



**Australian Government**

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**Australian Aged Care Quality Agency**

## **West Park Nursing Home**

RACS ID 6977  
7 Partridge Street  
GOOLWA SA 5214

**Approved provider: Aged Care & Housing Group Inc**

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for five years until 13 April 2020.

We made our decision on 23 February 2015.

The audit was conducted on 19 January 2015 to 21 January 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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**Australian Aged Care Quality Agency**

## **Audit Report**

**West Park Nursing Home 6977**

**Approved provider: Aged Care & Housing Group Inc**

### **Introduction**

This is the report of a re-accreditation audit from 19 January 2015 to 21 January 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 19 January 2015 to 21 January 2015.

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

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

## Assessment team

<b>Team leader:</b>	Cate Quist
<b>Team member:</b>	Janine Aujard

## Approved provider details

<b>Approved provider:</b>	Aged Care & Housing Group Inc
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## Details of home

<b>Name of home:</b>	West Park Nursing Home
<b>RACS ID:</b>	6977

<b>Total number of allocated places:</b>	60
<b>Number of care recipients during audit:</b>	58
<b>Number of care recipients receiving high care during audit:</b>	51
<b>Special needs catered for:</b>	People with dementia or related disorders

<b>Street:</b>	7 Partridge Street
<b>City:</b>	GOOLWA
<b>State:</b>	SA
<b>Postcode:</b>	5214
<b>Phone number:</b>	08 8555 7100
<b>Facsimile:</b>	08 8555 7199
<b>E-mail address:</b>	<a href="mailto:LColeshill@ach.org.au">LColeshill@ach.org.au</a>

## Audit trail

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

### Interviews

Category	Number
Management	2
Corporate services management and staff	13
Clinical staff	6
Site clerk	1
Lifestyle staff	5
Care recipients	8
Care staff	6
Ancillary staff	5
Fitness leader	1

### Sampled documents

Category	Number
Care recipients' files	7
Care plans and progress notes	8
Residential care service agreement	2
Medication charts	6
Lifestyle care plans	7
External service contracts	4

### Other documents reviewed

The team also reviewed:

- ACH Group Good Lives for Older People vision and mission statement
- ACH Group Organisational Quality Framework
- ACH Group site/region safety activity plan
- Asset management system
- Audit schedule and data
- Clinical indicator summaries

- Complaints and comments
- Compulsory reporting register
- Continuous improvement project information
- Corporate and site continuous improvement information and plans
- Document management hub
- Drugs of Dependence register
- Electronic incident and hazard management system
- External services management information
- Fire Services Operations and Maintenance Manual ACH group
- Health hub documentation
- Healthy Ageing information
- Human resource information/data
- Imprest register
- Infection control documentation
- Lifestyle documentation
- Maintenance documentation
- Memoranda
- New employment pack
- Plant and equipment register
- Police certificate monitoring system
- Resident admissions information package
- Resident newsletter
- Residents information handbook
- Schedule 4 licence
- Training needs analysis
- Various audits/outcomes
- Various meeting minutes
- Various policies and procedures



- Work Health and Safety information
- Workforce Plan

## **Observations**

The team observed the following:

- “Health hub” Gym
- Activities in progress
- Administration of medication
- Care recipients/representative information displayed
- Chemical storage
- Consumer information brochures
- Equipment and supply storage areas
- Firefighting equipment
- Interactions between staff and care recipients
- Internal and external complaint/feedback information displayed
- Internal and external living environment
- Short observation in memory support house
- Storage 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

ACH group has comprehensive systems to promote, guide and monitor the management of continuous improvement. The continuous improvement framework provides guidance in identifying, planning, implementing, evaluating and sharing continuous improvement activities. Opportunities for improvement are identified at corporate and site levels through a variety of mechanisms including, care recipient and staff feedback, comments and complaints, survey and audit results. Improvements are discussed at staff meetings and evaluated through feedback from care recipients and staff. The continuous improvement manager maintains a continuous improvement log for each standard and records implementation, progress and evaluation processes. The home is guided by a corporate audit schedule and clinical incident monitoring processes. The Quality Committee monitor the implementation, progress and evaluation of improvements at site level. The organisation monitors continuous improvement through regular corporate and divisional quality meetings with each site represented at the divisional meetings. Results show the organisation actively pursues continuous improvement through a framework that is responsive to the needs of care recipients and other stakeholders. Staff interviewed said they are encouraged to participate in the continuous improvement program.

In relation to Standard 1 Management systems and organisational development the home has implemented the following improvements:

- Corporate services identified an opportunity to improve staff engagement and satisfaction with their working environment. A 'Have Your Say' staff survey was undertaken by an external service and results for each individual site were collated, evaluated and presented to management and staff. Management consulted with staff and together prioritised initiatives and actions. Management and staff have developed an action plan and projects are in progress. Results will be evaluated through the ongoing consultation processes.
- To improve the process of replacing staff leave and filling vacant shifts, the home has implemented a message service to contact staff. Registered nursing staff previously had to ring staff to fill vacant shifts. They are now able to send an instant telephone message to selected staff. Evaluation of the new system shows staff are satisfied the system is more effective and has reduced the time registered nursing staff spend in filling vacant shifts. This allows registered nursing staff more time to spend with care recipients.
- Following a training program regarding the implementation of Healthy Ageing systems, clinical staff reviewed and updated the documentation used to record care recipients' daily activities. Staff use an activity chart to record physical, sensory and emotional activities. This information is used to identify and monitor care recipients' wellbeing. An 'Identified change' report form has been developed for staff to document changes and make referral to the 'Early Intervention Working Party'. Referrals have increased since the introduction of the new form. The early intervention program includes a multidisciplinary team who review individual needs and plan appropriate interventions to assist care recipients to maintain their preferred lifestyle and healthy activities.

## 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

ACH Group has a framework for managing regulatory compliance. Corporate services receive legislative updates and notifications through industry alerts, Coroner’s recommendations, Federal and State legislative updates and better practice guidelines. The Regulatory Compliance Log captures changes and records actions to be taken and expected timelines. Information about changes to regulatory compliance is communicated to the home via the central log. Staff are informed locally, through a variety of communication systems, including meetings and memoranda. The ACH Group residential division has a regulatory compliance intranet site which includes active links to all applicable legislation and standards. Controlled information, including work instructions, policies and procedures are developed in accordance with current regulation and best practice guidelines. The organisation monitors compliance through the audit system, review of controlled information, review of non-compliance incidents and monitoring staff knowledge and skills. Results show the organisation has systems to identify and monitor compliance with relevant legislation, regulations and guidelines. Staff interviewed gave examples of their legislative responsibilities relevant to their role.

Corporate services and the home provided examples of legislative requirements in relation to Standard 1 including:

- A system to monitor staff, volunteers and relevant external providers have a current police certificate.
- Informing care recipients and their representatives about accreditation audits.
- A system for complaints management.
- Systems to verify professional registrations.

## 1.3 Education and staff development:

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

### **Team’s findings**

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively. New staff undertake a central induction which includes information about the organisation’s aims and objectives, work health and safety, working with older people and healthy ageing. In addition an on-site induction provides site specific information. Training needs are identified through review of performance appraisals, staff feedback, mandatory requirements and in response to current care needs. Staff are required to attend one of four annual mandatory training days, attendance is monitored and training is evaluated. The effectiveness of the training program is monitored at corporate and site level through the staff survey, staff meetings and training evaluations. Results show the training program meets organisational

and legislative requirements and staff are satisfied with the level of training provided. Staff interviewed said they are encouraged to develop their skills and knowledge and are supported with ongoing training opportunities. Care recipients and representatives interviewed said they are satisfied with management and staff skills, knowledge and practices.

Examples of education conducted onsite and through corporate services over the past 12 months in relation to Management systems, staffing and organisational development include:

- Front line management
- Leadership
- Workplace matters/risk management
- Regulatory compliance
- Duty of care
- Mentoring
- Records management

#### **1.4 Comments and complaints**

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

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

The home meets this expected outcome

ACH Group has a system to ensure all stakeholders have access to internal and external complaints mechanisms. Care recipients and their representatives are provided with information about the complaints process via the admission information pack and 'Please Let Us Know' forms. External complaint and advocacy information is displayed throughout the home. Individual complaints are investigated and managed through to resolution. Advocacy services attend resident meetings. Management monitor complaint data and report results on a scheduled basis to corporate services. Care recipient satisfaction with complaint resolution is monitored through care evaluation, audits and surveys. Results show care recipients and representatives have access to and use complaint management systems and management is responsive to feedback. Care recipients and representatives interviewed said they understand how to make a complaint and their feedback is responded to in a timely manner.

#### **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

ACH Group vision, mission and values are documented and included in care recipient information and staff information and training. The organisation focuses on innovation and

services that respond to the changing needs of stakeholders. There is a quality framework that supports the quality management systems and the continuous improvement cycle. The goals of the framework are to reduce the burden of disease and disability, increase the healthy life of residents and staff and increase the quality of life of the residents.

## **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 ACH Group has a 'People, Health and Development' department to lead human resource management, including recruitment, performance management processes and consultation regarding human resource matters. At West Park the rostering system supports planned and emergency leave and is managed by administrative staff. The registered nurse in charge is responsible for allocating an appropriate skill mix on a given day and is authorised to extend shift times as required. Staffing levels are monitored and adjusted according to care recipient care needs. Staff are recruited as required in consultation with corporate services. The organisation facilitates trainee staff and West Park has a trained mentor on site to guide and support trainee staff. New staff orientation includes a corporate and on-site induction, and a buddy system to support the team approach. Management review comments and complaints, staff and resident surveys and incident data on a regular basis to identify trends and monitor staff skill mix. There is a system to monitor all relevant individuals have a current police certificate and appropriate qualifications and registration.

Results of corporate and on-site monitoring processes show the home identifies and maintains appropriate staffing levels and skill mix. Staff interviewed said they have access to information regarding their duties and they have sufficient time to provide care and services according to their role. Care recipients interviewed said staff are polite, respectful and responsive to individual needs and preferences.

## **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 ACH Group have an overarching corporate inventory and equipment system to ensure each home has appropriate stocks of goods and equipment to deliver quality care and service. Corporate property services maintain an electronic central asset register, including a plant and equipment register and hazard management system. Processes include safe work methods, a risk matrix rating and safe operating procedures. Maintenance staff on-site are guided by a schedule to maintain plant and equipment. External service providers assist in maintaining equipment, including medical, electrical and fire equipment. There is a system for testing and tagging and calibration of equipment. Processes for purchase of new equipment include staff trial and risk assessment. Designated staff are responsible for ordering and maintaining appropriate supplies through a centralised database. Management of inventory and equipment is monitored through feedback mechanisms, the maintenance system and incident/hazard reports. Results demonstrate equipment management processes are implemented according

to organisational requirements and care and service requirements are met. Staff interviewed said they have access to sufficient, well maintained equipment to meet care recipients' needs. Care recipients interviewed said there is sufficient equipment to provide for their individual needs.

## **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

West Park is guided by the ACH Group information management system which provides staff, care recipients and their families access to accurate and appropriate information. Information processes for care recipients and families include an admission information pack, resident handbook and residential care agreement. In addition newsletters, notice boards, meetings and displayed consumer information brochures, provide ongoing information about services, events and local news. The intranet library and site specific work schedules, practice manuals and resource guides provide staff with relevant information to guide clinical care, lifestyle and general services. The handover sheet, exception reporting notes and alert system facilitate the identification, documentation and communication of changes in care needs. Key information, such as audits, surveys and incident data are collected according to a corporate schedule and analysed at site and corporate level. There are procedures for secure storage and managing confidential information, including electronic information.

Legislative reporting is undertaken and monitored at site and corporate level.

The organisation has introduced an electronic 'Document Management System' which controls policies, procedures, work instructions, guidelines and reference information for staff. Document change processes include evidence based research, consultation, risk rating, trial and testing and approval by a relevant committee or senior manager.

Management monitors information systems through internal and external audits and feedback from consumers. Results show the home has systems to support care recipients, representatives and staff to access and use appropriate information. Staff interviewed said they have access to accurate information to assist them to perform their role. Care recipients and representatives are satisfied they have access to information to make decisions about care recipients' care and lifestyle.

## **1.9 External services**

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

### **Team's findings**

The home meets this expected outcome

The ACH Group maintains external service contracts to ensure care and services are provided according to the organisation's philosophy and standard of care. There is a preferred suppliers list on the ACH Group intranet which is maintained by the procurement team in partnership with the site. Processes include maintaining contracts, viewing qualifications and insurance, ensuring police certificate requirements and facilitating evaluation. Medical, allied health, hospitality and property maintenance services are contracted for set periods, renewals are based on service performance and feedback from all stakeholders. Contracts may be

terminated due to unsatisfactory service delivery where identified and not actioned. External services are monitored through feedback from care recipients and observation of practice on-site. Results from the annual resident survey confirm stakeholders are satisfied with the external services provided. Staff interviewed said they are satisfied with external services and they have the opportunity to provide feedback regarding all services. Care recipients interviewed expressed satisfaction with the external services provided.



## Standard 2 – Health and personal care

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

### 2.1 Continuous improvement

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

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

The home meets this expected outcome

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

In relation to Standard 2 Health and personal care, incidents are recorded, monitored and analysed for trends and opportunities to improve. Care recipients and staff are satisfied the home actively supports and encourages improvements to processes related to physical and mental health.

Examples of improvement initiatives related to health and personal care implemented by the home in the last 12 months include:

- Staff observed care recipients who participated in doll therapy may benefit from having a pram to transport the dolls. A pram was trialled and purchased. One care recipient in particular uses the pram regularly to transport the doll. Staff observations show the care recipient walks more and has reduced incidents of verbal and physical behaviours. The physiotherapist assessments show the care recipient has improved mobility and pain management since the introduction of the pram and the subsequent increase in walking.
- Clinical staff suggested the referral process to allied health visitors was not consistently effective. An allied health referral log has been implemented to streamline the process. The log includes the reasons for the referral, a priority index, referrer details and therapist response time frames. Evaluation shows the log has improved the communication between allied health therapists and staff, care recipients are now attended promptly and staff can check the log for follow up purposes.
- In response to review and survey of current practices against the new SA Health guidelines for safe management of cytotoxic medication, the organisation developed a new framework for the management of cytotoxic medication. The new policies and procedures include a cytotoxic drug register, cytotoxic risk assessment, distribution register and processes for laundering, body waste and spills. A resource folder for staff has been developed. The ACH Group nurse practitioner has provided support on-site for the implementation of the processes. The outcome of the project was measured through a survey to site managers, quality coordinators and senior clinicians. Results show end users felt the resources have been effective in raising awareness, are easily understood and facilitate safe management of cytotoxic medication. Clinical staff on-site demonstrated how the new system has been implemented at West Park.

## 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 further information relating to the home’s regulatory compliance systems and processes. Corporate services and the home provided examples of legislative requirements in relation to Standard 2 including:

- Drug licence to possess S4 medications.
- Process for notification of unexplained absences
- Burial and cremation procedure update
- Review of the assessment for respite care.
- Creating information sheets and updating procedures for Advance care directives.
- Processes and appropriately qualified staff to provide for specified care and services.

## 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 about the home’s education and staff development systems and processes.

In relation to Standard 2 Health and personal care, staff appraisal processes, incident data and current care recipients’ needs are used to identify and plan staff education.

Examples of education conducted over the past 12 months in relation to Health and personal care include:

- Gastrostomy care
- Restraint management
- Supportive behaviours
- Dementia awareness
- Continence management
- Medication management
- Skin care
- Mobility and dexterity

## 2.4 Clinical care

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

### **Team’s findings**

The home meets this expected outcome

Care recipients receive clinical care that is appropriate to their individual needs and preferences. The organisation undertakes a holistic approach to identify and provide care recipients’ clinical care needs. Medical and allied health documentation is used in conjunction with the organisation’s healthy ageing smooth transition program. Pre admission screening, an initial assessment and a comprehensive multidisciplinary assessment identifies the care and services each care recipient will require. Care plans are developed and implemented from this information which is reviewed on a six monthly basis. Changes are communicated to staff through the handover process with care recipients, representatives and medical officers being informed of relevant changes in care recipients’ health status. The home monitors care recipients’ clinical care through monthly weights, observation, care reviews, case conferences, staff competencies and audits. Corporate services monitor stakeholders’ satisfaction with their clinical care needs through feedback, adverse events and the annual residential survey. Results from documentation review show that care recipients needs are recorded, reviewed

and changes to care are implemented as required. Results from the annual survey confirm stakeholders are satisfied they are provided care according to their individual needs. Staff members interviewed provided information that was consistent with care recipients' care plans. Care recipients confirm they are satisfied with the health and personal care provided.

## **2.5 Specialised nursing care needs**

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

### **Team's findings**

The home meets this expected outcome

Care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff. Registered nurses complete assessments, develop care plans and evaluate effectiveness of care interventions. Allied health professionals, medical officers and other stakeholders are consulted and make recommendations for treatment and care interventions and these are incorporated into the care plans. Specialised nursing care is monitored through care plan reviews, observations, case conferences, audits and staff competencies. Results from audit data show these monitoring processes to be effective. A documentation review and staff interviews showed staff have access to education, guidelines and clinical practice resources. Feedback from care recipients' satisfaction surveys, the comments and complaints process and interviews confirm that care recipients are satisfied with specialised nursing care provided.

## **2.6 Other health and related services**

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

### **Team's findings**

The home meets this expected outcome

Care recipients are referred to health specialists according to their assessed needs and preferences. Care recipients' needs for specialist health referrals are identified through care reviews, consultation and observations. Changes to care recipients' needs are documented in progress notes and care plans are updated to reflect these changes. The home has a multidisciplinary 'Early Intervention Working Party' which meets monthly to monitor care recipients who may need interventions and referrals. Other monitoring processes include care reviews, audits and six monthly multidisciplinary case conferences. Results show that care recipients' needs are documented and reviewed. Staff interviewed said they are informed of changes to care recipients' needs through the handover process. Care recipients interviewed said they are satisfied they have access to health specialists according to their individual needs and preferences

## 2.7 Medication management

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ medication is managed safely and correctly. The home has processes to facilitate the provision of safe and correct medication management, including care recipients who self-medicate. Qualified nurses administer and manage care recipients medication. In selected areas credentialed care staff administer medications from sachet packs. Medical officers review care recipients’ medications and a pharmacist is utilised as a resource person for education and to assist with the monitoring process. Other monitoring processes include reporting of adverse events and medication incidents through the Medication Advisory Committee and the bi-monthly Quality Committee Meeting. Data gathered is trended to identify improvement opportunities. Results show this monitoring process to be effective.

Staff can demonstrate that they understand their responsibilities in providing care recipients with safe and correct medication management. Care recipients are satisfied with the home’s 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

Care recipients’ pain is managed to ensure they are as free as possible from pain. Care recipients’ pain is identified through initial and ongoing assessment and review processes and this information is used to develop individualised care plans in consultation with medical officers and other health professionals. Pain monitoring tools are used to assess all care recipients, including those with cognitive deficits. The home has access to a physiotherapist who provides pain management treatments. Alternative strategies for pain management include massage and other interventions. Monitoring processes include care plan reviews, observations, satisfaction surveys and audits. Results show that care recipients’ pain is identified, assessed and evaluated with changes made to care plans and medication charts as appropriate. Staff interviewed said they are aware of the non-verbal signs of pain. Care recipients interviewed said they are satisfied their pain is managed according to their individual needs and preferences.

## 2.9 Palliative care

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

### **Team’s findings**

The home meets this expected outcome

Care recipients receive appropriate palliative care that maintains their comfort and dignity during the terminal stages of life. The home has processes to facilitate the provision of care recipients’ terminal care wishes and preferences. The home uses a palliative care plan to

assist in providing care to palliative care recipients and has access to external specialist palliative services if required. Clinical care processes are consistently used to monitor staff practices and communicate care recipients' changing needs and preferences.

Documentation review and case studies showed results of monitoring to be effective. Compliments received from care recipients' representatives confirm that they are satisfied with the palliative care 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 has systems to ensure care recipients receive adequate nourishment and hydration. Entry assessments, care evaluation and monitoring processes are consistently used to identify, plan, action and monitor care recipients' nutritional and hydration requirements. The resident/relative group meets bi-monthly to provide an additional forum for care recipients input into menu choices. Monitoring processes include monthly weighs, audits, care plan reviews and observations. Results show that care recipients' needs are documented and reviewed. Staff interviewed confirmed knowledge of care recipients' needs and preferences. Care recipients interviewed said they are satisfied their nutrition and hydration needs and their individual preferences are met.

## **2.11 Skin care**

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

### **Team's findings**

The home meets this expected outcome

The home has systems to ensure care recipients' skin integrity is consistent with their general health. Initial and ongoing assessment and review processes identify and manage care recipients' skin care needs. Education to staff is provided by external specialists.

Preventive strategies are used to maintain care recipients' skin integrity. Monitoring processes include care plan reviews, observations, audits, trending data and incident reporting. Results show that care recipients skin integrity is well maintained. Information provided by staff was consistent with documented care plans. Care recipients interviewed state they are satisfied with the care provided in relation to skin integrity.

## **2.12 Continence management**

*This expected outcome requires that "care recipients' continence is managed effectively".*

### **Team's findings**

The home meets this expected outcome

The home has a continence management system that identifies individual care recipients' needs and guides staff to plan appropriate care and evaluate the effectiveness of care

interventions. Care recipients' changing needs and preferences are communicated to staff through clinical care and documentation processes. Monitoring processes include review of care plans and toilet schedules, specific audit data and call bell response times. Results show staff provide continence management consistent with planned care. Staff said they have adequate stock to ensure care recipients' continence is managed effectively according to individual needs and preferences. Staff interviewed could give examples of care recipients' individual continence needs and preferences. Care recipients are satisfied that their continence needs are managed effectively and staff are responsive to their individual needs.

## **2.13 Behavioural management**

*This expected outcome requires that "the needs of care recipients with challenging behaviours are managed effectively".*

### **Team's findings**

The home meets this expected outcome

Care recipients with challenging behaviours are managed effectively according to their individual needs and preferences. Initial and ongoing assessment and review processes identify and manage care recipients' behaviours of concern. Behaviour management plans are developed from this information and strategies to assist staff are identified. Clinical staff make referrals to mental health services as required. The effectiveness of behaviour management strategies is monitored through observations, incident reporting, care plan reviews, audits and the complaints process. Results show that targeted behavioural strategies are effective. Staff interviewed confirmed their understanding of documented strategies to assist with the management of challenging behaviours and could provide examples of how to manage care recipients' with challenging behaviours effectively. Care recipients and representatives interviewed said they are satisfied with the home's approach to managing challenging behaviours

## **2.14 Mobility, dexterity and rehabilitation**

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

### **Team's findings**

The home meets this expected outcome

Care recipients receive care that optimises their mobility and dexterity. Initial and ongoing assessment and review processes identify and manage care recipients' mobility and dexterity needs. Physiotherapists and occupational therapists develop restorative programs for each care recipient. In addition, care recipients are referred to the Early Intervention Group who develop recovery pathways to assist care recipients in maintaining their independence, mobility and dexterity. Monitoring processes include incident reporting, care plan reviews, clinical audits, observations and physiotherapy reviews. Results show that care recipients' mobility, dexterity and rehabilitation needs are documented and reviewed. Staff interviews confirm they attend annual mandatory manual handling education. Care recipients interviewed said they are satisfied the care provided assists their mobility and dexterity.

## 2.15 Oral and dental care

*This expected outcome requires that “care recipients’ oral and dental health is maintained”.*

### **Team’s findings**

The home meets this expected outcome

Care recipients’ oral and dental health is maintained according to their individual needs and preferences. The home has initial and ongoing assessment and review processes to identify and manage care recipients’ oral and dental needs. This information is used to develop individualised care plans. Care recipients are facilitated to visit local dentists or can choose their own dentist if desired. Monitoring processes include care plan reviews, audits and observations. Results show that care recipients’ dental needs are documented and reviewed. Staff interviews confirm they are aware of care recipients’ oral and dental hygiene needs.

Care recipients interviewed said they are satisfied the care provided maintains their oral and dental health.

## 2.16 Sensory loss

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ sensory losses are identified and managed effectively according to their individual needs and preferences. The home has initial and ongoing assessment and review processes to identify and manage care recipients’ sensory needs. Care recipients are assisted to use equipment, such as hearing aids, audio books and other aids where appropriate. The home facilitates appointments with eye specialists and hearing services as required. Monitoring processes include care plan reviews, observation and audits. Results show care recipients’ sensory needs are documented and reviewed. Staff interviewed said they are aware of strategies documented in care plans to assist care recipients with sensory loss. Care recipients and representatives interviewed said they are satisfied their sensory losses are identified and managed effectively.

## 2.17 Sleep

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

### **Team’s findings**

The home meets this expected outcome

Care recipients are provided with care to assist them to achieve natural sleep patterns. Initial and ongoing assessments and review processes identify and manage care recipients’ sleep patterns. This information is used to develop individualised care plans that facilitate care recipients’ typical sleep behaviour patterns. Environmental preferences and strategies, including lighting, repositioning and warm drinks are offered to support natural sleep patterns. Monitoring processes include care plan reviews and observations. Results show that care recipients’ sleep patterns are documented and reviewed. Staff confirmed they refer to the care



recipients' care plans for individual sleep preferences. Care recipients interviewed said they are satisfied the care provided assists them to achieve natural sleep patterns.

## Standard 3 – Care recipient lifestyle

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

### 3.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

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

In relation to Standard 3 Care recipient lifestyle, the home provides and supports opportunities for feedback and suggestions on lifestyle processes through resident meetings and lifestyle activity evaluations.

Examples of improvement initiatives related to care recipient lifestyle implemented by the home in the last 12 months include:

- In response to care recipients’ feedback staff identified a need for social activities on the weekend, particularly for care recipients in the memory support units. With the aim to provide cognitive stimulation, social interaction, rekindle memories and encourage physical activity, staff introduced a ‘Toe Tappers’ pop up concert. The concert combines the visual and sound sensory elements of music, dance and movement. Each care recipient was issued with a personal invitation to attend and local dance demonstrators were engaged. Following a trial period and based on feedback and participation the concerts are now a regular event. Evaluation of the activity shows care recipients participate, sing along and respond that they look forward to and enjoy the activity.
- As part of the Healthy Ageing initiative the home has introduced trike riding for care recipients. Two trikes have been purchased and altered to suit the care recipients. A back support and pedal straps have been added. Care recipients were given riding lessons. The bike riding has been a source of interest for care recipients and an incentive to be outside in the fresh air. Care recipients are offered bike riding as an option when they attend the gym.

### 3.2 Regulatory compliance

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

#### **Team’s findings**

The home meets this expected outcome

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

Corporate services and the home provided examples of legislative requirements in relation to Standard 3 including:

- Residential services agreements
- Systems for reporting elder abuse
- Correspondence regarding security of tenure
- The system for maintaining the Australian Privacy Principles has been re-written

### 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 about the home’s education and staff development systems and processes.

Examples of education conducted over the past 12 months in relation to care recipients’ lifestyle include:

- Elder abuse and reporting responsibilities
- Healthy ageing which includes all aspects of care recipients’ lifestyle
- Understanding dementia
- Wellbeing

### 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 management team and placement officer work together to provide early intervention for care recipients entering the home. Supportive processes include a meeting with the placement officer prior to entry, information and welcome pack. During the transition process clinical and lifestyle staff gather information to assess and plan for supporting emotional needs. Care recipients identified as at risk of social isolation are referred to the Early Intervention Working Party that uses a planned approach to reduce isolation and improve wellbeing. This may include referrals for relevant specialist consultation, such as mental health services. Care evaluation, surveys, one-to-one time and residents' forums monitor care recipients' wellbeing. Results show emotional support needs are identified and there is a planned approach to maintain emotional wellbeing. Staff interviewed gave examples of how they assist care recipients to adjust to and participate in life in the home. Care recipients and representatives interviewed are complimentary of the emotional care provided.

### 3.5 Independence

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

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

The home meets this expected outcome

Care recipients are assisted to maintain their independence, friendships and to participate in community life. The principles of healthy ageing are promoted and utilised during the assessment and care processes. On entry to the home and in consultation with the care recipient, clinical, lifestyle and allied health professionals conduct a comprehensive assessment and develop care planning strategies to maintain independence. Lifestyle staff formulate wellbeing plans to support participation of choice. The home has a "health hub" gym, staffed by a qualified fitness leader. Self-autonomy is facilitated and staff encourage care recipients to maintain links with their local community. The resident survey, care and lifestyle evaluations and daily observation processes monitor each care recipient's ability to achieve independence. Results show individual needs and preferences are identified and there is a planned approach to support care recipients to develop and maintain friendships and community connections. Staff interviewed gave examples and demonstrated in practice how they support individual needs related to wellbeing and independence. Care recipients interviewed said staff are responsive to their individual needs and preferences.

### 3.6 Privacy and dignity

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

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

The home meets this expected outcome

Each care recipient's right to privacy, dignity and confidentiality is recognised and respected through a variety of mechanisms, including controlled information, education and staff practices. The assessment process identifies individual needs and care preferences with regard to privacy and dignity and these are documented throughout the care plan. The home has a variety of living/lounge areas which allow for smaller private groups to gather or for family celebrations. There are secure storage procedures for confidential information. Staff receive information and training with regard to their duties to ensure privacy, dignity and confidentiality are maintained. Management monitor privacy and dignity is respected through observation of staff practices, resident survey, feedback mechanisms and care evaluation.

Results demonstrate staff comply with the organisation's policies with regard to privacy, dignity and confidentiality. Staff interviewed gave examples of how they respect individual needs and preferences with regard to privacy and dignity. Care recipients interviewed said staff are respectful, polite and considerate of individual privacy and dignity needs.

### 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

The home has a commitment to the principles of healthy ageing with a focus on activities that support and enhance physical health and support individual interests and ability. Lifestyle staff plan the activity program giving consideration to the evidence based 'keys' to healthy ageing, namely, be active, keep learning, take notice and engage, connect with others, positive emotions and being informed. The activities program includes one-to-one time and group activities which promote physical and mental exercise, sensory experiences, creativity, community involvement and special events. The home also facilitates care recipients to visit the local library. The home monitors the effectiveness of activities through individual participation records, surveys and feedback mechanisms. Results from these monitoring tools show the lifestyle program provides a variety of activities and individual participation is supported and encouraged. Staff interviewed demonstrated knowledge of individual needs and preferences and how they support care recipients to engage in appropriate activities.

Care recipients interviewed said there are a wide range of activities available to them and staff support and encourage them to attend activities of their choice.

### 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 processes to identify and respond to individual interests, customs, beliefs, and cultural backgrounds. The clinical and lifestyle assessment and care planning processes identify and record individual cultural and spiritual needs and preferences. Preferences recorded in care plans include dietary requirements, maintaining connections with community associations and pastoral care. Care recipient satisfaction is monitored through surveys and care evaluation processes. Results show individual cultural and spiritual needs are identified and fostered. Staff interviewed gave examples of individual needs and preferences and their role in supporting care recipients to participate in spiritual and cultural events. Care recipients and representatives interviewed expressed their appreciation of the way management and staff support their individual needs and preferences.

### 3.9 Choice and decision-making

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

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

The home meets this expected outcome

The home has systems to identify and support care recipients' individual preferences and to assist them to make informed choices about their lifestyle. Processes to support care recipients' involvement in decision making include collaborative assessment, care planning and review processes. Aged Rights Advocacy Services are invited to the residents' meeting and there is a display of internal and external feedback mechanisms. Care and service evaluation processes and resident forums and surveys monitor care recipient satisfaction with their ability to make informed choices and decisions. Results show care and services provided are explained and understood by care recipients and representatives. Staff interviewed gave examples of how they support informed decision making. Care recipients and representatives interviewed said staff are respectful and assist them to make informed choices.

### 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

There are corporate systems to provide care recipients and their representatives with information about their rights and responsibilities and tenure. The corporate admissions team assist stakeholders to understand their legal rights and responsibilities. Admission packages provided contain information about the organisation and the home, including the privacy policy, key features of the home, advance directive information and a residential agreement.

Corporate services and site management monitor legislative responsibility and stakeholder satisfaction through internal and external audits and resident surveys. Results show there are processes to maintain security of tenure responsibilities. Staff interviewed demonstrated their understanding of care recipient rights and staff responsibilities. Care recipients and representatives interviewed are satisfied they have access to relevant information and are satisfied with security of tenure arrangements.

## 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.

In relation to Standard 4 opportunities for improvement are identified through analysis of hazard and incident data, staff and care recipient feedback and audit information.

Examples of improvement initiatives related to the living environment implemented by the home in the last 12 months include:

- To encourage care recipients and their families to enjoy the outdoor areas, a metal framed pergola has been erected adjoining one of the houses. Care recipients, families and staff use the area for social activities, meals, to enjoy the garden or just to read and relax. Staff observe care recipients utilising the area more. Feedback from care recipients shows they appreciate the area and enjoy the outdoor activities.
- The home owns a van which is used by staff, volunteers and families to transport care recipients to outings and appointments. The safety belting system was awkward to use and depended on the physical ability of the user. A new safety belt system for securing wheel chairs has been installed. The new system is electronically assisted and provides safer, more reliable security. This is a new initiative and still to be evaluated.



## 4.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes. Corporate services and the home provided examples of legislative requirements in relation to Standard 4 including:

- Fire safety systems and safety certificate
- Food safety program and audit
- Work health and safety systems
- Secure chemical storage
- Vaccination program for care recipients and staff

## 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 education and staff development systems and processes.

Examples of education conducted over the past 12 months in relation to the Physical environment and safe systems include:

- Food safety
- Work health and safety/manual handling/hazard identification
- Infection control
- Chemical awareness
- Fire warden, fire and emergency response
- Manual handling

#### 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 ACH group has a system to ensure the home provides a safe, clean and comfortable environment that is consistent with care recipients' care needs. West Park provides single rooms with ensuite facilities, secure garden areas and a variety of indoor and outdoor areas for socialisation or quiet time. The home is supported by a corporate preventative and reactive maintenance system with on-site guidelines and maintenance manual. The facility applies a restraint minimisation approach and care recipients at risk are supported by alternative safety measures, such as safety alarms, sensor alarms, safety checks and a secure environment. Staff encourage independence and provided examples of safety and comfort measures consistent with planned care. The home has a system for monitoring the external and internal living environment, including hazard and incident reporting, regular inspections, audits and an annual resident survey. Results show care recipients are satisfied they live in a safe comfortable environment that meets their care needs and preferences.

Care recipients interviewed said the home provided a comfortable, safe environment and lifestyle and that staff do all they can meet individual needs and preferences.

#### 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 ACH Group and management on site are actively working to maintain a safe working environment that meets all regulatory requirements. The organisation maintains a corporate

Work, Health Safety and Injury Management Leadership group to support the site Work Health Safety Committee. Management use the risk management framework to document identified risks, actions plans and outcomes achieved. Plant and equipment is risk assessed and there are safe operating procedures available. The electronic incident and hazard reporting system is used to record, monitor and review identified hazards and staff incidents. A representative staff member from each house attends the regular Work, Health and Safety Committee meeting where risks, incidents and hazards are reviewed. Corporate and site induction programs and annual mandatory training days include work health and safety information and competency requirements. Equipment is subject to routine and preventative maintenance and chemicals are stored securely. Staff have access to an early intervention physiotherapy service to prevent potential injury. Health and safety monitoring processes include regular review and discussion of risks, incidents, hazards and staff practices. Audits and inspections monitor the environment. Results show management meet organisational and legislative requirements for a safe working environment. Staff interviewed gave examples of safe work practices relevant to their role and said they are encouraged to contribute to the home's work health and safety program.

## 4.6 Fire, security and other emergencies

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

### **Team's findings**

The home meets this expected outcome

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Evacuation procedures and updated evacuation lists which include care recipients' mobility status are accessible to staff. There is a centralised register that schedules work to maintain the environment and safety systems. On-site maintenance staff and external services monitor and maintain fire safety systems and equipment. There is an 'Emergency Procedure Manual' with emergency instructions specific to the home. Staff undertake regular mandatory fire and emergency training complemented by fire drills throughout the year. There are risk assessments and safety measures to monitor care recipients who smoke. Security measures include lock up procedures, safety alarms and key pad access to the separate houses. Management and corporate services review fire and security management through internal and external audits, regular inspections of the environment and review of fire drill reports. Results show the home maintains fire and emergency practices according to organisational requirements. Staff interviewed said they have regular training in fire and emergency procedures and they know what to do in the event of a fire or other emergency. 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

West Park is guided by the ACH group infection control program. The organisation maintains an electronic database through an intranet 'Control-hub' which contains policies and procedures related to infection prevention. Nursing staff log all infections and consult the medical officer as required. The infection control coordinator reviews infection treatments, collates and analyses infection data and monitors staff practices. Infection control is an annual mandatory training and staff complete an infection control work book. There are processes for the appropriate disposal of contaminated waste and sharps. Care recipients and staff are offered vaccinations. The home maintains an outbreak kit and current outbreak management information. Staff interviewed gave examples of infection prevention relevant to their role and said their practices are monitored. An audited food safety plan guides catering staff practice. Infection control management is monitored through review of infection data at site and corporate levels, observation of staff practices and review of infection management systems. Results show the home has an effective infection management program and staff practices are monitored. Staff gave examples of infection prevention practices relevant to their role and said they undertake regular infection control training.

#### **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 ACH group is actively working to provide catering, cleaning and laundry services that enhance care recipients' quality of life and staff's working environment. Meals are prepared in a centralised kitchen and regenerated at the home in each individual house. Nursing staff assess, document and monitor individual dietary requirements. Dietary information and changes in preferences are communicated to the central kitchen and to staff in each house as required. Care recipients are encouraged and supported to comment on the meals and to contribute to the menu. A variety of meals, snacks and drinks are offered and staff in each house are available to assist care recipients as required. Food preparation areas are monitored through local council inspections and are externally audited.

The organisation has a contract with an external linen service for all flat linen and staff in each house attend personal laundry. Cleaning services are maintained according to infection control guidelines. The home is responsive to consumer feedback regarding hospitality services. Hospitality services are monitored through the resident survey, audits and local feedback mechanisms. Results show care recipients are satisfied with the hospitality services provided and their individual needs and preferences are respected. Staff explained their understanding of food safety guidelines and said they have clear procedures to follow in providing catering, cleaning and laundry services. Staff said they are comfortable with their working environment. Care recipients interviewed said they are satisfied hospitality services are provided in a manner that meets their individual needs and preferences.