



**Australian Government**

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**Australian Aged Care Quality Agency**

**Resthaven Paradise**

RACS ID 6938  
61 Silkes Road  
PARADISE SA 5075

**Approved provider: Resthaven 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 five years until 14 March 2020.

We made our decision on 19 January 2015.

The audit was conducted on 08 December 2014 to 10 December 2014. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

### Standard 1: Management systems, staffing and organisational development

#### Principle:

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

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

**Resthaven Paradise 6938**

**Approved provider: Resthaven Inc**

### **Introduction**

This is the report of a re-accreditation audit from 08 December 2014 to 10 December 2014 submitted to the Quality Agency.

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

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

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

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

### **Assessment team's findings regarding performance against the Accreditation Standards**

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

- 44 expected outcomes

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 08 December 2014 to 10 December 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of two assessors 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>	Diane Mogie
<b>Team member:</b>	Elizabeth McGrath

## Approved provider details

<b>Approved provider:</b>	Resthaven Inc
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## Details of home

<b>Name of home:</b>	Resthaven Paradise
<b>RACS ID:</b>	6938

<b>Total number of allocated places:</b>	132
<b>Number of care recipients during audit:</b>	130
<b>Number of care recipients receiving high care during audit:</b>	95
<b>Special needs catered for:</b>	People with dementia or related disorders.

<b>Street:</b>	61 Silkes Road
<b>City:</b>	PARADISE
<b>State:</b>	SA
<b>Postcode:</b>	5075
<b>Phone number:</b>	08 8336 5444
<b>Facsimile:</b>	08 8365 1028
<b>E-mail address:</b>	<a href="mailto:paradise@resthaven.asn.au">paradise@resthaven.asn.au</a>

## Audit trail

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

### Interviews

Category	Number
Management	4
Clinical/care/lifestyle staff	10
Allied health staff	2
Care recipients/representatives	16
Hospitality/environmental and safety staff	5
Nurse practitioner	1

### Sampled documents

Category	Number
Care recipients' care plans, progress notes, assessments	9
Summary/quick reference care plans	4
Medication charts	9
Lifestyle documentation	9

### Other documents reviewed

The team also reviewed:

- Asbestos register
- Business continuity report
- Clinical practice manual
- Comments and complaints data
- Communication books
- Continuous improvement plan
- Cultural 'cue' cards
- Dietitian review
- Education schedule and records
- Emergency folder

- Handover documentation
- Incident and hazard documentation
- Job descriptions
- Menus
- Obligatory register
- Preventive and scheduled maintenance records
- Recruitment policies and procedures
- Resident handbook
- Rosters and induction records
- Schedule 4 and Schedule 8 drug licence
- Self-assessment report
- Staff handbook
- Strategic plan
- Various audits
- Various meeting minutes
- Various memoranda
- Various policies, procedures, flow charts

## **Observations**

The team observed the following:

- Activities in progress
- Advocacy forms and feedback forms
- Charter of residents rights and responsibilities on display
- Christmas activities in progress
- Closed circuit television surveillance
- Coffee shop
- Equipment and supply storage areas
- Fire suppression equipment/evacuation maps
- Gastroenteritis kit



- Hairdresser
- Infection control resources
- Interactions between staff and care recipients
- Living environment
- Outbreak kits
- Personal protective equipment
- Palliative care kit
- Short group observation in Wren area
- Stocks of goods and equipment
- Storage of medications/administration
- Suggestion box
- Various notice boards
- Welcome pack

## Assessment information

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

### Standard 1 – Management systems, staffing and organisational development

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

#### 1.1 Continuous improvement

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

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

The home meets this expected outcome

The home actively pursues continuous improvement and has a continuous improvement system to identify improvement opportunities and monitor performance against the Accreditation Standards. Care recipients, representatives, staff and other stakeholders have input in to the continuous improvement system via the use of feedback forms. Improvements are also identified from monitoring processes these include; comments and complaints information, surveys, audits, observations, staff appraisals and analysis of incident/hazards data. The Quality Work Health and Safety Committee are responsible for evaluating and management of the continuous improvement plan and results are reported through these meetings. Continuous improvement is also discussed at all staff and care recipient meetings and updates are provided to both parties via newsletters and informal processes. Monitoring of improvements is conducted through action plans, continuous improvement reports, accident and hazard reports and analysis of incidents. Results show care recipients and staff are aware of the feedback system and current improvements. Care recipients and staff said they are satisfied that the home actively pursues continuous improvement.

Examples of recent improvements relating to Standard One Management systems, staffing and organisational development include:

- An analysis of pharmacy errors identified an opportunity to review system delivery and the need to look at changing the pharmacy provider. Meetings were held with staff, medical officers and a new pharmacy provider. Letters were sent to care recipients and representatives. Following the change of provider, a review of the imprest system was completed and the level of stock and different types of medications increased. A review of process was implemented and staff received education through staff meetings. Management said there has been a reduction in pharmacy errors and improved timeliness of delivery of stock.
- A review of staffing requirements was completed in Ibis area of the home following a complaint from a family member regarding care recipients care needs. Duty statements were reviewed and a trial increase in hours of an extra shift from 3.30pm to 8pm for a care staff. This shift was trialled for three months, resulting in a permanent shift now included on the staff roster. Staff said the shift has allowed more time to be provided to care recipients and complete tasks. Care recipients interviewed said they are satisfied care is delivered in a timely manner.

## 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 ensure the organisation is compliant in providing all relevant legislation, regulatory requirements and all staff have access to professional standards and guidelines. Corporate services ensure managers provide staff with updated legislation via staff meetings, newsletters and emails from information received from advisory groups and industry peak bodies. Requirements are implemented through new or revised work schedules, protocols and guidelines. Care recipients and their representatives are kept informed of legislative changes through meetings, newsletters and notices and are advised of upcoming re-accreditation audits. Monitoring of staffs awareness and compliance with relevant legislation occurs through performance appraisals, competency assessments, training modules and education provided. Results show staff are aware of their legislative requirements. Staff said they are updated regarding relevant legislation through staff meetings and staff newsletters and emails.

The home was able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard 1.

- Criminal history record checks have been carried out for all staff and volunteers.
- Care recipients and representatives had been informed of the re-accreditation audit via noticeboards, letters and at meetings.

### **1.3 Education and staff development:**

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

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

The home meets this expected outcome

The home has systems to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. Staff are supported to attend corporate mandatory training. Management seek feedback from staff and identify opportunities for education from analysis of clinical audits and lifestyle audits including legislative requirements and organisational needs. All staff receive an orientation program on entering the home and are 'buddied' with more experienced staff. External and internal education providers deliver staff education sessions and attendance records are monitored and training is evaluated by participants and management. Monitoring of the education programs occurs through competency assessments and observation of practice and monitoring of attendance. Results show staff attend all training sessions provided by the home. Staff said they have input into the education calendar and their needs are met. Care recipients and representatives said they are satisfied staff have the skills and knowledge to perform their role.

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

- Program management
- Client information module
- Leadership for middle management

### **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 systems to inform care recipients and representatives of internal and external complaints mechanisms. Care recipients, representatives and staff have access to feedback forms and are able to lodge these feedback forms in a confidential manner through the suggestion box provided. Care recipients and staff are able to approach staff and management regarding their concerns and their concerns are logged on the electronic management system and reviewed by management. Information on internal and external complaint mechanisms are provided through the resident handbook, residential agreements and discussed at care recipients regular meetings. Focus groups are established to assist communication processes and resolving concerns. Complaints are monitored through the central managed electronic data base, where reports are generated and analysed for any trends. These results are discussed at the Quality Work Health and Safety Committee meetings. Results show issues are identified and acted upon in a timely manner. Staff said management are very approachable and their concerns are addressed to their satisfaction.

Care recipients and representatives are generally satisfied that concerns they raise are managed effectively.

## 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

Resthaven's purpose and values statement incorporates reference to the home's vision, values, philosophy, objectives and commitment to quality. A copy of the purpose and values statement is displayed in the foyer and care recipients have access to this information which is documented in the resident handbook and on the home's website. The home's purpose and values are presented to staff at induction and documented in staff handbooks and newsletters.

## 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 monitor staff are appropriately skilled and qualified. There are recruitment processes in place and pre-employment screening is conducted prior to staff commencing employment. Staff attend a corporate induction, as well as orientation processes completed on-site. Staff are provided with policies and procedures, job descriptions, handbooks and a 'buddy' system is in place to support new staff. Management review staff workloads to meet care recipients care needs and there are systems to review and implement additional staff where required. Staff performance is monitored through regular performance appraisals. Results show management have mechanisms in place to review staff numbers and skill mixes to support care recipients' care needs. Staff said they have enough time to perform their duties and are supported in their role. Care recipients and representatives are satisfied staff are appropriately skilled and qualified staff to assist in care delivery.

## 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 identify, maintain and purchase appropriate goods and equipment for the delivery of services. The central purchasing officer, corporate services, management and maintenance staff ensure equipment is available and suitable for its intended use. New equipment is identified and trialled when necessary and feedback is provided regarding its suitability by identified staff. Preventive and scheduled maintenance program ensures equipment is serviced and maintained. Monitoring occurs through evaluation of the asset register, maintenance department, work place inspections and hazard/incident reporting.

Results show staff have access to appropriate levels of stock. Staff are suitably trained in the proper and safe use and storage of equipment and there is enough equipment to meet care recipients' needs. Care recipients and representatives are satisfied care recipients have access to equipment and goods.

## 1.8 Information systems

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

### **Team's findings**

The home meets this expected outcome

The home has effective management systems to provide management and staff with information to perform their roles. Stakeholders are kept well informed on current information on the processes and events scheduled in the home. The home is supported by a corporate team of information technology staff. Information to support care recipients care needs is accessible to staff and securely stored with information accessible on computers password protected to maintain confidentiality and security. Staff have access to policies and procedures on their computerised system and paper based. Care recipients/representatives receive information prior to coming to the home, on entry and are kept informed through meetings, case conferencing, newsletters and personal correspondence. The home uses various channels to facilitate communication including meetings, memos, communication books, handovers, feedback and reporting processes and noticeboards. There are procedures in place for archiving and disposing of information in accordance with privacy legislation. Results show care recipients, representatives and staff have access to information relevant to them. Staff and care recipients and representatives reported they are kept well informed and consulted about matters that impact on them.

## 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 has systems to manage externally sourced services that meet the home's needs and service quality goals. There are preferred external providers managed by corporate services, this includes monitoring of police checks, insurance requirements and performance requirements for each service provider. Arrangements are in place to ensure service requirements can be attended to after hours as required. Corporate services monitor service agreements; these are reviewed within the identified timeframes of the individual contract, with input from relevant stakeholders. Results show contractors are closely monitored by management and maintenance staff to ensure service needs are met. Staff, care recipients and representatives are satisfied that external services are managed to maintain care recipients needs and requirements at the home.

## 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.

In relation to Standard 2 Health and personal care, staff record care recipient falls, skin tears, medication incidents, behavioural incidents and infections and this information is collated and analysed for trends. Care recipients, representatives and staff said they are satisfied that the home actively promotes and improves care recipients' physical and mental health.

Examples of improvements related to Standard 2 Health and personal care implemented by the home over the last 12 months include:

- To improve care and timeliness of advanced care needs for terminally ill care recipients, a nurse practitioner palliative care was employed by the organisation. Staff receive education from the nurse practitioner palliative care regarding Resthaven's model of care for care recipients who are in the palliative stage of their life. A new referral process was implemented where an alert is sent to senior nursing staff and the nurse practitioner palliative care to aid timely referral and ongoing monitoring of the service. This improvement is to be evaluated in six months.
- An opportunity arose for Resthaven Paradise to participate in a clinical mentoring project to improve pain management. Management also identified the need to improve reassessment of all care recipients pain needs and evaluate the use of “as required” medications. A site champion was introduced to support staff on-site. A new validated pain assessment tool was implemented and all registered staff received education regarding the tool. Staff received one-to-one education and group education sessions were provided by the clinical mentor from corporate services. An evaluation of this initiative shows improvement in documentation and evaluation of care recipients' pain needs has seen a 50 per cent reduction in care recipients' behaviours of concern.



## 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 related to the home’s systems and processes for regulatory compliance.

In relation to Standard 2 Health and personal care and regulatory compliance examples the home was able to demonstrate are:

- Maintaining schedule 4 and schedule 8 medication licences.
- Management of unexplained absences for care recipients and mandatory reporting procedures.
- A record is kept of the current registration of qualified staff.

## 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 related to the home’s 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 include:

- Medication management competencies
- Management of diabetes
- Managing challenging behaviours
- Care recipients oral health
- Pain management
- Palliative care

## **2.4 Clinical care**

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

### **Team’s findings**

The home meets this expected outcome

Care recipients receive clinical care appropriate to their individual needs and preferences. Validated assessment tools assist with the development of comprehensive care plans in consultation with care recipients/representatives, clinical staff and input from allied health professionals. Clinical care is delivered by staff consistent with the care plans generated from assessments. Medical officers review care recipients whose health status changes or who have sustained an injury. A care review schedule is completed six monthly or earlier to monitor effectiveness of meeting care recipients’ needs. The home monitors the effectiveness of clinical care using internal and external audits, review of progress notes over a twenty four hour period, comments and complaints, care reviews and observation of staff practice. Clinical incidents are monitored and analysed monthly and actioned as required.

Results show care recipients clinical care needs are actioned and documented and care delivery provided is consistent with care plans viewed. Staff interviewed said they have opportunities to attend education to support clinical care and have access to current information to assist perform their roles. Care recipients and representatives are satisfied with the level of consultation and 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

The home is able to deliver specialised nursing care as identified by clinical staff. A Clinical practice manual is available to guide and support delivery of specialised nursing by registered nurses. Ongoing assessments are conducted to identify any changes to care needs and care plans are updated to reflect changes. Clinical staff have access to specialised equipment and resources and consult with medical officers and allied health specialists to support delivery of care. The home monitors’ specialised nursing care through internal and external audits, care reviews, comments and complaints and observation of staff practice and feedback from care recipients/representatives. Results show specialised nursing is identified and met by appropriately qualified nursing staff. Care recipients and representatives interviewed are satisfied care recipients receive specialised nursing care according to their needs and preferences.

## 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 appropriate health specialists as needed. Staff are able to access allied health specialists for individual care recipient’s needs as required through the referral system. Regular consultation occurs with medical officers and all other health specialists and directives are included in care plans. A physiotherapist visits the home regularly to support care recipients’ needs. Podiatry services are scheduled regularly as required. Staff assist to arrange appointment for care recipients as required by liaising with services providers. All communication around referral involvement is documented to support care recipients’ needs and is evaluated by clinical staff. The home monitors the effectiveness of health specialists using internal and external audits, review of progress notes, during care reviews and feedback from staff and care recipients. Results show care recipients are referred to health specialists in a timely manner and specific directives included in care plans to guide care. Staff interviewed said they are able to access appropriate health specialists promptly in accordance with the needs of care recipients. Care recipients and representatives interviewed are satisfied care recipients are referred to appropriate specialists according to their needs and preferences.

## 2.7 Medication management

*This expected outcome requires that “care recipients’ medication is managed safely and correctly”.*

### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure care recipients’ medications are managed safely and correctly. All medication is delivered according to relevant legislation, regulatory requirements and professional standards and guidelines. Medication incidents are investigated and actioned appropriately. The home has processes in place for ordering, storage and disposal of expired medications. The home supports care recipients who wish to self-medicate, with appropriate assessments completed and reviewed as necessary. The use of ‘as required’ medication is reviewed by clinical staff in consultation with the medical officers. Staff interviewed demonstrated an understanding of the home’s medication management system. The home uses medication audits, analysis of incidents, comments and complaints, observation of staff practice and feedback from care recipients and representatives to monitor the effectiveness of their system. Results show care recipients medication is managed safely and correctly with education provided to staff when required if any deficits identified and communicated at meetings. A competency register is maintained for staff who administers medication. Care recipients and representatives interviewed are satisfied care recipients’ medications are managed safely and correctly.

## 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 effectively and all care recipients are as free as possible from pain. Clinical staff identify care recipients at risk of pain and capture pain type and source and document strategies to relieve pain in individual care plans. The home uses a pain assessment tool for all care recipients, including those with a noted cognitive deficit. Alternative approaches and therapies are trialled and used in the home include massage, exercise groups, repositioning and heat packs. The use of ‘as required’ pain medication is monitored for effectiveness and documented. A physiotherapist visits the home regularly to assist with pain management strategies and consults with clinical staff for individual care recipient’s needs. Clinical staff monitor individual care recipient’s pain needs by regular reviews, case conferencing, audits, review of progress notes and through feedback from care recipients, representatives and staff. Results show care recipients pain needs are being assessed and appropriately managed with alternate approaches trialled and explored where appropriate. Staff interviewed said they are able to support care recipients identified with pain and have access to equipment to facilitate pain management. Care recipients and representatives interviewed said they are satisfied with how care recipients pain is being managed.

## 2.9 Palliative care

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

### **Team’s findings**

The home meets this expected outcome

The comfort and dignity of terminally ill care recipients is maintained. Care recipients’ palliative care preferences are recorded and respected. The home liaises with a palliative care nurse practitioner and relevant medical officers to aid care recipients in the terminal phase of life. The home has access to specialised equipment and material to aid the care recipient in the terminal phase of life. Pastoral care is available through referrals to bereavement support services as required. Family members are supported to stay with care recipients who are terminally ill. The home monitors palliative care services by observation of staff practices, review of assessments, review of progress notes, comments and complaints and feedback from families and the nurse care practitioner. Results show the comfort and dignity of terminally ill care recipients is maintained and respected. Memorial services are held annually at the home in remembrance of deceased care recipients. Staff interviewed are aware of how to ensure comfort and dignity is maintained in the palliative stage of illness.

Care recipients and representatives interviewed said the comfort and dignity of terminally ill care recipients is maintained.

## 2.10 Nutrition and hydration

*This expected outcome requires that “care recipients receive adequate nourishment and hydration”.*

### **Team’s findings**

The home meets this expected outcome

The home has systems to provide care recipients with adequate nourishment and hydration. The home monitors weights when care recipients move into the home and more frequently for care recipients at risk. Changes to dietary requirements are completed by clinical staff including any directives following reviews by visiting allied health staff. Menu reviews are undertaken in consultation with the dietitian annually. Dietary requirements to support nutrition and hydration for care recipients are monitored by the scheduled care review process, regular weighing and review of progress notes and observation charts and observation of meals consumed. Results show care recipients identified at risk of malnutrition or dehydration are reviewed by clinical staff and referrals to specialists actioned in a timely manner. Staff are aware of how to support care recipients’ nutrition and hydration needs.

Nutritional supplements and snacks are provided for care recipients, especially for those identified at risk of malnutrition. Assistive eating and drinking devices are available to care recipients. Hot weather plans are implemented on days of extreme heat to support adequate fluid intake. Care recipients and representatives interviewed are satisfied with the home’s approach to meeting care recipients’ nutrition and hydration and associated support needs.

## 2.11 Skin care

*This expected outcome requires that “care recipients’ skin integrity is consistent with their general health”.*

### **Team’s findings**

The home meets this expected outcome

The home provides care recipients with care in relation to maintaining their skin integrity. Clinical staff complete skin risk assessments to identify care recipients at risk of skin impairment. Strategies to prevent skin impairment are recorded on care plans and reviewed regularly. Education is provided on manual handling, wound management and infection control. Wound assessments are completed by clinical staff and reassessment undertaken as necessary by registered nurses. Staff are aware of preventative measures for individual care recipients and use specialised equipment, skincare products and regular re-positioning to maintain skin integrity. Skin care is monitored through the care review process, audits, incidents, comments and complaints, review of progress notes and feedback from care recipients and representatives. Results show care recipients at risk of skin integrity are identified through the monthly incident data and changes to care actioned and evaluated by clinical staff. Staff are aware of how to provide skin care to care recipients in the home. Care recipients and representatives said they are satisfied with the care provided to care recipients in relation to skin integrity.

## 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 completes continence risk screen and assessments on entry to capture information relating to care recipients individual needs. Assessment processes include consultation with care recipients and their representatives. Plan of care include information about scheduled toileting/social continence checks and the level of required assistance. Staff are supported with education relating to continence procedures and continence products and can link up with a continence nurse if required. Urinary tract infections, bowel management and care recipients comfort requirements are monitored by clinical staff through audits, comments and complaints, review of progress notes, and observations of charts. Results show care recipients continence needs are being met. The use of aperients is monitored by clinical staff and consultation with the medical officers initiated as required. Staff are aware of the home’s processes and individual care recipient’s continence management requirements. Care recipients and representatives interviewed said 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

The home has systems to support and manage the needs of care recipients with challenging behaviours. Assessments are completed to identify triggers and strategies documented to support care needs. If required, the use of restraints is supported by policies and procedures clinical assessments and allied health input with trials of alternative approaches documented. Consultation occurs with medical officers, mental health teams, dementia project officer employed by the organisation and other external parties to support care recipients’ care needs .Staff practices are monitored by clinical staff to support methods of facilitating behaviour management. Behavioural management is monitored through the care review processes, audits, feedback from care recipients/representatives, comments and complaints and analyses of incident data. Staff interviewed are aware of the home’s processes and how to manage individual care recipient’s behaviours of concern and are able to describe strategies for individual care recipients consistent with their care plans. Results show care recipients identified with challenging behaviours are identified by reviewing of incident reports and progress notes, reviewing monthly incident data and changes to care actioned and evaluated by clinical staff. Care recipients and representatives interviewed said they are satisfied with the home’s approach to managing the causes which prompt 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 are supported by the home to maintain optimum levels of mobility and dexterity. Initial and ongoing mobility/dexterity and rehabilitation plans of care are assessed by the physiotherapist. Care recipients are encouraged with exercise programs and directives as guided by the physiotherapist. Consultation occurs with the medical officer and the families when falls occur. Fall reduction strategies are in place such as the use of room motion sensors, supporting a clutter free environment and appropriate lighting. Mobility aids are provided by the home and individual independence for care recipients is encouraged and monitored. Staff are provided with training to support manual handling with one-to-one training offered by the physiotherapist if required as well as through corporate training. Care is monitored by the care review processes, review of progress notes, comments and complaints, incident data and feedback from care recipients and representatives. Results show care recipients at risk of falls are identified through the monthly incident data and changes to care actioned and evaluated by clinical staff. Staff are aware of the home’s processes and how to support individual care recipient’s mobility needs. Care recipients and representatives interviewed are satisfied with the home’s approach to optimising 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 care is maintained in the home. An individual assessment is completed to identify care recipients’ oral and dental management plan of care. The home ensures appropriate dental products are accessible to care recipients and consultation is undertaken with dentists in relation to care recipients’ dental and oral needs. Care recipients who are palliative are supported with necessary products and treatments as identified by clinical assessments to maintain oral and dental care. Care staff review oral and dental status daily and report any changes to the clinical staff. Oral and dental care and staff practices are monitored by clinical staff observation, review of audits, comments and complaints and feedback from care recipients and representatives. Results show care recipients oral and dental care needs are identified and managed effectively. Staff are aware of how to manage care recipients’ oral and dental health needs. Care recipients and representatives said they are satisfied with the home’s approach to managing care recipients’ oral and dental care.

## 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 by the home. All five senses are assessed when care recipients move into the home, with care needs updated to reflect any subsequent changes. Workplace inspections are conducted to ensure a safe environment for care recipients identified with sensory impairments. Assistive aid devices are used to manage individual care recipients’ sensory losses. Monitoring processes include clinical staff observing care practices, clinical audits and environmental audits, comments and complaints, care recipients and representative feedback and the scheduled care review process. Results show care recipients identified with sensory loss are supported effectively. Staff are aware of how to support care recipients’ sensory needs and care plans are reflective of assistance and modified equipment required by care recipients. Care recipients and representatives interviewed are satisfied with the home’s approach to managing care recipients’ sensory losses.

## 2.17 Sleep

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

### **Team’s findings**

The home meets this expected outcome

The home provides care recipients with assistance to enable them to achieve normal sleep patterns. An individual sleep/rest management plan of care is developed reflecting needs and preferences including times a care recipient wishes to rise and settle. Care recipients who experience sleep disturbance are supported with access to various strategies including pain management, snacks, drinks and social support to assist in settling as well as review of the environment. Staff report any sleep disturbances and consultation occurs with medical officers if sleep disturbances persist. Environmental strategies such as call bell access, room motion sensor alerts and night lights support care recipients who require assistance. Clinical staff review progress notes, conduct audits, monitor care recipient feedback regarding sleep, and commence reassessments to adjust care plans if required. Results show care recipients who having difficulty are supported and changes to care actioned and evaluated by clinical staff. Staff are aware of the home’s processes and how to support care recipients to achieve natural sleep patterns. Care recipients interviewed said they are able to achieve natural sleep patterns and are supported with sleep disturbances.



## 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.

In relation to Standard 3 Care recipients’ lifestyle, the home receives improvements and suggestions through feedback mechanisms, resident meetings, surveys and focus groups. Staff contribute to improvements through meetings, feedback processes and suggestions for improvements. Care recipients said they are encouraged and supported to provide feedback and suggestions.

Examples of improvements related to Standard 3 Care recipient lifestyle implemented by the home over the last 12 months include:

- Following a survey conducted by lifestyle staff, male care recipients requested more gender specific activities. A men’s discussion group was trialled in February 2014 and care recipients meet fortnightly to discuss personal interest and topics of interest. Eight to nine care recipients regularly meet and care recipient said ‘they look forward to meeting with each other’.
- As part of increased gender specific activities, male care recipients also requested if they could commence a pool group and this be included in the activity program. Seven care recipient’s now play pool every week. Staff said they observe care recipients chatting, laughing and enjoying the activity.
- Care recipients requested they would like more barbeques. Ninety care recipients attended a barbeque set up in the main hall and outside area. Care recipients said they enjoyed the barbeque and they enjoyed the opportunity of sharing a meal with a large group of people. Management said barbecues will be added to the yearly schedule as a regular event. Management said care recipients have requested two monthly events and these will be included in the activities program.

## 3.2 Regulatory compliance

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

### **Team's findings**

The home meets this expected outcome

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

In relation to Standard 3 Care recipients' lifestyle regulatory compliance examples include:

- A compulsory reportable log is maintained.
- Care recipients are informed of their rights regarding security of tenure as per legislation.
- Care recipients have received their agreements in line with legislated financial changes from 1 July 2014.

## 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 processes for education and staff development.

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

- Elder abuse and mandatory reporting.
- Cultural diversity
- Privacy and dignity

## 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

Care recipients are supported emotionally in adjusting to life in the home and on an ongoing basis. Care recipients are provided with a 'Welcome pack' and an orientation to the home. Emotional needs are identified through the assessment processes to identify individual care needs for care recipients. A chaplain on-site is available to meet with care recipients as

requested or if identified by staff. Significant life events are recorded and communicated to staff and this information is incorporated into the care recipients' care plans. The home monitors and evaluates the effectiveness of emotional support through meetings, surveys, care recipients feedback and one-to-one discussions. Results show care recipients emotional needs are identified and supported and reflective in care plans. Care recipients have access to pastoral and mental health services as required. Visits from family, friends, volunteers and community groups are encouraged. Staff are aware of how to identify care recipients who require emotional support and strategies to support them. Care recipients and representatives are satisfied care recipients are provided with emotional support.

### **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

The home assists care recipients to achieve maximum independence and information captured on moving into the home and identifies ways to help maintain friendships and connections within the community. Care recipients' lifestyle preferences, interests and abilities are identified during initial assessments and reviewed six monthly or earlier if required. Physiotherapy and other allied health services are available to support care recipients maintain their mobility and independence. Care recipients are supported with attendance at community groups, bus outings and have access to a range of equipment to support their independence. The home monitors care recipient satisfaction through comments and complaints, surveys, meetings and verbal feedback. Staff interviewed provided examples of supporting care recipients to participate in exercise programs and to maintain links with family, friends and community groups. Results indicate the home's processes are effective in identifying care recipients' individual needs and preferences, which result in appropriate care planning. Care recipients and representatives are satisfied the home assists care recipients to maintain their independence and participate in community activities according to their needs and preferences.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

The home has processes and procedures to maintain care recipients' right to privacy, dignity and confidentiality is recognised and respected. Care recipients are provided with information about their rights and responsibilities in both the resident handbook and residential care service agreement. The home maintains processes to protect care recipients' privacy and dignity, including care recipients' consent to collect and disclose information, and permission is sought prior to the publishing of photographs. Files containing care recipients' personal information are stored securely with access limited to authorised staff and visiting health professionals. The home monitors care recipients satisfaction through comments and complaints, meetings, surveys and verbal feedback. There are multiple spaces available to care recipients and families to support private meetings. Staff are aware of appropriate

practices, such as knocking on care recipients' doors and supporting privacy when delivering personal care. Results demonstrate the home's policies and procedures are effective in recognising and respecting care recipients' right to privacy, dignity and confidentiality. Care recipients and representatives interviewed are satisfied staff are courteous and respectful of care recipients' privacy.

### **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 a range of activities according to their individual needs and preferences. Care recipients' leisure and lifestyle plan is developed in conjunction with care recipients/representatives on entry to the home. An activities program is available and a copy made available to each care recipient as well as posted throughout the facility. Key events are documented to remind care recipients of when events are scheduled on notice boards. Group and individual sessions include activities suiting the needs and preferences of care recipients with limited mobility and sensory deficits. Activities offered include bowls, craft groups, cooking classes, inter-generational sessions and activities for men. Staff monitor participation through activity attendance records, surveys, evaluations, audits and care recipient feedback. Staff support care recipients to attend and engage in individual and group activities. Results show care recipients are satisfied with the leisure interests and activities provided in the home. Care recipients and representatives are satisfied care recipients have the opportunity to participate in a range of activities appropriate to their needs and preferences.

### **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 and spiritual needs are recognised and supported. The home identifies care recipients' cultural, spiritual and ethnic backgrounds on entry and implements strategies to meet their needs on an ongoing basis. Care recipients are supported to engage in events and activities of spiritual significance to them within and outside the home. Ecumenical services and "Chaplin chats" are held alternate weeks. A corporate multi-cultural project officer is accessible if required. The home monitors and evaluates care recipients' spiritual and cultural needs through meetings, surveys, audits and lifestyle reviews. The home recognises all significant cultural days such as, Australia day and ANZAC day and care recipients participate in religious events such as Shrove Tuesday, Easter and Christmas celebrations. Results show care recipients' cultural and spiritual needs are respected and documented in care plans. Staff interviewed are aware of care recipient's individual interests, customs and beliefs. Care recipients and representatives are satisfied that the home values and promotes individual interests, beliefs and cultural backgrounds for all care recipients.

### **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

Care recipients are encouraged and assisted to exercise choice and control over their lifestyle. Care recipients' information about choice and decision making is documented on entry relating to clinical and lifestyle matters and integrated into care plans. Care recipients are provided with information on their rights and responsibilities and are encouraged to personalise and decorate their rooms. The home arranges visiting shops on-site and care recipients have the opportunity to go shopping externally. A hairdressing service is available in the home. Care recipients have access to voting facilities during elections. The home monitors care recipient satisfaction through surveys, meetings, comments and complaints, care recipient feedback and through the review process. Results show care recipient rights and responsibilities are documented and discussed at care recipients meetings and that care recipients' choice and decision-making rights are encouraged and respected. Staff are able to support care recipients exercise choice and control over their lifestyle. Care recipients and representatives are satisfied care recipients are able to participate in choice and decision making that affects their 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 in the home and are assisted to understand their rights and responsibilities. Care recipients and representatives are informed of care recipients' rights in relation to their security of tenure when entering the home. Residential agreements, resident handbook and newsletters provided relevant information to care recipients and their representatives. Staff are informed of care recipient's rights and responsibilities through induction, staff meetings and staff newsletters. Monitoring occurs through consultation with staff and feedback from care recipients and representatives. Results show staff have supported care recipients when the need arises to change room. Staff are aware of care recipients rights in relation to security of tenure. Care recipients and representatives are satisfied care recipients have security of tenure at the home and are consulted regarding any changes to their tenure.

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

In relation to Standard 4 Physical environment and safe systems, the home monitors incidents, hazards, infections and internal and external living environments through work place safety inspections, cleaning inspections to assist identifying opportunities for improvement.

Improvements implemented in the last 12 months in relation to Standard 4 Physical environment and safe systems include:

- Following an internal food safety audit it was identified the use by date was not always clearly visible on dry and perishable goods. A new policy was developed and staff educated regarding the new labelling process. An appointed staff member has been allocated time every week to ensure all dry and perishable goods are clearly labelled using the new process. Management said the system is working well and staff can now clearly see the use by date and they have noted less wastage of food.
- A project was commenced to reduce the amount of lost clothing and increase the efficiency and timeliness of clothing returned to care recipients. Care recipients who are independent and mobile were included in a trial. Mesh laundry bags were purchased and placed in identified care recipients’ rooms. Designated washing days were allocated for these care recipients and staff educated regarding the new process. Management said this has resulted in significant decrease in lost clothing and tracking of clothing in and out of the laundry has improved. Staff said this initiative has improved time efficiently. Care recipients said there is less clothing going missing.

## 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 related to the home’s systems and processes for regulatory compliance.

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

- Food safety program
- Fire safety systems are monitored as per the regulations
- Work Health and Safety is conducted as per the regulations.

## 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 the home include:

- Fire and emergency training
- Work health and safety
- Food safety
- Chemical training

#### **4.4 Living environment**

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

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

The home meets this expected outcome

There are systems to provide for a safe and comfortable living environment to meet care recipients' needs. Care recipients are accommodated in single rooms with ensuite bathrooms and they are encouraged to personalise their rooms according to their personal preferences. Care recipients and their representatives have access to communal and private areas to use for personal time with their families or visitors. A secure unit is available for care recipients living with dementia. The home has a minimal restraint policy with alternatives trialled and discussed with care recipients and representatives. Monitoring occurs through the monthly cleaning inspections, worksite inspections, incident and hazard reporting, preventive maintenance and feedback mechanisms. Results show the internal and external environment is well maintained. Staff are aware of strategies to ensure care recipients safety is maintained. Care recipients and representatives said they feel safe and comfortable in their environment and they really enjoy the external environment.

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

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

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

The home meets this expected outcome

The home has systems that guide management to actively work to provide a safe working environment that meets regulatory requirements. Staff are orientated and trained in Workplace Health and Safety at induction and are provide training on an ongoing basis. Staff have access to the 'Resthaven' fit program and early intervention programs to prevent ongoing injuries. Hazards and incidents are reported and managed through an electronic database and followed up by senior and corporate management. Risk assessment processes and standard operation procedures guide staff in appropriate actions to maintain care recipients safety. Occupational health and safety is monitored through workplace safety inspections, monthly trending of incident and hazard data, and through the Quality Work Health and Safety Committee meetings. Results show the home has a low incidence of staff injuries and positive outcomes for return to work. Staff said they are aware of their responsibilities in regard to occupational health and safety and they have access to information to guide them in safe practice.

#### **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 are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. There are processes to ensure fire



detection systems, fire suppression equipment are all in good working order and an evacuation plans is in place. An evacuation list is available to guide emergency services and fire wardens are aware of their duties in the event of an emergency. Fire drills are conducted to ensure staff are aware of correct procedures and all staff are required to attend mandatory training in relation to fire and other emergencies. Security systems are in place such as closed circuit televisions surveillance, key pad swipe cards and there is restricted access to some areas of the home. Monitoring occurs through completion of fire inspection records, triennial inspections and worksite inspections. Results show there are contingency plans are in place in the event of an emergency. Staff are aware of emergency procedures and care recipients and representatives are satisfied care recipients are 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 well established infection control programs modelled on national infection control guidelines to direct and guide management and staff in ensuring an effective infection control program is in place. Monthly analysis of statistics identifies trends and infection control strategies that may lead to improved outcomes for care recipients. The home uses internal and external audits, observation of staff practice, trends and analysis of data and feedback from care recipients and representatives to ensure the home has an effective infection control program in place. Waste and pest control management is included in safe systems of work, with personal protective equipment, spills clean-up and outbreak management supplies and information readily available. Care recipients/representatives receive information on safe food handling for the aged on entry to the home. Staff reported knowledge of infection control procedures and are supported with corporate training on infection control. Results show an effective infection control system is in place with contingency plan in place for an outbreak. Care recipients and representatives reported satisfaction with the actions taken by staff to maintain the cleanliness of the home and control the risk of infectious outbreaks.

#### **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

Hospitality services are generally provided in a way that enhances care recipients quality of life and the staff's working environment. A seasonal menu generally offers variety to meet care recipients' individual dietary needs and preferences and is reviewed by the dietitian.

Care recipients' current dietary requirements, food allergies and preferences are identified and communicated to kitchen staff and available for staff in kitchenettes areas throughout the home. Feedback is provided to the hospitality manager through the food focus group meetings, resident meetings and communication processes. Care recipients rooms and communal areas are cleaned according to cleaning schedules. A labelling service in place to assist with missing clothing and dedicated laundry staff process personal clothing, while all flat linen is managed by off-site. Hospitality services are monitored through surveys, resident meetings, monthly environmental inspections and feedback mechanisms. Results show there

has been a reduction in lost clothing following an improvement in this area. Staff said they have access to cleaning work schedules and have enough equipment provided to complete their work. Care recipients and representatives are generally satisfied care recipients are happy with the food services provided by the home.