War Veterans Home Myrtle Bank

RACS ID 6211
55 - 59 Ferguson Avenue
MYRTLE BANK SA 5064

Approved provider: RSL Care South Australia Incorporated

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 18 August 2018.

We made our decision on 23 June 2015.

The audit was conducted on 18 May 2015 to 20 May 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.

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Quality Agency decision</th>
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<tbody>
<tr>
<td>1.1 Continuous improvement</td>
<td>Met</td>
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<tr>
<td>1.2 Regulatory compliance</td>
<td>Met</td>
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<tr>
<td>1.3 Education and staff development</td>
<td>Met</td>
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<tr>
<td>1.4 Comments and complaints</td>
<td>Met</td>
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<tr>
<td>1.5 Planning and leadership</td>
<td>Met</td>
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<tr>
<td>1.6 Human resource management</td>
<td>Met</td>
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<tr>
<td>1.7 Inventory and equipment</td>
<td>Met</td>
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<tr>
<td>1.8 Information systems</td>
<td>Met</td>
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<tr>
<td>1.9 External services</td>
<td>Met</td>
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</tbody>
</table>
Standard 2: Health and personal care

Principle:
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.

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

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

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.

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

This is the report of a re-accreditation audit from 18 May 2015 to 20 May 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 18 May 2015 to 20 May 2015.

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

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

Assessment team

<table>
<thead>
<tr>
<th>Team leader:</th>
<th>Diane Mogie</th>
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<tr>
<td>Team member:</td>
<td>Andy McArdle</td>
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</tbody>
</table>

Approved provider details

<table>
<thead>
<tr>
<th>Approved provider:</th>
<th>RSL Care South Australia Incorporated</th>
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</table>

Details of home

<table>
<thead>
<tr>
<th>Name of home:</th>
<th>War Veterans Home Myrtle Bank</th>
</tr>
</thead>
<tbody>
<tr>
<td>RACS ID:</td>
<td>6211</td>
</tr>
<tr>
<td>Total number of allocated places:</td>
<td>95</td>
</tr>
<tr>
<td>Number of care recipients during audit:</td>
<td>90</td>
</tr>
<tr>
<td>Number of care recipients receiving high care during audit:</td>
<td>84</td>
</tr>
<tr>
<td>Special needs catered for:</td>
<td>People with dementia or related disorders</td>
</tr>
</tbody>
</table>

Street: 55 - 59 Ferguson Avenue
City: MYRTLE BANK
State: SA
Postcode: 5064
Phone number: 08 8379 2600
Facsimile: 08 8388 2577
E-mail address: warvets@rslcaresa.com.au
Audit trail

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

**Interviews**

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>Management</td>
<td>9</td>
</tr>
<tr>
<td>Clinical/care/Lifestyle staff</td>
<td>11</td>
</tr>
<tr>
<td>Care recipients/representatives</td>
<td>10</td>
</tr>
<tr>
<td>Hospitality and environmental safety staff</td>
<td>8</td>
</tr>
</tbody>
</table>

**Sampled documents**

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical assessments/care plans/progress notes</td>
<td>8</td>
</tr>
<tr>
<td>Lifestyle assessments/care plans/progress notes</td>
<td>7</td>
</tr>
<tr>
<td>Medication charts</td>
<td>7</td>
</tr>
</tbody>
</table>

**Other documents reviewed**

The team also reviewed:

- Analysis and trending of clinical data
- Asbestos register
- Assessment processes for care recipients who smoke
- Assets register
- Audits and surveys
- Cleaning and monitoring documentation
- Comments and complaints documentation
- Communication diaries
- Continuous improvement documentation
- Contractor and volunteer documentation
- Corrective and preventative maintenance management
- Education management
- Emergency management
- Food safety plan
- Handover records
- Hazardous chemical register
- Human resource management
- Incident and hazard management
- Infection control management
- Legionella testing documentation
- Lifestyle management
- Medication licence
- Memoranda
- Menu documentation/modified diets
- Preferred supplier documentation
- Regulatory compliance documentation
- Resident and staff newsletters
- Resident handbook
- Restraint management
- Safety data sheets
- Security of tenure documentation
- Self-assessment
- Service agreements
- Specialised care management
- Temperature and date monitoring documentation
- Testing and tagging
- Triennial fire safety certificate and fire monitoring documentation
- Various meeting minutes
- Various policies and procedures
- Worksite inspection documentation
- Wound management
Observations

The team observed the following:

- Accreditation notice displayed
- Activities calendar
- Activities in progress
- Charter of residents rights and responsibilities
- Cleaning in progress
- Comments, complaints and advocacy information
- Contractor/visitor sign in/out register
- Designated care recipient smoking areas
- Emergency exits/ signage/firefighting equipment
- Equipment and supply storage areas
- Infection control equipment
- Interactions between staff and care recipients
- Mission, vision and values displayed
- Noticeboards
- Palliative care resources
- Short group observation in the memory support unit
- Staff work areas and practices
- Storage of medications/administration of medications
- Suggestion boxes
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 War Veterans home manages its ongoing program of continuous improvement through a quality improvement framework, underpinned by policies and procedures and the home’s mission statement. Improvements are identified through executive level strategic planning, staff and care recipient suggestions and feedback, incident and hazard analysis, and audits. Individual quality action plans are completed which detail planned actions and the items are logged on the home’s continuous improvement register. The quality manager and facility manager hold overall responsibility for managing improvement programs with monitoring and review of progress. Outcomes and evaluation are conducted and discussed at regular quality meetings, which assists to evaluate and monitor the home’s continuous improvement activities. Results show care recipients, representatives and staff interviewed are satisfied the home acts upon their suggestions. Care recipients and staff interviewed said they are informed of continuous improvement processes, and how they can contribute, and said the home is responsive to their suggestions.

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

- The human resources manager identified a need to streamline the recruitment process. After planning and consultation, the home introduced a new system which consists of a clear framework. This framework includes a range of processes, including an initial online application and partial screening test, followed by onsite interviews and assessment process. Feedback from applicants, staff and management indicates the process is more transparent and time efficient.

- Management identified information sharing could be enhanced through a regular care recipient newsletter. After consultation and planning, the home introduced a newsletter in late 2014 which regularly updates care recipients on important events within the home. Care recipients said the newsletter is very informative and assists those who cannot always attend care recipients meetings.
1.2 Regulatory compliance

This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines”.

Team’s findings

The home meets this expected outcome

The home has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The quality manager is responsible for ensuring service delivery is compliant. The home has subscription with a range of key industry bodies in conjunction with updates from relevant government departments. The quality manager receives information relating to any potential changes and identifies if there are any implications for the home and if so, ensures policy and procedures are revised. Once this occurs, staff receive training and information as required, relevant to their position and duties. Compliance is monitored through internal and external audits and meetings. Information is dispersed to staff through meetings, memorandum and training.

Results show processes are effective in identifying compliance issues and actions are implemented where deficits are identified. Staff interviewed said they are regularly updated about changes in legislation and compliance. Care recipients interviewed said they are informed of changes in relation to regulatory compliance as necessary.

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

- Care recipients and representatives are notified in writing of re-accreditation audit
- Police certificates are current for staff, volunteers and contractors
- Updated privacy policy to reflect legislation changes.
1.3 Education and staff development:

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

Team’s findings

The home meets this expected outcome

The home’s education and staff development system ensure management and staff have appropriate knowledge and skills to effectively perform their roles. The home provides staff with annual mandatory training, on-line training and competency topics. Additional training is provided when requested by staff, as well as regular toolbox sessions and staff have access to an in-house training schedule. The home uses information gathered through monitoring when planning and scheduling future training and actively seeks external training. Monitoring of education occurs through staff appraisals and evaluation of training sessions provided, audits, recordings of attendance and reminders of staff attendance at mandatory training sessions. Results show the home provides relevant education across the Accreditation Standards. Staff interviewed said they are satisfied with the education system and are able to request training as desired. Care recipients and representatives interviewed are satisfied staff have appropriate knowledge and skills to perform their roles effectively.

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

- Managing complaints
- Information systems
- Corporate induction.

1.4 Comments and complaints

This expected outcome requires that “each care recipient (or his or her representative) and other interested parties have access to internal and external complaints mechanisms”.

Team’s findings

The home meets this expected outcome

The home has a system to ensure care recipients, representatives and other interested parties have access to internal and external complaints mechanisms. There is a feedback system which caters for verbal or written complaints, compliments and suggestions to be encouraged and captured. Feedback can be raised anonymously through the use of the home’s feedback forms and suggestion boxes, in addition to external avenues of complaints and advocacy. The home monitors and reviews comments, complaints and suggestions through regular meetings, audits and surveys. Results show care recipients and representatives are aware of and able to lodge internal and external feedback. Staff interviewed said they are aware of the home’s system for managing comments and complaints, and feel supported in raising concerns with management. Care recipients and representatives are satisfied concerns raised are managed effectively and promptly resolved.
1.5 Planning and leadership

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

**Team’s findings**

The home meets this expected outcome.

The home has a documented mission, vision and core organisational values statement which indicates commitment to delivery of quality care. The home’s values are centred on providing accommodation, personalised care and support for the benefit of ex-service and wider community members. The vision and values statement is documented throughout care recipient and staff documentation and displayed throughout the home. There is an organisational structure and strategic plan, which further underpin the home’s vision and values. Staff are familiar with the home’s values and commitment to quality care and services.

1.6 Human resource management

*This expected outcome requires that “there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service’s philosophy and objectives”.*

**Team’s findings**

The home meets this expected outcome.

The home has systems to ensure there are sufficient numbers of appropriately skilled and qualified staff to deliver care and services. Recruitment processes ensure staff are appropriately skilled and checked prior to commencing. Management monitor police certificates and professional registration of staff and volunteers are monitored by the lifestyle coordinator. Rosters are organised by individual departmental management, with staff rostered and allocated to specific areas on the basis of care recipient care needs and staff roles and skills. The home has registered nurses onsite twenty four hours a day, with support from care staff and other personnel. Staff practices are guided by job descriptions, duty statements and policies and procedures. Staff performance appraisals are regularly undertaken to ensure staff possess appropriate skills and knowledge and supported to maintain these. Monitoring occurs through regular staff appraisals, incident and hazards, infection data, observations, comments and complaints, audits and meetings. Results show changes to the roster are made in response to results of monitoring processes. Staff interviewed said they have sufficient time to complete their duties. Care recipients and representatives interviewed are satisfied staff have appropriate skills and are responsive to care needs.

1.7 Inventory and equipment

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

**Team’s findings**

The home meets this expected outcome.

The home has systems to ensure adequate stocks of goods and equipment is available. An asset replacement program is in place which lists equipment available to the service, as well as purchase order templates for catering and cleaning. New equipment is trialled and risk
assessed prior to purchase to ensure safety of staff and care recipients. Once purchased, equipment is tested and tagged and added to the equipment register and maintenance program as needed. Training in proper use of equipment is provided to staff. Corrective and preventative maintenance programs and cleaning schedules ensure ongoing suitability and safety of equipment. Relevant departmental managers monitor stocks of goods and equipment to ensure adequate equipment and supplies are available as required by care recipients and staff. Results show there are appropriate stocks of goods and equipment available to support service delivery. Staff interviewed are satisfied they have access to sufficient goods and equipment which allow them to undertake their tasks and duties. Care recipients and representatives interviewed are satisfied care recipients have access to suitable goods and equipment as needed.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has systems to provide effective information management. Information services are provided through the home’s electronic and paper based system. The electronic system provides staff with access to health and care information including electronic messaging alerts to ensure staff are kept up-to-date. Further updates are also provided through handovers sessions, meetings, memoranda, communication diaries and information displayed on noticeboards. Care recipients and representatives are provided with access to information through noticeboards, newsletters, calendars, meetings, brochures and posters. Monitoring occurs through audits, surveys, and regular resident, quality and staff meetings. Results show information is stored securely and there are effective monitoring systems to identify improvements in information management when indicated. Care recipients and representatives interviewed are satisfied care recipients have access to relevant information to assist them to make informed decisions.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home uses external contractors to assist in meeting the residential care service’s needs and service quality goals. Management monitor the use of external services through a range of systems, including the online computerised database. The system ensures external contractors and external service providers have appropriate police clearances, service agreements, and insurance and meet legislative requirements. Staff have access to a list of preferred contractors. Maintenance and administration staff are responsible for ensuring contractors are fully orientated and aware of work, health and safety requirements when onsite. Monitoring of contract services occurs through comments and complaints, contract reviews, incident reporting and audits. Results show external services meet the needs of the home and care recipients. Staff, care recipients and representatives interviewed are satisfied with externally sourced services.
Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

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

- As a result of a staff suggestion, it was identified staff could benefit from having a designated wound care trolley. Staff suggested this would reduce staff members having to go back and forth between the storage areas and care recipient room. After planning, consultation and training occurred, the home implemented a trolley specific to wound care. Staff said the trolley is easy to use and assists them to manage their time more efficiently.

- Staff suggested trialling an audio recording device which encourages reminiscence and story-telling for care recipients. After planning and training, the home introduced the use of an audio recording device which care recipients and staff utilise. Management advised the improvement has led to a number of positive results. Improved sleep patterns for care recipients and the device is effective to use as a strategy to divert care recipients when staff are delivering care.
2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

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

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

- Mandatory reporting register for unexplained absences of care recipients
- Schedules 4 and 8 drug licence
- Safe and secure storage of medications.

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 homes processes for education and staff development.

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

- Advanced care directives
- Continence management
- Basic life support.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has systems to deliver clinical care that is appropriate for care recipients’ individual needs and preferences. Clinical and risk assessments are conducted and in relation to care recipients individual health, personal care needs and preferences upon entry and on an ongoing basis. A detailed care plan is developed and care requirements are continually recorded in the progress notes. Monitoring occurs through Quality and Work Health and Safety
meetings, audits, regular care reviews, analysing of key performance indicators and consultation with care recipients, and representatives. Results show clinical care is monitored and there is regular consultation with medical staff to support care recipients’ care needs. Staff interviewed said they have access to up-to-date information to support care recipients’ clinical care. Care recipients and representatives interviewed are satisfied with the clinical care recipients receive.

2.5 Specialised nursing care needs

This expected outcome requires that “care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients receive specialised nursing care from appropriately qualified nursing staff according to their identified needs and preferences. Registered nursing staff identify, assess and review care recipients specialised nursing care needs in conjunction with medical staff. Staff refer care recipients to specialised services and recommendations from specialists are adhered to and regularly communicate to all levels of staff. Specialised care is documented in care plans and medication charts. Monitoring occurs through regular care reviews, consultation with health specialists, audits and consultation with staff, care recipients and representatives. Results show staff actively refer and support care recipients specialised care through external specialised services. Staff interviewed said they receive education to support care recipients’ specialised care needs. Care recipients and representatives interviewed are satisfied with the level of consultation and specialised care provided to care recipients.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients’ are referred to appropriate health specialists. Assessment processes conducted by registered nursing staff identify care recipients’ who require referral to other health related services. Staff consult with medical staff and recommendations are documented in care recipients’ care plans and staff have access to this information to assist in delivering of care. Monitoring occurs through regular care reviews, clinical meetings and audits, analysing of clinical surveillance data, and consultation processes. Results show care recipients have a wide range of access to health specialists at the home and in the community. Staff interviewed are aware of care recipients individual complex health needs which require support from other health professionals and recommendations are supported and followed through by staff. Care recipients and representatives interviewed are satisfied care recipients are appropriately referred to other health and related services as required.
2.7 Medication management

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

**Team’s findings**

The home meets this expected outcome

The home has systems to ensure care recipients’ medications are delivered by qualified staff and managed safely and correctly. Care recipients’ medication needs and requirements are assessed on entry in consultation with medical staff. Staff are aware of systems in place for nurse initiated medications, care recipients who wish to self-medicate and drug of dependency medications. Medications are stored as per legislative requirements and care recipients who self-medicated generally store their medications as per the home's policy.

Monitoring occurs through audits, pharmacy and medical reviews, through medication advisory committee, analysis of incident data, education processes and observation. Results show care recipients’ medication needs are regularly reviewed and generally there are effective monitoring systems in place. Staff interviewed said there are regular supplies of medications and they deliver care recipients’ medications as prescribed. Care recipients and representatives interviewed are satisfied care recipients’ medication is 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

The home has systems to assess all care recipients are as free as possible from pain. Pain assessments are conducted to identify and assist in managing care recipients' pain management. Pain management is reviewed at the planned care reviews or as necessary in consultation with medical and allied health staff. Care plans identify strategies and treatments to assist in pain management and include specific treatments such as massage which is conducted by qualified staff. Further treatments include heat packs, physiotherapy, repositioning, exercise program and pressure relieving aids to support care needs. Nursing staff review and evaluate ‘as required’ pain relief medications to support effective pain management. Monitoring occurs through regular care reviews, clinical meetings and audits, allied health and medical reviews, observation and feedback mechanisms. Results show care recipients’ pain is assessed and monitored effectively. Staff interviewed are aware of alternative strategies to assist care recipients’ pain management. Care recipients and representatives interviewed said care recipients’ pain is managed effectively.
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 care recipients receive appropriate palliative care to maintain their comfort and dignity during the terminal stages. Advanced care directives are obtained where possible and individual palliative care plans identify care recipients’ wishes and direct staff in relation to care recipients’ palliative care. Comfort care is delivered according to care recipients’ individual needs, including alternative therapies such as music therapy and aromatherapy. Representatives are offered to stay at the home and support their loved one and hospitality services are provided. Palliative care is supported by using specialised pain relieving equipment. Care recipients’ comfort and spiritual needs are supported through pastoral staff and the on-call pastor. Monitoring occurs through care recipient and representative feedback mechanisms, audits and staff feedback. Results show care recipients’ comfort and pain needs are met. Staff interviewed said they have access to resources to provide comfort care for care recipients’ at the end stage of their life.

Representatives interviewed are satisfied with the way the home maintains care recipients’ comfort and dignity.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients receive adequate nourishment and hydration. Assessment and risk assessment processes identify care recipients who may be at risk of malnutrition. Care plans, dietary needs forms and the dietary needs schedule identify and consider care recipients’ food allergies, dietary preferences and cultural and religious preferences. Regular monitoring of care recipients’ weight, monitoring of food and fluid intake and dental issues prompts staff to refer to identified allied health staff for re-assessment as required. Care recipients’ supplement requirements are documented in care plans and medication charts as needed. Monitoring occurs through regular care reviews, clinical meetings and audits, weight monitoring, and feedback from the allied health specialists and staff. Results show care recipients’ nutrition and hydration needs are regularly reviewed and care recipients’ nutritional and hydration needs are met. Staff interviewed are aware of care recipients who require additional assistance to meet their nutritional and hydration needs. Care recipients and representatives interviewed are satisfied with the home’s approach in meeting the care recipients’ nutrition and hydration 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 has systems to ensure care recipients’ skin integrity is consistent with their general health. Assessment and risk processes assist in identifying care recipients who may be at risk of impaired skin integrity. This information is detailed in care plans, handover records and a skin management care plan is completed. Pressure relieving equipment, moisturising creams and positional changes assist in maintaining care recipients’ skin integrity. Senior nursing staff generally complete wound management plans and wounds are monitored weekly. The podiatrist visits all care recipients regularly and senior staff monitor to ensure follow-up of care is completed. Data is collated regarding impaired skin integrity and bruising and analysed monthly and reported through the Quality Workplace Health and Safety committee. Further monitoring occurs through planned care reviews, reviews by registered staff, analysing of incident data and consultation with medical staff. Results show care recipients are referred to health specialists and there are minimal complex wounds.

Staff interviewed said they have access to adequate supplies of wound management products. Care recipients and representatives interviewed are satisfied care recipients are supported to maintain their 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 identify care recipients’ continence is managed effectively. Care recipients’ continence needs are assessed and a continence management plan is developed. Care plans detail assistance required, level of independence and dietary and continence aids required. Care recipients are reassessed by the continence nurse and there are processes in place to ensure regular supplies of continence products are available.

Senior staff monitor the incidence of urinary tract infections and follow up of care. Monitoring occurs through reporting and analysis of urinary tract infections, regular care reviews, clinical meetings, consultation with medical staff audits, and evaluation of ‘as required’ aperients. Results show care recipients’ continence needs are effectively managed. Staff interviewed said they have access to adequate supplies of continence aids to support care recipients’ continence needs. Care recipients and representatives interviewed are satisfied care recipients’ continence needs are 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 ensure the needs of care recipients with challenging behaviours are managed effectively. Assessment and evaluation processes assist in implementing an effective behaviour management plan for care recipients with challenging behaviours.

Strategies and interventions are identified and a dedicated memory support unit provides a safe secure area to assist cognitively impaired care recipients to walk around freely.

Monitoring occurs through regular care reviews, incident trending and analysis, clinical meetings, consultation with behaviour management specialists and medical staff. Results show there are effective systems in place to support care recipients’ behaviour management. Staff interviewed are aware of individual care recipients behaviour management plans and strategies to minimise challenging behaviours. Care recipients and representatives interviewed are satisfied with the home’s approach to managing 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

The home has systems to ensure optimum levels of mobility and dexterity are achieved for all care recipients. Physiotherapy staff conducts assessments for all care recipients’ regarding their mobility and dexterity, including identifying care recipients who are at risk of falls. Mobility and dexterity plans are developed, including individualised exercise programs and mobility aids required. Physiotherapists regularly review care recipients who are identified as having a high risk of falls and interventions are implemented. Monitoring occurs through planned care reviews, monitoring the incidence of falls, staff meetings, observation, audits, feedback and evaluation from allied health specialists. Results show care recipients have access to appropriate equipment to support their mobility needs. Staff interviewed said they have access to allied health staff that regularly assess and support care recipients mobility and dexterity 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

The home has systems to ensure care recipients’ oral and dental health is maintained. Care recipients’ oral and dental health is assessed in consultation with their representatives to
identify their individual needs and preferences. Care recipients who are identified at risk of poor oral health are referred to the appropriate health specialist. Individual requirements are documented in care plans and care recipients are actively supported to access dental services to meet their needs. Monitoring occurs through planned care reviews, nutrition and pain monitoring processes, medical reviews and feedback process with care recipients and representatives. Results show care recipients are supported and regularly reviewed to attend dental services as required. Staff interviewed said they have access to appropriate equipment to assist care recipients’ oral and dental care needs. Care recipients and representatives interviewed are satisfied care recipients’ oral and dental health care is maintained.

2.16 Sensory loss

This expected outcome requires that “care recipients’ sensory losses are identified and managed effectively”.

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients’ sensory losses are identified and managed effectively. Care recipients’ vision, hearing, smell, taste and touch are assessed to capture any sensory deficits identified. Care plans detail strategies and aids to support and improve any sensory deficits. Care staff report any observed impairment to nursing staff for further investigation with the relevant specialist service. Care recipients have access to hearing and vision specialists and are regularly reviewed as required. Assistive devices are provided as required to support sensory loss and care recipients have access to the mobile library, where large print books are available. There are a range of lifestyle activities promoted to enhance care recipients’ sensory enjoyment and lifestyle staff assist care recipients who are visually and hearing impaired. Monitoring occurs through regular care reviews, medical and allied health reviews, care recipient and staff feedback and observation. Results show care recipients’ sensory needs are met. Staff interviewed said they have access to equipment to support care recipients’ sensory loss. Care recipients and representatives interviewed are satisfied care recipients’ sensory losses are identified and managed appropriately.

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

There are systems in place to assist care recipients to achieve normal sleep patterns. An assessment is completed by registered staff regarding established sleep patterns and an individual sleep management plan is developed. Individual care plans include preferred settling and rising times and comfort interventions. Additional strategies include relaxing evening activities, night lights and soft music to assist care recipients to relax and wind down at the end of the day. Care recipients medication needs are reviewed by medical staff and re-evaluated as required. Monitoring occurs through regular care reviews, surveys, observations, consultation with medical staff and feedback from care recipients. Results show there are systems in place to support care recipients to achieve a natural sleep pattern. Staff are aware of strategies to support individual care recipients’ in relation to their sleep management. Care recipients interviewed are satisfied they are assisted to achieve a natural sleep pattern.
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 related to the home’s continuous improvement systems and processes.

Improvements implemented by the home relevant to Standard 3 Care recipient lifestyle over the last 12 months include:

- As a result of a staff suggestion, a specific staff member now welcomes care recipients and representatives on entry. After planning and consultation the role of customer services and relationship coordinator was introduced. The role included a range of duties which designed to increase emotional support and transparency during the first few weeks and ensure the transformation is as smooth as possible. Feedback from care recipients and representatives indicates the new role has been a great support to care recipients during the difficult stages of entering an aged care home.

- As a suggestion from lifestyle staff, the home holds an annual event to replicate the Royal Adelaide Show, which is held onsite. Management advised the event continues to grow each year from its initial concept. The show includes community visitors who run stalls as well as a visiting zoo for care recipients to enjoy and engage in reminiscence of past experiences. Feedback has been very positive from care recipients and representatives. Management stated staff enjoy the event, with it enhancing their workplace and ability to engage with care recipients and representatives.
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 relating to the home’s regulatory compliance systems and processes.

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

- Policy and procedure for allegations of elder abuse
- Privacy and confidentiality policies
- Residential services agreements.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

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

- Elder abuse training
- Dementia meaningful activity training
- Conversations about death.

3.4 Emotional support

This expected outcome requires that "each care recipient receives support in adjusting to life in the new environment and on an ongoing basis”.

Team’s findings

The home meets this expected outcome

The home has systems to support care recipients in adjusting to life in their new environment on entry and on an ongoing basis. Each new care recipient is welcomed by the customer services relationship officer who orientates and provides information relating to care and delivery of services provided at the home. Nursing and lifestyle staff gather information relating to care recipients emotional wellbeing and required support networks and this information is
documented in care plans for staff to access. Care staff, lifestyle staff, volunteers and identified pastoral ministers support care recipients and assist them to maintain relationships, recognise significant days and celebrations. Family, friends and community groups are encouraged to visit care recipients and care recipients are supported to attend community groups outside the home. Monitoring occurs through planned lifestyle reviews, surveys, resident meetings, staff observation and verbal feedback. Results show care recipients’ emotional needs are effectively managed. Staff interviewed provided examples where they have supported care recipients’ individual needs. Care recipients and representatives interviewed are satisfied care recipients’ emotional needs are met.

3.5 Independence

This expected outcome requires that "care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".

Team's findings

The home meets this expected outcome

Care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the home and community. Care recipients’ individual wishes and abilities are identified through the social history completed on entry and their physical ability is assessed by the physiotherapist to support various levels are independence. Care recipients are supported and encouraged to participate in group activities and maintain links with family, friends and community groups. Lifestyle staff assist in fostering relationships for care recipients within the local community and assist care recipients to attend various social programs and independent outings within the community. Monitoring occurs through the planned lifestyle reviews, surveys, resident meetings, consultation with allied health, nursing and lifestyle staff and observations. Results show care recipients’ independence is actively encouraged and supported. Staff interviewed provided examples of care recipients who they support and assist them to attend community events. Care recipients and representatives interviewed are satisfied the home assists care recipients to maintain their independence.

3.6 Privacy and dignity

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

Team’s findings

The home meets this expected outcome

The home has systems that recognise and respect each care recipient’s right to privacy, dignity and confidentiality. Care recipients receive information relation to their privacy and dignity in the resident handbook on entry. Lifestyle staff identify care recipients’ individual privacy and dignity requirements and this information is detailed in care plans. Each care recipient has their own room, private lounges and is able to make arrangements to have private functions with their family members and friends. Staff support care recipients’ privacy, dignity and confidentiality by knocking on doors before entering and being respectful of care recipient’s individual needs. Staff sign a confidentiality declaration on commencement of employment and were observed knocking on care recipients’ doors before entering and behaving in a respectful manner. Monitoring occurs through observation, planned lifestyle reviews, surveys, audits and care recipient feedback. Results show care recipients privacy and
dignity is actively maintained. Care recipients and representatives interviewed are satisfied care recipients’ privacy, dignity and confidentially are maintained.

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 and interests appropriate to their needs and preferences. A life history is completed on entry and a lifestyle plan is formulated regarding care recipients’ individual needs and preferences.

Within the lifestyle social history care recipients’ interests, ability to participate, cultural and spiritual needs and health needs are identified. Care recipients are informed about the lifestyle program through the monthly programs and in resident meetings. Activities programs are developed to meet one-on-one needs including group sessions and care recipients have access to a diverse and wide range of activities. There is a lifestyle program which assists care recipients in the memory support unit till late evening to support individual care recipients. Monitoring occurs through planned lifestyle reviews, elevation of activity programs and participation, surveys and consultation with care recipients and representatives. Results show the lifestyle program is effectively managed and monitored to meet care recipients’ needs. Staff interviewed are able to give examples on how they support individual care recipient’s lifestyle needs. Care recipients and representatives interviewed are satisfied care recipients’ lifestyle needs are met.

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

The home has systems to value and foster individual interests, customs, beliefs and cultural and ethnic backgrounds. Care recipients’ individual cultural and spiritual preferences are identified and supported by lifestyle staff, pastoral volunteers and the home’s chaplain. Care recipients are assisted to maintain their individual religious beliefs and spiritual support is provided through individual visits from ministers. A non-denominational service is conducted by the home’s chaplain. Care recipients identified as veterans are supported and encouraged to attend memorial and remembrance services and attend retired service league clubs.

Monitoring of cultural and spiritual needs occurs through planned lifestyle reviews, surveys, residents meetings and consultation processes. Results show the spiritual and cultural program at the home is effective in meeting care recipients' individual needs. Staff interviewed said are aware of how to support care recipients individual needs and beliefs. Care recipients and representatives interviewed are satisfied care recipients’ individual interests, religious and cultural needs are met.
3.9 Choice and decision-making

*This expected outcome requires that “each care recipient (or his or her representative) participates in decisions about the services the care recipient receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people.”*

**Team’s findings**

The home meets this expected outcome

Each care recipient or their representative participate in decisions about the services the care recipient receives, and are enabled to exercise choice and control over their lifestyle while not infringing on the rights of other people. Care and lifestyle assessment processes identify care recipients’ preferences for activities of daily living, leisure and lifestyle choices, civic interests and details of persons nominated to provide advocacy. Staff assist and support care recipient’s in relation to their identified individual choices and seek feedback at resident meetings, surveys and at planned care and lifestyle reviews. Monitoring occurs through surveys, audits, feedback mechanisms and planned lifestyle and care reviews. Results show care recipients are assisted to have choice and control of the daily life. Staff interviewed said they assist care recipients to exercise choice and control over their lifestyle. Care recipients interviewed are satisfied they have the right to exercise choice and control according to their needs.

3.10 Care recipient security of tenure and responsibilities

*This expected outcome requires that “care recipients have secure tenure within the residential care service, and understand their rights and responsibilities.”*

**Team’s findings**

The home meets this expected outcome

Care recipients have secure tenure within the home and are assisted to understand their rights and responsibilities. Care recipients and or their representatives are informed of their security of tenure and resident rights and responsibilities on entry to the home. They are provided with a resident handbook and a residential services agreement is entered into. Care recipient and representative satisfaction is monitored through meetings, comments and complaints processes and annual surveys. Information regarding independent sources of advice and advocacy are available within the home. Results show where change of rooms is required; management do so in consultation with care recipients and representatives. Staff interviewed said they are aware of care recipients’ rights and responsibilities. Care recipients and representatives interviewed are satisfied care recipients tenure is secure and the home supports their individual needs and preferences where possible.
Standard 4 – Physical environment and safe systems

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

### 4.1 Continuous improvement

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

**Team’s findings**

The home meets this expected outcome

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

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

- The home’s quality manager suggested the worksite inspection audits could benefit from a more robust framework. After planning and consultation with staff, a new worksite inspection checklist template was implemented. Staff received training in use of the tool and it is now an active part of the home’s system for ensuring a safe environment. Management advised positive feedback has been received from staff and it complements the home’s maintenance programs.

- As a result of staff feedback it was identified transferring of rubbish and laundry could be enhanced to improve workplace safety. After planning and consultation the home trialled scissor trolley for staff use. Following a successful trial, the home provided training to staff and introduced a number of scissor trolleys that were purchased. Feedback from staff confirmed the scissor trolleys have enhanced their safety and efficiency in the workplace.

### 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:

- Audited food safety program

- Fire 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 staff over the last 12 months in relation to Standard 4 Physical environment and safe systems include:

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

4.4 Living environment

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

**Team’s findings**

The home meets this expected outcome

Management actively works towards providing a safe, clean and comfortable environment that is consistent with care recipients’ care needs. All care recipient bedrooms are featured with a private ensuite bathroom. The home has a secure memory support unit which provides accommodation for care recipients and has its own secure garden area. Care recipients have access to communal living and dining areas, indoors and outdoors areas and encouraged to personalise their rooms to reflect individual needs and preferences. In relation to restraint management, consultation occurs with the care recipients’ representatives, clinical staff and medical officer. Monitoring occurs through preventative and corrective maintenance programs, incident and hazard reporting, comments and complaints, meetings, electrical testing and tagging, audits, observations and surveys. Results show the home is well maintained and incidents and hazards are addressed promptly. Staff interviewed are able to describe their roles in assisting to maintain a safe and comfortable environment. Care recipients interviewed are satisfied with the safety and comfort of the home.

4.5 Occupational health and safety

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

**Team’s findings**

The home meets this expected outcome

The home has systems to provide a safe working environment that meets regulatory requirements. The home has a Quality and Workplace Health and Safety Committee which
meet regularly to provide support to the on-site Work Health and Safety Representatives. The committee reviews and analyse worksite incidents, hazards and trends. The home has an extensive range of policies and procedures to guide staff practice which ensures the safety and wellbeing of all. Monitoring processes include incident and hazard reporting, workplace inspections and audits, meetings, preventative and corrective maintenance programs, comments and complaints, observations and surveys. Any gaps or trends are addressed by management through corrective action plans and monitored to ensure appropriate follow-up occurs. Results show incident and hazard reporting is effective in identifying and managing safety issues. Staff receive training regarding their work, health and safety responsibilities at orientation and annually. Staff interviewed said they have sufficient access to personal protective equipment, training, policies and procedures to support safe work practices.

4.6 Fire, security and other emergencies

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

**Team’s findings**

The home meets this expected outcome

The home has systems to reduce the risk of fire, security and other emergencies. There are emergency procedures and evacuation plans accessible to staff, who receive regular training in fire and emergency procedures. Fire drills are conducted to assess staff knowledge and practice in the event of an emergency and assessments show staff are aware of their responsibilities. The home has a documented emergency management plan located throughout the home for staff access. There is information on response to fire alarms in care recipients’ rooms and a current evacuation list is maintained at the fire panel, which is regularly reviewed by the home’s physiotherapist. The home has a smoking policy and designated external smoking areas are available for care recipients with safety enhanced smoking ashtrays. Security is maintained through entry point security cameras, security rounds conducted by staff and external contractors, including lockdown procedures.

Monitoring occurs through regular fire and evacuation drills, audits, incident and hazard reporting and observation. Results show fire safety records are current and maintenance requests are actioned in a timely manner. Staff interviewed said they complete annual fire safety and regular simulated emergency activities. Care recipients interviewed said they feel safe and secure in the home.

4.7 Infection control

This expected outcome requires that there is “an effective infection control program”.

**Team’s findings**

The home meets this expected outcome

The home has systems to ensure an effective infection control program is in place. An education program is provided to staff and staff have access to the infection control handbook, outbreak kits and policies and procedures to guide them in their practice. Hospitality and nursing staff adhere to the food safety plan and care recipients and staff are offered influenza vacations to prevent the spread of disease. Cleaning and laundry staff are aware of infection control procedures and have access to personal protective equipment.

Senior nursing staff monitor trends of infections and appropriate treatment and follow through is conducted. Monitoring of infection control occurs through audits, reporting and trending of
infections and staff reporting mechanisms. Results show staff are aware of infection control practices and have access to infection control equipment. Care recipients and representatives interviewed are satisfied with staff practice at the home to minimise the incidence of infection.

4.8 Catering, cleaning and laundry services

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

Team’s findings

The home meets this expected outcome

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