimise the risk of falls for care recipients, staff recently developed a shoe assessment which is now undertaken for each individual. This involves reviewing care recipients’ foot wear to determine they are appropriate for their needs with action taken to ensure safer mobility and reduce the risk of falls if required. Staff are satisfied this new process further assists in falls management and contributes to providing an even safer environment for care recipients.

- To ensure the timely monitoring of care recipients’ blood sugar levels, management purchased a blood sugar testing machine for each individual that needed one. This machine is mounted on the care recipient’s wall providing easy access for staff should it be identified that a care recipient’s blood sugar is needed to be tested, urgently. Staff state this initiative saves staff time in no longer needing to return to the medication room to obtain the blood sugar machine and individual machines assist in minimising the risk of infection.
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

For a description of how the home identifies and ensures regulatory compliance, please refer to expected outcome 1.2 Regulatory compliance.

The organisation’s management has a system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines regarding health and personal care. Management and staff demonstrate a clear understanding of regulatory requirements and guidelines relevant to their roles.

Examples of regulatory compliance relating to Standard 2 Health and personal care include:

- A registered nurse plans, supervises and undertakes specialised nursing care and oversees care recipients with high care needs.
- Management and staff demonstrate knowledge and practise of legislative obligations in relation to medication management, storage and relevant protocols.
- The organisation has policies and procedures for the compulsory reporting of a care recipient’s unexplained absence.
2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

The home provides education and professional development opportunities to staff to ensure they have the skills and knowledge to perform their roles and duties in relation to health and personal care. Nursing and care staff are satisfied with the education program and are confident in their delivery of care.

Examples of education and training scheduled and attended in relation to Standard 2 Health and personal care include:

- Diabetes management
- Fall prevention
- Medication management and competencies
- Palliative care
- Parkinson’s disease
- Wound 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

Management and staff demonstrate care recipients receive appropriate clinical care. On entry to the home staff conduct a suite of assessments to establish care recipients’ clinical care needs. Corresponding care plans describe specific goals and strategies and are subject to regular review to ensure documented clinical interventions remain effective. This occurs in consultation with the care recipient, their representative and medical practitioner, as required. Access to a hospital based in-reach team and additional allied health specialists provide further support and advice to staff if needed. Regular handover and documentation of a change in a care recipient’s health status ensures care recipients receive clinical care appropriate to their needs. Monitoring of clinical care occurs through audits, the incident management system and via feedback mechanisms. Care recipients and representatives are satisfied staff provide appropriate clinical care in accordance with care recipients’ individual needs and preferences.
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. This occurs on entry to the home and regularly thereafter. Provision of specialised nursing care occurs in catheter care, diabetes management, wound management and oxygen therapy, as required. Staff liaise with medical and allied health support for further advice if needed. Staff document records of care on appropriate charts which are subject to review on a monthly basis and in response to a significant change in a care recipient’s health status. Ongoing education and training, access to policies and procedures and adequate supplies of appropriate equipment assist staff in addressing care recipients’ specialised nursing care needs. Care recipients and representatives are satisfied with the specialised nursing care staff provide.

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

Management and staff demonstrate care recipients can access a wide range of health specialists according to their needs and preferences. There are two Turkish medical practitioners who visit the home regularly with locum services available after hours as needed. Staff encourage care recipients to retain a medical practitioner of their choice to visit them at Ottoman Village. A range of health specialists, including a physiotherapist, optometrist, dietitian and podiatrist visit the home and staff assist care recipients to attend external appointments as required. Access to a hospital based in-reach program and an external palliative care specialist team review care recipients in response to referrals, based on an identified need or specific request. Care recipients and representatives stated care recipients see specialists as 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

Management and staff demonstrate there is a system to ensure care recipients’ medication is managed safely and correctly. Registered nurses and medication endorsed enrolled nurses administer medication from a dose administration aid and original packaging. Medication care plans and charts include current identification details, the care recipient’s allergy status and details of any special administration requirements. There are established processes to ensure safe administration of anticoagulant therapy, hypoglycaemic agents and controlled substances. Monitoring of medication administration occurs via the incident management
system, regular audits, pharmacy review and meetings with the medication advisory committee. Staff undergo medication competencies on an annual basis, or more frequently if management identify a training need. Care recipients and representatives are satisfied with the management of 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

Management and staff demonstrate there are systems to ensure all care recipients are as free as possible from pain. Staff assess care recipients for pain on entry to the home, as part of the regular care plan review process and as required. Staff provide care recipients with a variety of pain management interventions, including administration of heat packs and analgesia as well as the implementation of massage and exercise. Liaison with medical practitioners and physiotherapists ensures pain management is optimal. There are tools available to assist staff in identifying non-verbal cues of pain. Care recipients and representatives are satisfied with the ways in which staff assist care recipients to appropriately manage their pain.

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

Management and staff demonstrate there are processes to maintain the comfort and dignity of terminally ill care recipients. On entry to the home staff provide care recipients and their representatives an opportunity to complete a terminal care wishes form. This form provides information to staff regarding care recipients’ preferences at the end of life, with consideration to cultural and spiritual needs and personal preferences. There is a strong connection between the home and the local Mosque providing 24 hour access to an ‘Imam’ religious leader if required. Additional religious personnel are available based on care recipients’ personal preference and specific need. A palliative care kit provides easy access to resources, including those significant to the Turkish culture. Staff described care measures they undertake when caring for terminally ill care recipients which include comfort and dignity measures.

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

Management and staff ensure care recipients receive adequate nourishment and hydration in accordance with individual cultural beliefs, dietary customs and personal preferences. On entry to the home, staff assess care recipients’ nutritional needs taking into consideration allergies, personal dietary requirements and likes and dislikes. Nursing staff inform the kitchen
of care recipients’ specific dietary needs on entry to the home and in response to a change in their diet. Staff weigh care recipients monthly to identify if any intervention is required, including the provision of nutritional supplements and texture modified food.

Referrals to medical practitioners, speech pathologists and dietitians occur for additional support and advice. There are established processes to monitor the fluid intake of care recipients on a medical initiated fluid restriction. Care recipients and representatives spoke positively of the food provided, which is predominately traditional Turkish cuisine and stated there is plenty to eat and drink.

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

Management and staff demonstrate there is a system to ensure care recipients’ skin integrity is consistent with their general health. The assessment of care recipients’ skin integrity occurs on entry to the home and on an ongoing basis. Staff develop corresponding care plans and record identified strategies to promote skin care. Where required, appropriately qualified staff review wounds and monitoring of skin tears occurs via the home’s incident management system to identify trends to minimise recurrence. There is access to a range of resources to promote care recipients’ skin integrity as required, including moisturisers, emollients, limb protectors and pressure relieving mattresses. Regular repositioning and the encouragement of increased fluid intake further enhance the condition of care recipients’ skin as needed. Care recipients and representatives are satisfied care recipients’ skin is adequately cared for.

2.12 Continence management

*This expected outcome requires that “care recipients’ continence is managed effectively”.*

**Team’s findings**

The home meets this expected outcome

Management and staff demonstrate there is a system to effectively manage care recipients’ continence needs. Initial and ongoing review and evaluation systems identify care recipients’ continence needs. Processes include initial assessments and charting which records care recipients’ toileting requirements and schedules. Staff develop corresponding care plans, in consultation with care recipients and their representatives, with regular review occurring according to a schedule and in response to any changes in care recipients’ needs. Care plans record strategies to enhance effective continence management, including the level of staff assistance required and any aids or equipment needed. Staff promote optimal bowel health through the provision of a high fibre diet, the encouragement of an increased fluid intake and exercise. Staff receive regular training regarding continence management and representatives from the supplier of continence aids are available for advice and support.

Care recipients and representatives are satisfied with the continence care staff provide.
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

Management and staff demonstrate there is a system to effectively manage the needs of care recipients with challenging behaviours. Staff develop care plans to capture behavioural triggers and strategies which are based on care recipients’ life experiences, previous hobbies, jobs and likes and dislikes. This is established through consultation with the care recipient and their representative. Regular care plan evaluation and staff observations monitor the effectiveness of the behaviour management strategies. Staff consider the potential for pain and continence related issues as the underlying cause of episodes of challenging behaviours which would prompt clinical or medical review. Provision of emotional support and activities catering for individual needs assist with diversional therapy to minimise episodes of challenging behaviour. Consultation with medical practitioners and mental health professionals occurs as required. Care recipients and representatives stated staff attend to matters as they arise in a respectful and timely manner.

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

Management and staff demonstrate there is a system to promote care recipients’ mobility and dexterity. On entry to the home, staff review care recipients’ mobility and dexterity needs, in consultation with the physiotherapist. The corresponding care plan documents identified strategies to enhance care recipients’ mobility and dexterity and include interventions to minimise falls risk. Provision of regular exercise and access to mobility and transfer aids enhances care recipients’ mobility and dexterity and minimises falls risk. The use of sensor mats and hip protectors reduces the risk of falls associated injury. Regular care plan review occurs according to schedule, following a fall or in response to a significant change in the care recipient’s health status. There are established processes to monitor care recipients following a fall with review occurring of the circumstances to minimise recurrence. Care recipients and representatives are satisfied staff support care recipients’ mobility and dexterity as needed.

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

Management and staff demonstrate there is a system to ensure care recipients’ oral and dental health is maintained. On entry to the home staff assess care recipients’ oral and dental health care needs. The corresponding care plan documents strategies to enhance oral and dental health and if any aids or assistance is needed. Staff assist, observe and prompt care recipients with daily dental hygiene as required and document any relevant dental issues.
Referrals occur to dental services as required, in accordance with care recipients’ individual needs and specific requests. Care recipients and representatives state care recipients’ oral and dental health is maintained.

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

There is a system to identify and effectively manage care recipients’ sensory loss. Staff assess care recipients’ sensory needs on entry to the home. This occurs in consultation with the care recipient and their representative. Corresponding care plans document known strategies to minimise the impact of identified sensory loss. Staff record details of care recipients’ preferred specialists and facilitate appointments in response to identified need and specific request. The provision of traditional Turkish food which care recipients on occasions help prepare, assists in enhancing the senses of taste and smell. The lifestyle program further promotes care recipients’ senses with regular activities highlighting the senses of touch, smell and taste. Care recipients and representatives are satisfied with the home’s approach to managing sensory loss.

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

Management and staff demonstrate there is a system to assist care recipients in achieving natural sleep patterns. On entry to the home, staff assess care recipients’ sleeping and rest patterns, with re-assessment occurring if staff identify a change in sleep patterns. Staff develop care plans which nominate individual rising and settling times and other specific rituals or habits. Strategies to promote sleep include the provision of extra food and drink and consideration to lighting, temperature and continence and pain requirements. Staff liaise with medical practitioners if pharmacological assistance is required. Care plan review occurs regularly, in consultation with the care recipient and their representative. Care recipients and representatives are satisfied with management’s approach to promoting 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 improvement for information about the home’s continuous improvement systems and processes.

Management actively pursues continuous improvement activities in relation to aspects of care recipients’ lifestyle. Care recipients and their representatives expressed satisfaction with the home’s improvements in the area of care recipient lifestyle.

Recent improvements implemented by the home in relation to Standard 3 Care recipient lifestyle include:

- In response to a care recipient’s love of knitting, management introduced a formal, regular knitting group. Care recipients, representatives and members of the community all participate and enjoy the social interaction. Participants share patterns and swap wool which is largely donated from community groups and finished garments are given to the Royal Children’s Hospital. Management and staff state this activity has also enabled other care recipients the opportunity to learn new skills and increased emotional support through enhanced socialisation. Participants also feel positive about donating to such a good cause.

- To provide easy access to palliative care equipment staff developed a palliative care box. This includes a range of religious materials, aromatherapy equipment and blankets to enhance the spiritual and emotional support of care recipients to ensure their comfort and dignity at all times. Staff provided positive feedback regarding introduction of the designated palliative care kit.

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.

For a description of how the home identifies and ensures regulatory compliance, please refer to expected outcome 1.2 Regulatory compliance.

The organisation’s management has a system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines regarding
care recipient lifestyle. Staff are aware of regulatory changes in relation to care recipient lifestyle.

Examples of regulatory compliance related to Standard 3 Care recipient lifestyle include:

- Policies and procedures guide management and staff to manage compulsory reporting obligations. Management maintains a consolidated reporting register.
- The organisation has a privacy policy. Management and staff uphold privacy principles and confidentiality of care recipient information.
- The organisation demonstrates compliance relating to the provision and signing of residential agreements. Care recipients receive specified goods and services as appropriate.
- Management displays the ‘Charter of care recipients’, rights and responsibilities’ in the home and within a range of documents.

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 in regard to the home’s education system and processes.

The home provides education and professional development opportunities to staff to ensure they have the skills and knowledge to perform their duties in relation to care recipients’ lifestyle needs.

Examples of education and training scheduled and attended in relation to Standard 3 Care recipient lifestyle include:

- Ageing in Australia expo
- Clown doctor/laughter
- Cultural diversity
- Dementia and depression
- Elder abuse and mandatory reporting.
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 receives support in adjusting to life on entry to the home and on an ongoing basis. Prior to and on entry to the home, management and lifestyle staff provide care recipients and/or their representatives information regarding the entry process, explain services and provide a tour with introductions to staff and other care recipients. Lifestyle staff develop activities in accordance with care recipients’ preferences based on their past history, emotional profile and individual needs. The vast care recipient and representative population of Ottoman Village is Turkish. There is a strong connection with the Turkish community, with families, friends and visitors always welcome. Care recipients are encouraged to personalise their room with items meaningful to them. Staff provide one-on-one support to care recipients in times of sadness and sickness with access to an Imam on a regular basis and when required. Care recipients and representatives are satisfied staff provide emotional support as required.

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

Management and staff assist care recipients to achieve maximum independence, maintain friendships and participate in community life. The assessment process identifies care recipients’ ability and preference for social interaction and community participation. Physical independence is encouraged through regular exercise and therapy programs, walks and physiotherapy sessions. Friendships are encouraged amongst care recipients. Staff welcome and encourage family and friends to visit regularly, attend social events and/or facilitate care recipients to contact friends and/or maintain community links. Care recipients and representatives said staff help care recipients maximise their 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

Management and staff ensure each care recipient’s right to privacy, dignity and confidentiality is recognised and respected. The organisation has a privacy policy which identifies care recipients’ rights to privacy, dignity and confidentiality. Management highlights this information in various documentation, orientation and education. During the entry phase, management and staff identify each care recipient’s privacy and dignity needs with regular review. Care recipients have single bedrooms with an ensuite, lockable drawers and access to various
3.7 Leisure interests and activities

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

Team’s findings

The home meets this expected outcome

Management and staff encourage and support care recipients to participate in a range of interests and activities both in groups and on an individual basis. Lifestyle staff complete an assessment in consultation with each care recipient to identify such information as each care recipient’s spiritual needs and leisure interests. This assessment forms the basis of the care plan which undergoes regular review. Staff record care recipients’ daily activity participation on a daily basis to ensure ongoing care recipient satisfaction and suitability. Staff distribute the activity schedule to each care recipient and display it throughout the home. Staff invite all care recipients to attend activities but respect their right to decline should they choose to do so. The home embraces Turkish cultural celebrations and acknowledges Australian days of significance and care recipients’ birthdays. Due to strong links to the local community activities include visiting school and religious groups with access to a bus facilitating regular excursions outside of the home. Various staff can interact with care recipients fluently in preferred languages enhancing quality of interactions. Care recipients and representatives are satisfied with the lifestyle program and state staff assist care recipients to be involved in a variety of 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

Management and staff ensure care recipients’ individual interests, beliefs and cultural backgrounds are fostered and valued. Ottoman Village is part of the Broadmeadows Turkish Islamic and Cultural centre with the vast majority of current care recipients from a Turkish background. Ottoman Village welcomes individuals from all backgrounds and caters for their needs accordingly. Lifestyle assessments and care plans document cultural and spiritual requirements. Cue cards record key words and phrases which assist staff who are not from the same cultural background as the care recipient. There are private sitting areas throughout the home which men and women can enjoy respectively as well as a designated prayer room. Management and staff ensure Turkish festivals, including ‘Ramadan’ and ‘Eid’ are celebrated with other days of significance observed and respected. There is access to a male and female ‘Imam’ on a regular basis and as required and volunteers visit weekly to provide prayer readings. Care recipients and representatives are satisfied management and staff meet care recipients’ cultural and spiritual needs.
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

Staff recognise and respect care recipients’ and/or their representative right to make decisions and exercise control over their care and lifestyle. Care delivery, hospitality services and lifestyle programs reflect individual preferences and wishes. Authorised representatives provide support to those care recipients unable to actively make decisions. Files contain authorised power of attorney and guardianship information if applicable. Informal discussion, meetings and consultation provide opportunities for care recipients or their representative to voice their opinions and exercise their rights while not infringing on others. Management provide information handbooks and brochures on the complaint processes and advocacy services with relevant directories or posters displayed. We observed staff consulting with care recipients regarding their choice and decision making. Care recipients and representatives are satisfied with the opportunities to make choices and decisions.

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. On entry to the home, management provides an explanation and information pack regarding security of tenure, privacy, confidentiality, complaints mechanisms and the available care and services. Management offer a care recipient agreement and suggest parties seek further legal or financial advice. Agreements and related documentation shows compliance as to tenure requirements and includes information regarding privacy, confidentiality, complaints mechanisms and the available care and services. Consultation occurs when a room change is required with care recipients and other stakeholders consulted regarding the change. The Charter of care recipients’ rights and responsibilities, advocacy and independent complaints mechanisms brochures are accessible and displayed. Management ensure other stakeholders are made aware of care recipients’ rights and responsibilities through handbooks, orientation, poster displays, meetings, policies and procedures. Care recipients and representatives are satisfied with the security of tenure provided by the home.
Standard 4 – Physical environment and safe systems

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

**4.1 Continuous improvement**

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

**Team's findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Management actively pursues continuous improvement activities in relation to aspects of the physical environment and safe systems. Care recipients and their representatives are satisfied with the safety and comfort of the home’s environment.

Recent improvements implemented by the home in relation to Standard 4 Physical environment and safe systems include:

- As a result of a previous assessment contact management introduced a new system to ensure care recipients were aware of what was on the daily menu. Not all care recipients can read either English or Turkish and, therefore, the written menu was not adequately serving its purpose. Staff now make two announcements each day over the loudspeaker system advising care recipients what is on the menu, including alternative choices. Care recipients can decide at the time what they feel like to eat with kitchen staff serving meals based on these choices. Feedback regarding this initiative is positive.

- To enhance infection control procedures throughout the home, management introduced hand sanitiser to each care recipient’s room. This ensures care recipients, their visitors and staff have easy access to hand sanitiser to assist in the reduction of infections.

- It was identified walls in care recipients’ rooms were getting marked and sometimes damaged with the regular moving of beds. Maintenance personnel has since placed vinyl behind each care recipient’s bed, enhancing the appearance of the room and protecting the wall from damage. In conjunction with this project brackets were affixed to the wall to mount call bells, cords and other equipment that often would end up on the floor. Lifting such equipment and cords off the floor enhances care recipients’ safety by minimising falls risk and contributes to the infection control program and aesthetic of individual rooms.
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

For a description of how the home identifies and ensures regulatory compliance, please refer to expected outcome 1.2 Regulatory compliance.

The organisation’s management has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines regarding physical environment and safe systems. Staff expressed knowledge of regulatory requirements and guidelines relative to their role and particularly in relation to the environment and safety.

Examples of regulatory compliance related to Standard 4 Physical environment and safe systems include:

- Secure and safe storage of chemicals with related and current safety data sheets accessible to all staff.
- Systems and processes to actively promote and manage workplace health and safety and workplace safety representatives.
- Regular monitoring and maintenance of fire and safety systems with attendance of mandatory training in fire and emergency procedures by management and staff.
- Compliance with the Australian government infection control guidelines and outbreak reporting processes.
- Current food premise council registration, a food safety program and a third party audit demonstrating compliance.
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 in regard to the home’s education system and processes.

The home provides education and professional development opportunities to staff to ensure they have the skills and knowledge to perform their duties in relation to the physical environment and safe systems. Staff confirm attendance to education and training relevant to their roles.

Examples of education undertaken in relation to Standard 4 Physical environment and safe systems include:

- Fire and emergency education and mock evacuation
- Food safety and/or supervisor certified course
- Infection control
- Occupational health and safety refresher
- Workplace health and safety and related competencies.

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 and staff are actively working to provide a safe and comfortable environment consistent with care recipients’ care needs. The home accommodates care recipients in single bedrooms with ensuites. Staff assist care recipients to personalise their rooms with small items and mementos. The home presents as clean and uncluttered and generally maintained with upholstered furniture, comfort chairs, hand rails and decorative features. Staff ensure comfortable temperatures are maintained in living areas with independent temperature controls in bedrooms. Care recipients have access to community and smaller lounge areas, a dining room, activity and prayer rooms and various gardens and an internal courtyard. The secure environment provides care recipients areas for private reflection and/or socialisation with family and friends. Staff check perimeter doors and outdoor areas routinely. Scheduled programs include safety, security, maintenance and cleaning of the home and other reactive processes. Management monitor the safety and comfort of the living environment through observations, inspections and quality activities and stakeholder feedback. Care recipients and representatives are satisfied with the comfortable and safe environment provided to care recipients.
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

Management and staff demonstrate they actively work to provide a safe working environment consistent with the organisation's policy, regulatory requirements and industry guidelines.

Processes that reinforce occupational health and safety include policies and procedures, hazard and incident reporting, risk assessments, maintenance requests, quality activities, meetings and monitoring by safety representatives. Staff have access to appropriate inventory, equipment, education and information resources to promote safe work practice. Staff store oxygen cylinders and chemicals safely in secure storage areas and have access to current safety data sheets. Management report and feedback to staff on safety issues and meeting minutes show actions are taken as a result of feedback, discussion and reporting mechanisms. Staff expressed knowledge of safe work practices and said they actively participate in ensuring a safe work environment for all.

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

Management and staff actively provide a safe environment and incorporate safety services and practices to minimise fire, security and emergency risks. Maintenance and specialist services regularly service and maintain emergency and firefighting equipment. Egress areas are free from obstruction with exit signage and evacuation maps clearly identified and annual emergency training regularly occurring. Staff have access to an evacuation kit and a current care recipient list with documented emergency procedures related to internal and external threats, such as flooding. The home has surveillance, keypad and lock security systems with routine checks and monitor system for perimeter doors. Management utilise stakeholder feedback, internal and external audits and inspections to identify risks. Staff expressed appropriate knowledge of emergency and security procedures. Care recipients said they would follow staff instructions in the event of an emergency and feel safe at 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

Management and staff demonstrate there is an effective infection control program. Staff education on infection control is included in the orientation and annual mandatory training program. Policies and procedures guide management of an infectious outbreak and an easily accessible gastroenteritis kit ensures required equipment is readily available, if needed.

There are effective processes to promote hand hygiene and the use of personal protective equipment with established safe disposal systems for sharps and contaminated waste.

Clinical, catering, cleaning and laundry procedures incorporate infection control guidelines as required. There is a food safety program, regular pest control inspections and an influenza vaccination program available for all care recipients and staff who wish to participate. Care recipients and staff are satisfied with infection control practices in the home.

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

Management has systems to provide hospitality services which support care recipients’ quality of life and enhance the working environment for staff. All meals are freshly prepared in-line with the food safety program. There is regular menu rotation with dietitian review based on care recipients’ input with consideration to cultural and dietary needs. Food and refreshments include all meals, snacks, supper and fresh fruit. Staff assist care recipients with their meals as required. Hospitality staff perform their duties guided by documented schedules and infection control polices and use personal protective equipment when required. The cleaning program includes regular cleaning of care recipients’ rooms, living areas and all internal and external areas with additional cleaning requests attended to promptly. Staff launder care recipients’ clothes on-site with a labelling and ironing service provided. Staff successfully minimise lost clothing with unlabelled clothing available for review. An external contractor launders flat linen. Management monitor the hospitality service through observation, feedback, quality activities and satisfaction surveys. Care recipients, representatives and staff are satisfied with the hospitality services provided at the home.