Australian Government

Australian Aged Care Quality Agency

Russian Relief Association of St Sergius of Radonezh

RACS ID 2819
1 Gilbert Street
CABRAMATTA NSW 2166

Approved provider: Russian Relief Association of St Sergius of Radonezh

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 10 June 2018.

We made our decision on 15 April 2015.

The audit was conducted on 10 March 2015 to 12 March 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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

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Audit Report

Russian Relief Association of St Sergius of Radonezh 2819

Approved provider: Russian Relief Association of St Sergius of Radonezh

Introduction

This is the report of a re-accreditation audit from 10 March 2015 to 12 March 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 10 March 2015 to 12 March 2015.

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

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

Assessment team

Team leader:	Frances Stewart
Team member/s:	Delia Cole Denise Marianne Touchard

Approved provider details

Approved provider:	Russian Relief Association of St Sergius of Radonezh

Details of home

Name of home:	Russian Relief Association of St Sergius of Radonezh
RACS ID:	2819

Total number of allocated places:	168
Number of care recipients during audit:	166
Number of care recipients receiving high care during audit:	150
Special needs catered for:	Dementia, palliative care

Street/PO Box:	1 Gilbert Street
City/Town:	CABRAMATTA
State:	NSW
Postcode:	2166
Phone number:	02 9727 9844
Facsimile:	02 9724 6265
E-mail address:	doc@stsergius.org.au

Audit trail

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

Interviews

Category	Number
Chief executive officer/director of nursing	1
Deputy director of nursing	1
Assistant deputy director of nursing	1
Physiotherapist	1
Registered nurses	4
Nurse educator	1
Certificate four care staff	3
Activity staff	3
Care staff	5
Care recipients/representatives	24
Volunteers	1
Administration assistant	1
Contracted laundry and cleaning company representatives	2
Contracted catering manager	1
Recreational activity co- ordinator	1
Contracted cleaning staff	3
Contracted laundry staff	1

Sampled documents

Category	Number
Care recipients' files	20
Care recipients' files (lifestyle and recreation)	16
Interim care plans	14
Wound charts	6
Restraint chart authorisation, assessment and care plans	23
Behaviour monitoring charts	10
Blood glucose monitoring charts	7
Pain monitoring charts	5
Medication charts	25
Weight management charts	7
Personnel files	10
Accident and incident reports	20
Compulsory reportable incidents	6
Resident agreements	10
Police checks	15
Improvement logs	20

Other documents reviewed

The team also reviewed:

- Allied health and contractor service agreements
- Allied health summaries
- Annual fire safety statement and fire monitoring records
- Annual fire safety statement and fire systems and equipment service records
- Assistant in nursing checklist folder
- Care information posted inside care recipient rooms including individualised continence pad requirements laminated card, manual handling instruction card
- Cleaning service manual and associated records; laundry service manual and associated records
- Clinical and care assessment documentation assessments for initial and ongoing care recipient care needs and preferences

- Clinical indicators, audit schedule and results
- Comments and suggestions (Improvement logs) forms and registers
- Compulsory reporting records and register
- Consent for influenza vaccination
- Continuous improvement documentation including continuous improvement plan, improvement logs, care recipient and staff survey results, audit tools and results
- Daily report to chief executive officer form
- Doctors' communication folders
- Education records, including training needs analysis, calendar, flyers, session plans, attendance lists, evaluation forms and summaries, questionnaires, competency assessments, education trackers
- Emergency response manual and flip-charts
- Food safety monitoring records and kitchen cleaning records; inspection report and licences in relation to service of food to vulnerable persons requirements; letters between the home's management and contracted catering supplier
- Human resource management records including job descriptions and duty statements, recruitment and orientation checklists and performance management programs and records, police checks, professional registrations and rosters
- Infection control documentation including resident and staff vaccination registers, outbreak reference material and outbreak management records, monthly resident tracker forms and data summaries
- Information management: communication books; newsletters; procedural notices/memoranda; meeting minutes; resident and staff handbooks; new resident information pack; contact lists
- Lifestyle documentation: activity plans and evaluations; activity calendars, bus outing destination checklists; participation records
- Maintenance documentation including repair requisitions, preventative maintenance program, electrical and fire safety inspections
- Management flow charts, policies manuals and annual programs and risk assessments and other related documentation
- Medication authorisation charts and signing charts including for insulin, updated nurse initiated medication charts, and audits of medication signing errors
- Meeting agendas and minutes
- Oral and dental assessments including consent for dental visit
- Physiotherapy and manual handling communication folder, physiotherapy request form

- Pocket list form for care staff
- Policies and procedures manuals and procedural flowcharts
- Re-accreditation self-assessment
- Resident agreement
- Resident and visitor sign in/out books
- Resident diet lists, food/fluid preparation instructions, menu
- Safety data sheets
- Schedule eight drug register book
- Specialised care folder including diabetic management forms
- Staff orientation program and checklist
- Work, health and safety documentation including risk assessments, safe work practice procedures and material safety data sheets

Observations

The team observed the following:

- Aged care legislated service documentation
- Call bell system in operation
- Charter of care recipients' rights and responsibilities on display, in English and Russian
- Equipment and supply storage areas
- Feedback forms and suggestion box
- Fire panel, fire-fighting equipment, emergency exits, emergency evacuation maps, emergency evacuation kit
- Fish tank
- Floor sensor mat operating
- Flu and gastro information for family and visitors
- Individual nail care kits
- Infection control equipment: hand wash stations, hand sanitiser accessible in treatment rooms, contaminated waste bins, colour coded cleaning equipment, sharps containers, outbreak management kits, personal protective equipment
- Living environment
- Lunch time meals in progress with staff assisting care recipients

- Medication rounds and safely stored medications
- Mobility equipment including mechanical lifters, shower chairs, wheel chairs, walkers
- Noticeboards and posters, notices, brochures and forms displayed for residents, representatives and staff
- On display: mission, vision and philosophy statements, advocacy brochures, internal and external complaints mechanisms', Charter of care recipients' rights and responsibilities, accreditation certificate
- Physiotherapy room
- Resident, visitor, contractor sign in/out books
- Care recipients participating in activities
- Care recipients' general appearance
- Secure storage of care recipient and staff files
- Short observation in lounge
- Staff clinical areas including medication trolleys, wound management equipment, clinical information resources and computer terminals
- Staff handovers
- Staff interacting with residents/representatives
- Staff work areas, staff room with education notices
- Vision, mission and goals statement 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

A comprehensive system was implemented after an extensive review in May 2014. The home demonstrates they actively pursue continuous improvement. Care recipients, their representatives and staff are encouraged to contribute through feedback systems using improvement forms, direct approach to staff and management and through meetings and feedback forms. Other mechanisms for identifying areas of improvement, include a quality auditing program which covers all four Accreditation Standards and staff and care recipient surveys. Monitoring of improvement opportunities, actioning and evaluation of the effectiveness of improvements and feedback to the care recipients and staff is through meetings, memoranda and newsletters. The continuous improvement plan is used to capture opportunities for improvement and includes responsibilities, timeframes and monitoring of the improvement activities. Quality activities are reported three monthly via the quality committee meeting on site and the organisation wide management meetings. Care recipients, their representatives and staff interviewed were able to identify many improvements that have been put in place. Staff also stated they are aware of ongoing improvements being made to the care and services provided to care recipients.

Improvements and initiatives implemented by the home over the past 12 months in relation to Accreditation Standard One: Management systems, staffing and organisational development include:

- The organisation has undertaken a major review and upgrade of the continuous improvement system. The new system comes together at the quality continuous improvement committee meetings. This committee has representatives from all areas of the home and they review quality activities results such as surveys and audit results, improvement logs, accident and incident statistics, clinical care reports and the plan for continuous improvement. Minutes of this meeting are displayed in the staff areas and feedback is provided to care recipients via care recipients and representatives meetings and newsletters.

- Human resource records such as professional registrations, police certificates, immunisation records were difficult to manage as they were located in various areas and there was no efficient and comprehensive system for reviewing these critical staff records. The chief executive officer (CEO) has developed a credential register in the form of a spreadsheet with all the required staff details and expiry dates. There is a built

in alert system that flags when expiry dates are approaching. This allows sufficient time for managers to follow up with the staff to supply the required documentation. The CEO says this system is much more efficient and has improved time management and human resource record management.

- An annual leave planner has been introduced to assist in a more planned approach to approving staff leave requests and for reducing excessive leave credits. The CEO says this has assisted in ensuring adequate staff coverage at all times.

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 has effective and responsive systems to identify current legislation or changes to legislation, regulatory requirements, professional standards and guidelines. The home subscribes to an organisation which provides regular updates and summaries about changes to legislation that may impact on the management of the home. This information is also received from industry peak bodies, correspondence from government departments and through professional associations. Information regarding changes in policies and procedures is received via the intranet and email for implementation and distribution within the home.

Amendments to policies and procedures are communicated to care recipients and staff through education sessions, staff meetings, newsletters, memoranda and displayed information. The system is monitored through the home's auditing system.

Examples of the home's monitoring and compliance with legislation and guidelines relevant to Accreditation Standard One: Management systems, staffing and organisational development include:

- The organisation maintains a 'credential' register which includes police certificates for all staff, volunteers, allied health providers and contractors and this is monitored to maintain currency. The home has a system for taking statutory declarations and checking visa status.

- Resident handbooks and agreements have been reviewed and updated to reflect the changes in the Aged Care Act legislation that occurred in July 2014. The CEO reported the new version is in use and is discussed with care recipients or representatives at pre-admission interviews.

- The organisation has reviewed and updated the privacy policy following changes in legislation in 2014. The staff consent form has been updated to include the relevant changes and all staff have signed off the new form. Staff interviewed are aware of the changes that have occurred.

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

Staff training needs are identified through an annual training needs analysis, results of monitoring processes, and observations of staff practices by management and senior staff. Delivery of education is planned with monthly calendars produced and published for staff awareness of upcoming opportunities and attendance requirements. Education is provided on mandatory and other topics based on identified needs and organisational priorities.

Education is delivered via in-services and some on-line learning. There are questions following education to test staff knowledge and/or competency assessments to test their skills. Management and staff have access to off-site and external training, including to obtain certificated qualifications. Staff are satisfied with the training and development opportunities available to them.

Examples of the home’s recent education relevant to Accreditation Standard One: Management systems, staffing and organisational development are:

- Bullying and harassment training to assist staff understand what it involves, its impacts, and to be aware of their responsibilities to prevent bullying and to report it should it occur.
- Aged care funding instrument and documentation training to assist staff to improve their understanding of requirements and what is expected of them.
- Policy and procedure training to raise staff awareness of the organisation’s policies and procedures, including the framework for them and where to find them.

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

Care recipients and representatives have access to both internal and external complaints processes. Information on accessing these services and procedures are described in the care recipients’ handbook and external complaints information is visible throughout the home. Information is available in a range of languages other than English to suit the population of the home. Care recipients and representatives are encouraged to raise matters of concern with the CEO, care managers or staff and at meetings. The home’s management team have an open door policy where any care recipient, representative or staff member can access them and discuss concerns. The continuous improvement plans showed a number of quality activities, improvements or concerns from care recipients, representatives or staff feedback. These are captured on improvement logs and reviewed at the continuous improvement committee meetings. Care recipients and their representatives state they are familiar with the home’s complaints processes and provided examples of matters which they raised with staff or the home’s management team. All care recipients and representatives interviewed stated they

felt that their concerns were responded to in a timely manner. They also said they felt comfortable in raising any matters and are very satisfied with the outcomes of such matters.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home has a mission, vision and philosophy statement that documents its commitment to promoting well-being and enriching lives. The statement is clearly displayed within the home, is printed in the care recipient and staff handbooks and care recipient agreements. The home's commitment to quality is evident through its continuous improvement initiatives, commitment to staff education, policies, procedures and other documents that guide the practices of management and staff.

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 sufficient appropriately skilled and qualified staff to ensure services are delivered in accordance with the home's vision, mission and philosophy and care recipients' identified care needs. Staffing levels are reviewed in accordance with care recipients' changing care needs and rosters adjusted to meet care requirements. Staff who are on leave are replaced by casual staff or part time staff who may increase their hours to cover the vacant shifts. All employees and relevant contractors must undergo police certificates prior to the commencement of employment or service. The home monitors and retains records of professional registrations. Newly appointed staff participate in a recently revised and improved induction program that is site specific and organisation based. Staff interviewed advised they can complete allocated duties during their shifts and have received training to assist them to meet care recipients' care needs. Care recipients/representatives are very complimentary regarding staff manner and skills.

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 maintains systems to ensure appropriate goods and equipment are always available for use. Goods are ordered from a list of approved suppliers according to care recipients' needs and preferences. Plant and equipment is maintained according to a recently reviewed and improved preventative maintenance schedule. Care recipient and staff input

is sourced prior to the purchase of new equipment where possible. Medical and continence products were noted to be in adequate supply. We viewed stocks of food and catering supplies and noted rotation of stock occurs. Staff described a system for return of unsuitable or damaged products. During interviews care recipients and staff reported adequate supplies of goods and equipment, including food, continence and medical supplies, linen and cleaning chemicals and equipment.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

There are systems that manage the creation, use, storage and destruction of all records, including electronic records. The home effectively disseminates information to staff, care recipients and representatives relating to legislation, clinical care, activities program, organisational information and other matters that are of interest. This is achieved through the information technology system, memoranda, noticeboards, meetings, a clinical record system, education sessions, and policy and procedures. Care recipients' consent is sought to collect, use and disclose personal information on entry to the home. We observed secure storage of care recipients' written records and computer based information is kept securely and password protected where appropriate. Computer based information is backed up automatically and managed at organisational level. Staff and care recipients interviewed said they are kept well informed according to their requirements. Representatives commented the staff and management do communicate with them regularly over care and any other issues that may arise.

1.9 External services

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

Team's findings

The home meets this expected outcome

Externally sourced services are provided in a way that meets the home's needs and expected service quality. External service providers and suppliers, include fire safety contractors, pest control, trades people and some allied health service providers, such as podiatry. Comprehensive service agreements are in place for major areas, such as fire monitoring and food supplies and they identify the expectations required by the home. All contractors must undertake induction to the home's policies and safety requirements before their initial commencement. The care recipients, representatives and staff are able to provide feedback on service delivery. Agreements include requirements for police checks and work, health and safety requirements when working on site. The management team said contracts are monitored on an ongoing basis and suppliers/service providers changed if they do not meet quality or service requirements. Care recipients, representatives and staff state they are satisfied with the range of goods and quality of service the home receives.

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.

Examples of improvement initiatives related to Standard Two: Health and personal care implemented over the last 12 months are:

- In June 2014 the home undertook a review of the pain management practices, protocols and clinical documentation for pain management. As a result a number of new strategies have been introduced, including heat packs, exercise programs, transcutaneous electrical nerve stimulation therapy, therapeutic massage and some dedicated hours for a registered nurse to oversee the program. Pain assessment forms have been reviewed and improved. The physiotherapist is also involved in assessing and reviewing care recipients' pain management programs. Care recipient feedback indicates they are satisfied with the way the home manages their pain.
- To improve the information available to care staff about care recipients special care needs, activities of daily living and preferences, the management team have introduced a "pocket list" for care staff to carry with them on their shifts. Care staff report that this has been a very positive initiative and new staff said they find it particularly helpful to know care recipients' needs, preferences and about any safety alerts.
- The home has purchased two syringe drivers for use in the palliative care unit to improve pain management for palliating care recipients. The need was identified by care staff who work in the area. An education and competency program was developed and implemented before the syringe drivers were introduced. Staff report this equipment has improved the quality of life and pain management offered in the palliative care unit.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Refer to the expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance systems and processes. Specific examples of regulatory compliance relating to the Standard Two: Health and personal care include the following:

- The home keeps a register of professional registrations, including those for general practitioners attending the home, registered nurses and allied health professionals. There are systems in place to identify when they are due for review.
- The home meets the requirements in relation to the Quality of Care Principles 2014 for the provision of care and specified services. Care recipients are advised of scheduled services in the care recipients' agreements and handbook. When existing care recipients become eligible for increased services they are advised in writing by the organisation about the changes to scheduled services they are entitled to and a new care recipient agreement is issued.
- The home complies with the legislative requirements for medication administration.

2.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Information about the home's system for education and staff development is provided under expected outcome 1.3 Education and staff development.

Examples of the home's recent education relevant to Accreditation Standard Two: Health and personal care are:

- Easing the way training which is to help staff understand the palliative care approach in relation to aged care nursing.
- Pain management training and syringe driver competency assessments to increase awareness of the importance of pain identification and management, and to familiarise registered nurses with use of the pump and related documentation.
- Behaviour management training to create a common understanding amongst staff of relevant diagnoses and to assist staff to recognise behaviours and how to deal with them.

2.4 Clinical care

This expected outcome requires that "care recipients receive appropriate clinical care".

Team's findings

The home meets this expected outcome

The home has systems and policies to ensure care recipients receive clinical care appropriate to their needs. Clinical care is regularly evaluated, monitored and reviewed and care requirements are documented and communicated to relevant staff. The home uses both paper based and computerised care planning documentation system to develop an individualised care plan. Information in individual residents' files shows a link between the regular evaluation of care needs and preferences and the delivery of care by qualified and trained care staff within the scope of their practice. Education and training is provided externally or internally by qualified staff and health professionals. Staff interviews demonstrate staff are knowledgeable about the care requirements of individual care recipients and procedures related to clinical care. Care recipients and representatives interviewed expressed satisfaction with the care provided, stating that care staff are kind and helpful. Care recipients and representatives also confirmed they are kept well informed and have the opportunity to contribute to care planning where appropriate.

2.5 Specialised nursing care needs

This expected outcome requires that "care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's findings

The home meets this expected outcome

The home has an effective system to identify care recipients requiring specialised nursing care and to ensure appropriately qualified nursing staff meet these needs. The home captures and identifies care recipients' specialised nursing care needs through initial and ongoing assessments and appropriate care delivery that is regularly reviewed and evaluated, with input from other health professionals as required. Specialised clinical equipment is available through the home or accessible through external services. Staff interviews confirm that appropriately qualified staff are responsible for overseeing specialised care needs of care recipients and that there is appropriate stock and equipment to maintained and manage specialised nursing care needs. Care recipients/representatives and staff interviewed by the team and review of documentation confirm that care recipients' specialised nursing care needs are being met.

2.6 Other health and related services

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

Team's findings

The home meets this expected outcome

The home ensures referrals are arranged for appropriate health specialists in accordance with assessed needs and preferences. These include physiotherapy, podiatry, dentistry, speech pathology and optometry. Interviews conducted with care recipients/representatives and staff and the review of clinical documentation confirms the home arranges referrals and transportation as necessary as needed and that staff assist them to access these services.

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 demonstrates the management of medication is safe and meets relevant legislative and regulatory requirements and professional standards and guidelines. There is a pre packed medication system whereby medications are packed by a pharmacist and administered by appropriate staff. This includes specific documentation to ensure that medications are dispensed, stored, administered and disposed of safely and correctly.

Medication incidents are recorded and actioned appropriately. There is a medication advisory committee that meets regularly. The observation of staff practices demonstrate competency with medication management.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

The home has systems and processes to ensure care recipients' pain management needs are regularly assessed, monitored and documented. The initial and ongoing pain assessments are completed on entry to the home. The care plan is formulated from the information and is monitored by the registered nurse specifically employed to manage the care recipient's pain needs. Staff demonstrate an ability to recognise and evaluate pain, including nonverbal and behavioural signs of pain among care recipients with communication and cognitive deficits. Pharmacological and non-pharmacological pain relieving interventions are used including massage, repositioning, physiotherapy and analgesia in accordance with medical officer's orders. The home has equipment such as water chairs and ripple and air mattresses to assist in pain management. Individualised physiotherapy directed exercises and massages also help to relieve care recipients' ongoing pain levels. Referral to health professionals such as palliative specialists occurs. Care recipients/representatives confirm that staff regularly monitors care recipients' pain relief needs and that care recipients are maintained as free as possible from 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

The home has systems to ensure the comfort and dignity of terminally ill care recipients is maintained. A number of rooms have been refurbished and contain the appropriate equipment to maintain care recipients' comfort, dignity and privacy. Care recipients and representatives are given the opportunity to document the terminal care wishes on entry to the home including the level of clinical intervention to be undertaken when required. The home provides open

visiting hours for representatives of terminally ill care recipients who are welcome to stay overnight. Nursing and lifestyle staff interviews demonstrate that they are aware of ways they can maintain the comfort of terminally ill care recipients through supporting the care recipient's physical and emotional care needs. Referral to the palliative care team and other health specialist are available for the staff to access as required. Care recipients and representatives indicate satisfaction with the care and support provided.

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 demonstrates that care recipients receive adequate nutrition and hydration. Initial assessment of care recipients' dietary requirements and updated information is communicated to the kitchen by care staff as needs change. Staff interviews and documentation review reveal that care recipients are weighed monthly or more often if significant weight variations are identified and care recipients are referred to health specialists. Appropriate action is taken such as provision of additional nourishing fluids and dietary supplements and care recipients identified with swallowing difficulties are referred to a speech pathologist by their medical officer. Meals are prepared on site and reviewed by the dietician with input from the care recipients via the meetings. Feedback from interviews indicates that care recipients are served food at satisfactory temperatures, portion size and are offered choices of meals. Care recipients interviewed said the meals were tasty and reflect their dietary needs with a Russian flavour.

2.11 Skin care

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

Team's findings

The home meets this expected outcome

The home has practices and processes to ensure the skin integrity of care recipients is maintained in a state consistent with their general health status. Care staff can describe the process of identifying changes in skin integrity and will report daily to the registered nurse of the changes. Wound care is provided under the direction of the medical officers and registered nurses with referral to other health professionals as required. The home has a range of dressing products and aids to assist in maintaining and promoting skin integrity.

Care staff can describe the process of identifying changes in skin integrity and the home assesses and evaluates wounds using documented wound care charts and photographic records. Clinical indicators are monitored each month with reports tabled at the relevant meetings. Staff receive education in skin integrity management and care recipients have access to the appropriate health professionals for advice and assistance. Podiatry and hairdressing services are available at the home. Care recipients and representatives confirm they are satisfied with the care provided in relation to care recipients' 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 has systems to ensure that care recipients' continence needs are managed effectively. Care recipients have an assessment completed on entry to the home and ongoing needs are assessed and documented. Staff say each care recipient's ability to mobilise, their cognitive ability, privacy and dignity are considered at all times in all aspects of continence care. A continence management program is placed inside the care recipient's wardrobe to guide staff. Care recipients are referred to specialists and continence advisors as needed. Staff say there are adequate supplies of continence aids available for care recipients' needs. Care recipients and representatives interviewed are satisfied with the program, stating that the home manages care recipients' continence effectively.

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 effective systems to manage care recipients' behaviours. Behaviour management assessments are conducted in consultation with the care recipient and appropriate health professionals. Care plans and behaviour comment monitoring forms assist in developing a comprehensive care plan with interventions, strategies and triggers for the staff to follow when managing care recipients' challenging behaviours. Access to a psychiatrist, geriatrician and mental health team are accessed when necessary by the home. Other care needs that impact on behaviour such as pain management and sleep are also considered when assessing behaviours. Staff interviews and observation of staff/care recipient interaction confirm staff are familiar with appropriate behaviour management strategies. Care recipients and representatives confirm they are satisfied with the home's management of behaviour and the care provided.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

The home can demonstrate that each care recipient's level of mobility and dexterity is optimised. Comprehensive assessments occur in consultation with care recipients, physiotherapist and/or representatives. A physiotherapist and physiotherapy aids are available to implement mobility programs to optimise levels of mobility and dexterity. The home has a well-equipped physiotherapy room available for the care recipients to use under the physiotherapist's guidance. The care plans reviewed contained current information in relation to the care recipients' mobility and dexterity. Incidents are reported, responded to in a timely manner and feedback is regularly provided to staff, medical and other health related personnel

with positive outcomes for the care recipients. Care recipients are encouraged to participate in various individual and group activities and participate in outings in the local community. The home has various outside areas for use by care recipients. Care recipients and representatives are satisfied with the home's approach to maintaining the mobility and dexterity of care recipients.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

The home has policies and procedures to maintain care recipients' oral and dental health. Assessments of care recipients' oral and dental health are conducted on entry to the home and care needs are documented on care plans. Staff interviews demonstrate they are knowledgeable about the oral and dental care needs of care recipients and the level of assistance required maintaining oral hygiene. Assistance with denture care is provided to care recipients as required. Care recipients have access to a local dentist of their choice and a local dental technician will visit the home as required. Care recipients and representatives confirm they are satisfied with the oral and dental care provided by staff at the home.

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

The home has a system to identify and effectively manage care recipients' sensory losses. Assessments of care recipients' sensory needs are completed on entry to the home and when there is a change in the care recipient's condition. A plan of care incorporating the care recipient's sensory needs is initially developed and regularly reviewed, and referrals are made to allied health professionals as required. The staff assist care recipients with their glasses and hearing aids with daily fitting, cleaning and removal of aids. The home provides sensory gardens, rose gardens, a smoking area and pathways with handrails for the care recipients to gain access to the home's church. Care recipients and representatives are satisfied with the home's management of 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 has implemented strategies to assist care recipients to achieve natural sleep patterns. A sleep assessment is conducted after entry to the home during the initial assessment period and needs are reassessed and documented in the progress notes if there is a change to the care recipients' care needs. Care plans are developed and reviewed. Staff confirm various ways in which they can assist care recipients to maintain a natural sleep

pattern: for example finger food, snacks and warm drinks are available. Care recipients and representatives are satisfied with the home's approach to sleep management.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

Examples of improvement initiatives related to Accreditation Standard Three: Care recipient lifestyle implemented over the last 12 months are:

- A new 26 seater bus has been purchased in March 2015 to supplement the existing bus the home owns. The need for a larger capacity, wheelchair accessible bus was identified by management to enable care recipients increased access to regular outings and to allow care recipients who are non mobile to participate on social outings into the community. Care recipients reported they are looking forward to more bus outings in the future.

- It was identified through care recipient surveys and feedback that they were unaware of other religious services (apart from Russian Orthodox) that were available in the home and in the nearby local area. A list of all local churches and other religious services in the area and those who visit the home on a regular basis has been developed and is now displayed throughout the home. Included in recent building and garden projects was additional pathways between the home and the nearby Russian Orthodox church. This provides care recipients with a wheelchair accessible and safe access to the church without having to go off the property.

- Communication boards have been introduced to assist care and other staff communicate with care recipients who are non English speaking. The management team identified the need for key words to be easily available, initially in Russian, Serbian and English speaking care recipients. It is planned to further expand the number of languages as the need dictates. Care staff report this has made communicating with some care recipients much easier.

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 the expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance systems and processes. Specific examples of regulatory compliance relating to the Accreditation Standard Three: Care recipient lifestyle include the following:

- Care recipient agreements are offered to all care recipients, according to legislative requirements.
- Policy and procedures for handling allegations of missing care recipients have been implemented. There is a register for any incidents and staff receive compulsory education on induction and annually in relation to this area.
- The Charter of Care Recipients' Rights and Responsibilities is documented in the resident handbook and resident agreement and is also displayed within the home.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Information about the home's system for education and staff development is provided under expected outcome 1.3 Education and staff development.

Examples of the home's recent education relevant to Accreditation Standard Three are:

- Leisure and health training available to all staff to improve their understanding of the importance of leisure and health in care recipients' day to day lives.
- Leisure and health certificate four training for two staff, including a recreational activity officer and an assistant in nursing.
- Legal consent issues in relation to medical and dental care to assist staff understand the issues and challenges in relation to care recipients who cannot make decisions for themselves.

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 and their representatives are offered a pre-entry interview and tour of the home, and are provided with orientation when the care recipient moves in to help with adjusting the life in the new environment. New care recipients receive extra support from management and staff to help them settle in, and are referred to religious practitioners for pastoral and spiritual care in accordance with their wishes. Each care recipient's emotional support needs are identified through initial assessment and strategies for meeting their needs are included in a care plan. Any significant change in a care recipient's emotional state is recorded, monitored and followed up in liaison with their medical officer and other health professionals as needed. Staff demonstrate a caring approach in their dealings with care recipients. Care recipients and representatives are satisfied with the emotional support provided to care recipients.

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

Strategies for supporting care recipient independence are identified through assessments, discussion with the care recipient and their representative, and are documented in care plans. Care recipients are encouraged to be as independent as possible with their activities of daily living and support is provided by the therapy team to maintain care recipient independence with mobility. Many care recipients' representatives spend time visiting with care recipients and there is access to telephones so that care recipients can otherwise remain in touch with family and friends. A strong sense of community exists within the home and connections with religious and cultural groups are maintained. Care recipients go out into the community to attend religious services and for bus outings. Care recipients and representatives are satisfied with the assistance provided by staff to maintain care recipients' independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Care recipients' personal and information privacy is being maintained. Staff are given information about the importance of privacy and they sign a confidentiality agreement at time of recruitment. They maintain care recipient privacy by respecting care recipients' personal space and seeking permission before entering rooms, verbally handing over care recipient information in private, and keeping care recipient records secure. Care recipients in multi-bed

rooms have privacy curtains installed and there are some quiet areas where care recipients can meet with their visitors in relative privacy. Staff maintain care recipient dignity by referring to the care recipient by their chosen name, ensuring care recipients are well dressed and groomed, and by talking with a care recipient rather than about them when in a care recipient's presence with other staff. Care recipients and representatives report that staff treat care recipients with respect and safeguard their 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' interests and activity preferences are identified through a social history and assessments, and the information is used to develop a care plan that is evaluated and updated as needed at least three monthly. Recreational activity officers are on duty seven days a week and implement a dementia specific and a general program utilising various common areas across the home and outdoor areas. The programs include activities that are physical, intellectual, social, creative and sensory in nature. They also include special celebrations, entertainment and bus outings. One-to-one support is provided for care recipients who cannot or choose not to participate in group activities. Participation records are kept and satisfaction surveys are undertaken. This information, along with feedback from resident/relative meetings, is used to evaluate the activities. Care recipients say they enjoy participating in the activities and events offered at the home.

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

Information about each care recipient's cultural and spiritual life is gathered via discussion with them and their representatives using a social history and assessments and is generally incorporated in the care recipient's care plan. The home caters predominantly, but not exclusively, to care recipients from Slavic speaking countries. Newspapers are available in relevant community languages, television broadcast is available in Russian as well as English, and signage and notices are in English and Russian. Many staff who work at the home speak English and a Slavic language. There is support for care recipients to participate in relevant cultural and religious events. Care recipients are assisted to go to the Russian Orthodox church next door and ministers visit the home to provide Orthodox and Catholic services and one to one support on-site. Care recipients and representatives report that staff show respect for care recipients' beliefs, customs and cultural backgrounds.

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 able to have control over matters that affect them by attending care resident/relative meetings, participating in surveys, and using the home's feedback mechanisms. Care recipients can make choices and these are documented in care plans and related documentation, such as choice of doctor, showering/bathing preferences, involvement in activities, and food and drinks. Persons responsible are identified for each care recipient so they can be consulted, kept informed and make decisions for care recipients where this is necessary. Information about persons responsible is readily available to staff in the computerised documentation system and is kept up-to-date. Staff are aware it is important to assist care recipients exercise choice on a day to day basis. Care recipients and representatives say they can make decisions and exercise choice about the services care recipients receive and 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 and their representatives are advised on entry of the services the home is able to provide. The care recipient agreement and handbook clearly define the schedule of services provided. The resident agreement provides information on care recipients' rights and responsibilities including, termination of the agreement, advocacy service contact details, complaint resolution, conditions for transfer and entitlements for care and services. The Charter of Care Recipients' Rights and Responsibilities is also included in the resident and staff handbooks. Interviews with the home's management team demonstrate care recipients and their representatives are consulted in the event of them requiring a change of services or room change. This was confirmed by care recipients and/or their representatives who say they are always consulted concerning any changes to tenure and care recipients also say they feel secure within 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.

Examples of improvement initiatives related to Accreditation Standard Four: Physical environment and safe systems implemented over the last 12 months are:

- A review of the home's menu was undertaken in 2014 following feedback from care recipients and representatives at meetings and through quality surveys. A new four week rotating menu was developed and a trial introduced. A resident food satisfaction survey was then undertaken and the menu further modified based on the feedback. The menu was then reviewed by a dietitian for nutritional content, before being finally adopted. Feedback from care recipients interviewed was positive about the changes made to the menu.
- The preventative maintenance program has received a completed review and upgrade following a management review in February 2015. The program has been developed in consultation with the maintenance department and is now a computer based program and completion record. The review included a review of contractors' service agreements and performance and a major update of the maintenance procedure manual. The outcome of the review is reported to be a more efficient and comprehensive maintenance program.
- Laundry staff hours have been increased in January 2015 by six hours per day, seven days a week, to improve the flat linen and personal laundry services identified as a concern in recent audits and from care recipient feedback. Feedback from staff confirms that linen and care recipients' clothing is now being returned in a more timely manner and there is no longer a build-up of soiled linen.

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 the expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance systems and processes. Specific examples of regulatory compliance

relating to Accreditation Standard Four: Physical environment and safe systems include the following:

- The home has a current NSW Food Authority licence and the food safety system has been audited by the NSW Food Authority. A B rating has been received. The next audit by the NSW Food Authority is due in March 2015.

- The home has implemented the Work Health and Safety Act 2011. The management team has undertaken extensive risk assessments and safe work practice procedures have been developed. The work, health and safety manual has been extensively reviewed and rewritten. There is a comprehensive chemical hazard register, asbestos register and management system in place.

- The home has a current fire safety statement displayed. External contractors regularly test and service equipment, including fire-fighting and electrical equipment. Staff attend mandatory annual fire safety and evacuation training.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Information about the home's system for education and staff development is provided under expected outcome 1.3 Education and staff development.

Examples of the home's recent education relevant to Accreditation Standard Four: Physical environment and safe systems are:

- Manual handling training for staff by the home's physiotherapist and competency assessments to test staff skills and ensure they can work safely.

- Chemical training to assist staff to be aware of the chemical products and their correct and safe use in light of a change of supplier.

- Infection control training for all staff to assist them to maintain contemporary knowledge.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The management and staff are actively working to provide a safe and comfortable environment according to the needs of care recipients. The home was observed to be clean and as free from clutter as possible. There is adequate and appropriate furniture, internal temperature is kept at a comfortable level and there is adequate ventilation and natural lighting. There are external verandas with seating and garden areas which are easily accessed

by care recipients and families. There are a number of communal areas, such as lounge, café, spiritual reflective rooms, physiotherapy treatment and gymnasium areas, and dining and activity rooms which care recipients and families can use. All care recipients are accommodated in a variety of room layouts, including single rooms with ensuites, two and three bed rooms. The home has two environmentally secure units for care recipients who are mobile and have a diagnosis of dementia. There is also a dedicated palliative care unit. The home has an effective and comprehensive preventative and reactive maintenance program in place to ensure the environment is safe and well maintained. Safety and comfort of the home is monitored through feedback from care recipients, observations from staff and management, accident/incident reports, hazard reports and environmental audits. Care recipients and their representatives describe the home as “very comfortable and clean”.

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 are actively working to provide a safe working environment through policies and procedures, hazard identification and improvement logs, environmental audits and incident and accident reporting. Staff work practices are supervised and a scheduled maintenance program is in place to minimise risk. Work, health and safety (WH&S) is discussed at quality improvement and staff meetings and education is provided to ensure staff understand regulatory requirements. Observations confirmed safety signage on display and personal protective equipment is available for staff. Chemical substances are stored securely, managed correctly and material safety data sheets are provided for all chemicals in use. There is a chemical, hazardous substance and an asbestos register in place. Staff receive mandatory manual handling, WH&S, safe chemical handling and infection control training during induction and on an ongoing basis. The home has an active work, health and safety program that meets the requirements under the Work, Health and Safety legislation.

Staff interviewed stated they are encouraged to report hazards within the home and repairs and equipment replacements generally take place in a timely manner.

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

All staff, and contractors who spend time on site regularly attend mandatory fire safety awareness and evacuation training each year, and some senior staff are trained as fire officers. Fire and smoke detection and response systems and fire-fighting equipment are maintained on an ongoing basis and an annual fire safety statement has been obtained. Emergency exits are clearly marked and kept free of obstruction, and evacuation maps assist with directions to the nearest exit and assembly point. Emergency procedures and evacuation plans have been developed and are available to management and staff. Evening lock-up procedures are carried out by staff and a security camera monitoring system is installed. Staff know the home’s procedures for responding to the fire alarm sounding and to other emergencies.

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

Policies, procedures and reference material guide management and staff in infection control across the home. Staff attend mandatory training about infection control and have their hand hygiene practices assessed. Influenza vaccine is offered to care recipients and staff each year and preparations have been made for managing an infectious outbreak. Care recipients are monitored for signs and symptoms of infection, and data about infection rates is collated and reviewed to identify opportunities for improvement. The catering service implements a plan to comply with relevant food safety requirements. Environmental, equipment and furniture cleaning procedures are implemented across the home. The laundering process deals effectively with contaminated clothing and linen, and workflow in the laundry ensures separation between 'clean' and 'dirty' areas. Waste is disposed of safely and correctly. Staff are knowledgeable about infection control principles and practices relevant to their work.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The menu has been designed to meet the needs and wishes of the majority of care recipients living at the home who are from Slavic speaking countries. Fresh cooked hot breakfast, lunch and dinner are provided daily as well as morning and afternoon tea and supper. Alternative meals are made for care recipients who have dislikes, allergies and other special needs. Care recipients have meals in the dining rooms or in their room via a tray service if they so choose. There are contracted cleaners working at the home seven days a week. Records show cleaning of the environment, equipment and furniture is being attended and the home appears clean. A full laundering service is provided on site with clothing returned to care recipients clean and in a timely manner. Care staff say there are enough clean sheets, towels, clothing et cetera to meet care recipients' needs. A labelling system assists in reducing the incidence of missing clothing. Care recipients and their representatives are satisfied with the hospitality services provided at the home.