



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Judy Cameron House RACS ID: 2092

Approved Provider: Anglican Community Services

Reconsideration of decision regarding the period of accreditation of an accredited service under section 2.19(1)(a) of the *Quality Agency Principles 2013*.

Reconsideration Decision made on 8 January 2018

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 30 June 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 17 August 2015 to 17 May 2019.

Reason for decision Under section 2.69 of the *Quality Agency Principles 2013*, the decision was reconsidered under 'CEO's own initiative'.

The Quality Agency is seeking to redistribute the dates for site audits for a number of services that have demonstrated consistent and sustained compliance with the Accreditation Standards to achieve a more level distribution of the timing of accreditation site audits over a three year period. More information is available on our website at <http://www.aacqa.gov.au/publications/news-and-resources/redistribution-of-aged-care-accreditation-program>.

The Australian Aged Care Quality Agency will continue to monitor the performance of the service including through unannounced visits.

This decision is effective from 8 January 2018

Accreditation expiry date 17 May 2019



Australian Government

Australian Aged Care Quality Agency

Chesalon Care Beecroft

RACS ID 2092
146 Beecroft Road
BEECROFT NSW 2119

Approved provider: Sydney Anglican Home Mission Society
Council

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 17 August 2018.

We made our decision on 30 June 2015.

The audit was conducted on 02 June 2015 to 03 June 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



Australian Government
Australian Aged Care Quality Agency

Audit Report

Chesalon Care Beecroft 2092

Approved provider: Sydney Anglican Home Mission Society Council

Introduction

This is the report of a re-accreditation audit from 02 June 2015 to 03 June 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

Audit report

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 02 June 2015 to 03 June 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

Team leader:	Kathleen McDonagh
Team member:	Karen Lee-Wallace

Approved provider details

Approved provider:	Sydney Anglican Home Mission Society Council
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Details of home

Name of home:	Chesalon Care Beecroft
RACS ID:	2092

Total number of allocated places:	77
Number of care recipients during audit:	74
Number of care recipients receiving high care during audit:	74
Special needs catered for:	N/A

Street/PO Box:	146 Beecroft Road	State:	NSW
City/Town:	BEECROFT	Postcode:	2119
Phone number:	02 9869 0505	Facsimile:	02 9868 4885
E-mail address:	scumming@anglicare.org.au		

Audit trail

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

Interviews

	Number		Number
Service leader	1	Residents	12
Executive manager	1	Representatives	3
Care manager/infection control coordinator	1	Clinical governance coordinator	1
Registered nurse/educator	1	Organisational facilities manager	1
Registered nurse/fire safety officer/health safety representative	1	Medical officer	1
Registered nurses	4	Volunteer	1
Care staff	4	Physiotherapist	1
Recreational activities officers	2	Administration team leader	1
Contract catering manager and staff	2	Laundry staff	2
Contract cleaning/laundry supervisor	1	Cleaning staff	2
Hairdresser	1	Contract maintenance staff	1

Sampled documents

	Number		Number
Care recipients' files	8	Medication charts	12
Summary/quick reference care plans	24	Personnel files	6

Other documents reviewed

The team also reviewed:

- Accident/incident reports, incident management register
- Cleaners' manual and cleaning schedules
- Clinical care records: care plans, assessments, clinical observation charts, care directives, wound care charts, weight monitoring records, case conference records, continence care and bowel charts, pain charts, skin charts, behaviour charts, admission check list, pathology recording form, clinical reviews, allied health and medical specialists reports
- Compliments, suggestions and complaints register
- Continuous improvement: plans for continuous improvement, audit schedule and audit results, monthly reports and trend analysis, benchmarking results
- External services: contractor/supplier service contracts, preferred contractor/supplier list

- Fire security and other emergencies: fire safety equipment service records, audits, emergency response flip charts, disaster management and business continuity plan, fire safety statement, sign in and out registers
- Food safety program: food safety program manual, kitchen cleaning logs, food and equipment temperature records, sanitising of high risk foods, food and appliance monitoring logs and NSW Food Authority audit report A rating, NSW Food Authority Licence, menu, food preference list, modified diets, supplements and thickened fluids lists, food safety training records
- Human resource management: employee orientation checklist, staff handbook, position descriptions and duties lists, letters of offer including signed confidentiality agreements, annual performance review and development reports, master roster
- Infection control information: manual, outbreak management folder, resident and staff vaccination programs, monthly infection control reports and trend analysis, pest control service reports, infection control flip charts
- Information systems: electronic information, policies and procedures, meeting schedule, agendas and minutes, newsletters, memoranda, resident survey results, communication diaries, care staff handover reports, information flyers
- Inventory and equipment: assets register, maintenance logs, planned preventative maintenance schedule, plant and equipment maintenance records, service reports, electrical testing and tagging, thermostatic mixing valve testing and Legionella testing reports
- Laundry procedures manual
- Leisure and lifestyle documentation :resident assessment tool, leisure and lifestyle care plans, social cultural and spiritual care records, resident social profiles, program schedule and calendar, progress notes, activity evaluation and attendance forms, individual activity attendance, program evaluations
- Medication management documents: medication incident reports, medication directives, signing registers, drugs of addiction register, primary medication and signing charts, medication policy, diabetic and anticoagulant medication management, clinical refrigerator monitoring records
- Mobility documentation, physiotherapy assessments, mobility assessments, falls risk assessments, manual handling guidelines
- Pain management assessments, heat therapy records, pain management plans and evaluations
- Regulatory compliance information: privacy policy, mandatory reporting and consolidated records folder, unexplained absence folder, mandatory reporting flow chart criminal history certificates, professional registrations
- Resident information package, accommodation agreement, key features statement, resident handbook, consents for collection and handling of personal information
- Self-assessment report for re-accreditation and associated documentation
- Staff education: monthly education calendar, orientation program, education attendance records, education evaluations, competencies assessments
- Workplace, health and safety (WH&S) information: environmental audits and workplace inspections, hazard register and hazard reports ,WH&S incident reports and investigations, emergency management manual

Observations

The team observed the following:

- Activities in progress, activity resources and activity program displayed
- Australian Aged Care Quality Agency re-accreditation audit notice displayed
- Charter of residents' rights and responsibilities on display
- Chemical storage and adjacent safety data sheets
- Equipment and supply storage areas and adequacy of supply
- Fire safety systems and equipment including emergency warning information systems (EWIS), correctly orientated evacuation signage, unobstructed emergency exits
- Infection control resources including hand washing stations, hand sanitising gel, personal protective and colour coded equipment, spills kits, sharps containers, outbreak management supplies and waste management systems
- Information notice boards
- Interactions between staff, residents and representatives
- Internal/external complaints mechanisms and advocacy brochures on display, suggestion box
- Living environment
- Menu displayed
- Mission, Vision and Values statements on display
- Mobility equipment in use including mechanical lifters, walk belts, wheeled walkers, sensor mats, low-low beds and fallout mattresses
- Residents utilising pressure relieving, hip and limb protection equipment
- Safe medication storage and medication administration utilising the electronic medication management system
- Secure storage of resident clinical and administrative information, staff personnel data and archive compactus
- Short group observation in dining room
- Security systems and equipment including video surveillance entry/exit points, key pad entry/exits, sign in/out registers in foyer for visitors, resident, contractors ,emergency call bell access
- Staff work areas and work practices including administration, clinical, lifestyle, hairdressing, catering, cleaning, laundry and maintenance
- The dining environment during midday meal service including staff assistance and supervision

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has an effective system for actively pursuing continuous improvement across the four Accreditation Standards. The quality program includes activities to monitor, assess, action, review and evaluate the home's processes, practices and service delivery. Opportunities for improvement are identified through input from all stakeholders and include suggestion and complaints mechanisms, regular meetings, surveys, scheduled audits and analysis of monitoring data. The management committee monitor the effectiveness of the system utilising data from audits, clinical indicators, external benchmarking and feedback. Residents, representatives and staff stated they have opportunities to make suggestions for improvement and are aware of improvements undertaken in the home.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard One and recent examples include:

- The executive manager identified the continuous improvement system was not always effective and inclusive. To correct this, the meeting schedule was restructured to include a concentrated monthly management committee meeting; a combination of the heads of departments and quality improvement meetings. The meeting has a standing agenda and standardised report with the focus on continuous improvement opportunities and evaluations. Each member presents a monthly report that includes improvements that have worked effectively and also reviews things that have not been effective. This has resulted in increased continuous improvement participation across all areas of the home and enhanced communication between various departments.
- Position descriptions and duty lists have been reviewed, revised and issued to staff. The Agency staff folder has also been reviewed and the new duty lists included. This ensures all staff have an understanding of their duties and responsibilities on any shift and aims to move from a task focused to a holistic model of care.
- The format of the resident/representative meetings has been revised. The executive manager and the care manager now both give a report and remain at the meeting long enough to respond to any questions the residents/representatives may have. This has been effective in ensuring residents/representatives have ready access to current information and that the management team are aware of any areas of concern.
- To ensure all in charge staff, particularly new graduate registered nurses and night staff have a clear understanding and awareness of their mandatory reporting obligations, additional education sessions were delivered in November 2014. In addition a memo clarifying what constitutes resident to resident aggression was issued. The clinical manager reviews all incident reports and since that time all incidents have been handled in accordance with the home's policy.

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 identifies all relevant legislation, regulatory requirements, professional standards and guidelines through information received at an organisational level from government departments, peak industry bodies and other aged care and health industry organisations. All legislative updates are circulated to the service leader and executive manager. Information is disseminated to staff at meetings, education sessions, via the intranet and memoranda. Updated policies, procedures and handbooks are readily available to staff. Residents and representatives receive relevant information through residents’ meetings, notices on display in the home and personal correspondence. The home’s system for monitoring compliance with obligations under relevant legislation includes audits, benchmarking, observation of staff practices and feedback.

Examples of regulatory compliance with Accreditation Standard One include:

- Criminal history record checks are carried out for all staff
- Contracts with external service providers confirm their responsibilities under relevant legislation, regulatory requirements and professional standards and include criminal history record checks for contractors visiting the home.
- There is a system for the secure storage, archiving and destruction of personal information in accordance with privacy legislation and regulations relating to residents’ records.
- Residents and representatives were informed of the re-accreditation site audit.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The home has a system to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. There is an orientation program and an allocated buddy system to support new staff. The education program includes mandatory education and in-service training relevant to residents’ care needs and in response to audit results and analysis of clinical indicator data. Staff have access to an aged care specific electronic education system, in-service education by visiting trainers, one-to-one training and attendance at external training sessions. Records of attendance at training are maintained. The effectiveness of the training is monitored through questionnaires, competency assessments and observation of staff practice. Management and staff report they are supported to attend relevant internal and external education and training. Residents and representatives interviewed are of the view staff have the skills and knowledge to perform their roles effectively.

Examples of education and training attended by management and staff in relation to Accreditation Standard One include: Chesalon Care Vision and Values, aged care funding instrument (ACFI), bullying and harassment, computer training and continuous improvement.

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

There is a policy and procedures for complaints management. Residents and representatives are informed of internal and external complaints mechanisms on entry to the home. Complaints mechanisms are documented in the resident handbook and in the resident agreement. Feedback forms for suggestions, comments and complaints and a locked suggestion box for confidential feedback are readily accessible to all stakeholders. Brochures on the external complaints scheme and advocacy services are on display. Residents and representatives can also raise concerns and identify opportunities for improvement through resident meetings, satisfaction surveys and informally. Resident and representatives state they feel comfortable raising issues of concern directly with staff and management, at resident meetings or on the comments and complaints forms. Review of the comments and complaints register demonstrates issues raised are dealt with in an appropriate and 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

The home has documented their mission, vision, values statements and commitment to quality. The mission, vision, values statements and commitment to quality are documented in the resident handbook, in the staff handbook, in corporate information and are on display in the home. The home's mission, vision, values and commitment to quality are part of the staff orientation. The home has a strategic plan.

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 results of observations, documentation review and interviews reveal the home has appropriately skilled and qualified staff sufficient to ensure services are delivered in accordance with the needs of the residents. Human resource policies and procedures direct the recruitment and performance management of staff. Criminal history and visa certification is obtained prior to employment and is monitored for renewal. Position descriptions, duty statements, staff handbooks, policies and procedures provide staff guidelines. Personnel files are maintained and stored securely. Staffing levels are based on resident numbers, acuity and specialised needs, review of staff workload and feedback from staff, residents and representatives. A casual pool provides replacement staff for annual or sick leave. Residents and representatives indicate they are satisfied with the complement and expertise of staff at the home.

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 results of observations, interviews and document review reveal appropriate stocks of goods and equipment for quality service delivery are available. This includes health and personal care supplies and equipment, food, furniture and linen. There is a system for monitoring and management of inventory and equipment. Appropriate levels of stock and equipment are achieved through the implementation of procedures for budgeting, purchasing, inventory control, assets management and are maintained through a corrective and annual planned preventative maintenance program. Feedback from staff, residents and representatives on the availability and appropriateness of goods and equipment is sought and considered.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

There are systems for the creation, storage, archiving and disposal of documentation. Policy and procedure manuals guide staff in their practices and are reviewed to ensure they meet regulatory and industry standards. The home's internal communication processes include meetings, memos, the intranet, newsletters; communication books, verbal consultation and feedback, and staff participate in handovers between each shift. Computer use is password protected and there is off site back up for the information technology system. Residents are provided with information prior to entry, in the resident handbook and agreement, by notices, newsletters and at meetings. All records were observed to be stored securely and all staff sign confidentiality agreements on commencement of their employment. Residents and representatives report they are provided with information about the services available to them.

1.9 External services

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

Team's findings

The home meets this expected outcome

There are effective systems and processes to ensure external services are provided to meet the care service needs of residents and the home's service quality goals. The organisation has a preferred supplier/contractor list; service agreements and contracts are developed, monitored and regularly reviewed. The home monitors the quality and effectiveness of services provided including through consultation with appropriate staff, residents and representatives. There is a process to address, and if required change, external service providers when services received do not meet the needs of residents or the home. Staff, residents and representatives are satisfied with the quality of services provided by external suppliers in meeting residents' needs.

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 system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Two and recent examples include:

- In January 2015, a portable clinical admission trolley was set up. The trolley includes a sphygmomanometer to measure blood pressure readings, a thermometer, urinalysis equipment, an electronic assessment information recording device, a paper assessment matrix, equipment for swallowing assessments and other appropriate equipment. Staff feedback has been positive stating it ensures the initial assessment process is both consistent and time effective.
- Four registered nurses, the physiotherapist and one care staff have attended Decision Assist, the two day palliative care training workshops. This has been effective in improving staff skills and knowledge. To coincide with National Palliative Care week, the home invited residents and/or representatives to participate in various activities including one-on-one talks over coffee, small group discussions and an evening forum. Discussions included end stage of life management and facilitation of a good death in accordance with residents' wishes. Resident and representative feedback has been positive.
- The care manager, physiotherapist and physiotherapy aides have formed a fall prevention committee and April was dedicated as fall prevention month. A multi team effort incorporating life style staff conducted activities focused on fall prevention strategies including exercise, footwear and time in the sun. The physiotherapist also reviewed the physiotherapy aide program to include daily walking and passive exercise between 1.30pm and 3.30pm each afternoon. While there has not yet been a formal evaluation of the project, the care manager reports an increased awareness of fall prevention for both residents and staff.
- A clinical care documentation audit identified the case conferences were not being completed annually. The care manager has given training to the registered nurses and promoted and encouraged the benefits of proactive communication with representatives. This has resulted in improved compliance with the completion of annual case conferences.

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 details about the home’s system for ensuring compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

Examples of regulatory compliance with Accreditation Standard Two include:

- The home demonstrates registered nurses have responsibility for care planning of high care residents in accordance with the specified care and services.
- The home has a policy and procedures for the notification of unexplained absences of residents and maintains a register for recording these absences.
- Medications are administered safely and correctly in accordance with current regulations and guidelines.

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 details about the home’s system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Example of education and training attended by staff relating to Accreditation Standard Two include: continence, behaviour management, dementia, Huntington’s chorea, behaviour management, palliative care, skin integrity, falls and oral and dental care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has comprehensive processes and systems to ensure residents receive appropriate clinical care through regular assessments, care planning and evaluation. Information to guide initial care is gathered on entry and this is used to inform care staff of individual needs during the settling in period. Care plans are developed and implemented in consultation with residents (where appropriate) and representatives using the results of clinical assessments, input from the healthcare team and information from the resident’s medical officer. Care plans are regularly reviewed and monitored by registered nurses. Staff practices are monitored for compliance with the home’s processes and procedures. Care staff demonstrated a good understanding of residents’ specific care needs. Residents and representatives expressed satisfaction with the clinical care received by residents.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

The specialised nursing care needs of residents are identified through review of their medical history, clinical assessments and discussion with residents and representatives. Specialised nursing care is provided by registered nurses twenty four hours a day over seven days a week. Care plans are regularly reviewed and treatment records are maintained. Residents at the home are referred to a range of specialists, including general practitioners, clinical nurse consultants, wound, continence, psycho geriatric and palliative care teams. The home has an ongoing review and evaluation system for identifying and managing specialised nursing care needs. Care staff members have access to internal and external education on specialised nursing care. Residents/representatives expressed satisfaction with the consultation by staff and provision of specialised nursing care provided to the residents.

2.6 Other health and related services

This expected outcome requires that “residents 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 facilitate the referral of residents to other health and related services personnel. Other health and related referral services available to residents include palliative care assessment and review, pain management, physiotherapy, speech pathology, wound care and referrals to specialist medical physicians and surgeons. Residents are reviewed as required by trained and qualified audiology, dental and optometry services personnel. Residents/representatives say they are well informed and satisfied with the choices available to the resident.

2.7 Medication management

This expected outcome requires that “residents’ medication is managed safely and correctly”.

Team’s findings

The home meets this expected outcome

The home has systems and processes to ensure residents’ medications are managed safely and correctly. The medication needs are assessed when they move into the home in consultation with the representative and medical officer. Registered nurses administer medications via a blister packaging system and an electronic medication management system which interfaces directly with the pharmacy and electronic documentation system. A photograph identifies each resident with their date of birth and clearly defined allergies on each chart. There are processes to monitor compliance with the medication management system through audits and documentation of incidents. Medication advisory committee meetings are planned and review legislation changes, policies and procedures, medication and pharmacy issues. Medications are stored securely and staff manage medication safely and correctly. Resident/representatives are satisfied the residents’ medications are managed in a safe and correct manner.

2.8 Pain management

This expected outcome requires that “all residents are as free as possible from pain”.

Team’s findings

The home meets this expected outcome

Residents are assessed by the physiotherapist and registered nurse on entry and on an ongoing basis to ensure they are as free as possible from pain. Residents’ cognitive, cultural and communication abilities are taken into account and the home uses an assessment tool for residents unable to verbalise their pain. Any resident identified with pain, including residents at risk of pain are assessed and have a pain management plan documented in the care plan. The plan is monitored and regularly evaluated for effectiveness in consultation with the residents and representative, healthcare team and medical officer. Medication and alternative approaches to manage pain include therapeutic massage, aromatherapy, provision of emotional support, exercise and the use of pain relieving equipment. Staff receive education in pain management and staff practice is monitored by management. Residents/representatives expressed satisfaction with how residents’ pain is managed and said staff respond promptly to the residents’ pain and offer interventions in line with preferences.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has systems and practices in place to ensure comfort and dignity of terminally ill residents is provided. Advanced care directives are discussed with representatives on entry depending on care needs and then as needed. The home has a range of staff strategies such as aromatherapy and massage, pain management equipment and assistive aids including air pressure relieving mattresses. The registered nurse is assisted by the area health palliative care team when required to ensure residents’ pain relief and comfort care needs are met. Education about the palliative care process is provided. Spiritual support is available and provided by local ministers of religion according to residents’ preferences. Representatives spoke positively about the level of communication and information provided to them about palliative care services provided by the home.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to ensure residents receive adequate nourishment and hydration including assessment, monitoring and care planning on entry and on an ongoing basis. Assessments identify any oral or dental deficiencies, swallowing difficulties, or the need for special diets. A speech pathologist is available as needed. Preferences for food and drink are recorded and communicated to catering staff and there are mechanisms to communicate changes in dietary needs. There are processes to ensure weights are monitored and nutritional supplements are introduced, as required, to assist weight and wound management. Residents are encouraged to maintain hydration throughout the day

and receive appropriate assistance from staff. Residents/representatives said they are satisfied with the variety of food, choice and quality of meals offered.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to ensure each resident’s skin integrity is protected and skin care provided is appropriate for their needs. Assessment and care planning is conducted on entry to the home and skin care needs identified and incorporated into care plans that are evaluated on a regular basis. Registered nurses undertake all wound care for acute and chronic wounds. Specialised wound care products and equipment such as limb protectors and pressure relieving devices are available. Accident and incident forms, clinical notes and wound charts demonstrate that residents’ skin integrity and wound care requirements are managed. The home refers to medical officers and an external wound management clinical nurse consultant for review of wound management. Residents/representatives interviewed confirm they are satisfied with the care provided.

2.12 Continence management

This expected outcome requires that “residents’ continence is managed effectively”.

Team’s findings

The home meets this expected outcome

There are systems and processes to ensure that residents’ continence is managed effectively. An initial assessment occurs on entry to the home and on an ongoing basis. A care plan is developed to include toileting programs, equipment needs and continence aids. Staff are trained in continence management and provide assistance to residents with toileting regimes, maintaining hygiene and skin integrity. There are adequate supplies of disposable continence aids of varying sizes available to meet the needs of the individual resident. Bowel management programs are in place including daily monitoring, prescribed aperients and dietary interventions. Residents/representatives said they are satisfied with the way the residents’ continence needs are managed.

2.13 Behavioural management

This expected outcome requires that “the needs of residents with challenging behaviours are managed effectively”.

Team’s findings

The home meets this expected outcome

There are systems to effectively manage residents with a variety of challenging behaviours. Behavioural assessments are carried out on entry to the home and any known triggers and strategies to deal with challenging behaviours are set out in care plans, which are reviewed regularly. All behavioural incidents are recorded on incident reports and reviewed by the registered nurse. Psychogeriatric and specialist clinical nurse consultants from the local area health services are available for referrals, consultation and training of staff. Staff are provided with education in behavioural management and were observed interacting appropriately with residents with behavioural problems. Lifestyle staff provide individual and small group programs suitable for residents with challenging behaviours. Residents/representatives

confirm they are satisfied with the care and the way any challenging behaviours are managed.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that “optimum levels of mobility and dexterity are achieved for all residents”.

Team’s findings

The home meets this expected outcome

The mobility and dexterity of residents is assessed on entry to the home and on an ongoing basis by the physiotherapist who provides a mobility care plan, pain management plan, falls risk assessment and manual handling directions, if needed, as well as individual and group exercise programs for residents. All residents have plans to guide transfers and promote mobility and dexterity. Assistive devices such as mobility frames, walk belts, mechanical lifters, and wheelchairs are available. Staff are trained in manual handling and the use of specialist mobility and transfer equipment. A falls prevention team meets regularly at the home to review and analyse falls incidents and identify preventative strategies for individual residents. Residents/representatives are satisfied with the way staff assist the residents with their mobility requirements

2.15 Oral and dental care

This expected outcome requires that “residents’ oral and dental health is maintained”.

Team’s findings

The home meets this expected outcome

The home demonstrated residents’ oral and dental health is maintained. Oral and dental health is assessed when residents enter the home and recorded within the care plan. The home has access to a dental service which will visit the home to provide assessments, follow up treatment and referrals for oral and dental care. Specialist advice for residents with swallowing problems can be sought when needed. Texture modified diets and fluids are available. Staff have access to education in oral and dental care. Residents/representatives interviewed said residents are assisted with oral hygiene when necessary and are satisfied with the care provided.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Assessments of residents’ sensory loss are undertaken on entry to the home and strategies to cater for sensory needs are documented in the care plan. Staff assist residents with fitting and cleaning glasses and hearing aids as part of the residents’ daily hygiene routine. There is an effective system for managing residents’ hearing aids and battery replacements. Staff have implemented programs to assist residents with sensory stimulation including taste, touch and smell. An optometrist and audiologist visit the home biannually or as needed. Residents/representatives interviewed indicate they are satisfied with the management of sensory loss.

2.17 Sleep

This expected outcome requires that “residents are able to achieve natural sleep patterns”.

Team’s findings

The home meets this expected outcome

Sleep needs and preferences are assessed on entry to the home and strategies to ensure residents are able to achieve natural sleep patterns are documented in the care plan. Strategies available to support residents to achieve natural sleep patterns, include pain and continence management, warm drinks, heat packs, counselling and reassurance, repositioning and medication where prescribed. Residents stated that there is minimum disruption to their sleep. Residents confirm the environment is quiet at night and residents are satisfied with strategies to assist them if they have difficulty sleeping.

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 system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Three and recent examples include:

- Lifestyle staff identified the need for male orientated activities. Male residents were observed to have capacity to initiate and engage in meaningful conversation. A successful male only Father’s Day barbeque was conducted and those who attended decided they would enjoy regular male specific activities. The home successfully recruited a male volunteer who conducts regular male only activities and social gatherings, both levels of the home have set up male only dining tables for those residents who are able to initiate conversation and enjoy the company of fellow residents. Several male residents have expressed appreciation of this initiative and report enjoyment of the male orientated activities.
- In September 2014, lifestyle staff identified several residents they thought would benefit from access to an electronic tablet. The home purchased three electronic tablets with internet access; the staff assisted residents to familiarise with the tablets and access the internet and electronic interactive games. Protocols for the security and charging of the devices have been developed and this activity has been included in resident individual activities program. Resident feedback is most appreciative of this additional resource to the activities offered at the home.
- As a result of a suggestion by lifestyle staff October 2014 was dedicated as good food month. Each Thursday in October cultural theme days were celebrated with the main focus the midday meal; staff dressed in national dress, and decorations and music reflected the celebrated culture of the day. Theme days included Indian, Chinese, Greek and Italian. Representatives were invited to attend and the cultural days have been so successful they have continued as a monthly celebration. Residents, representatives and staff express appreciation and enjoyment of the monthly theme days. The activity has increased cultural awareness and understanding between residents and staff.
- An assessment contact by the Quality Agency in January 2015 identified gaps in lifestyle documentation, primarily a lack of documented evidence of resident participation in the lifestyle program. Focus groups were conducted with residents and representatives to review the lifestyle program and to ensure it identified and met all residents’ preferred needs. Lifestyle staff also reviewed the lifestyle documentation system and reviewed protocols for lifestyle assessments, attendance and evaluation records and processes for seeking resident feedback. The revised documentation commenced in April 2015 and monthly audits confirm this has been effective in ensuring resident lifestyle preferences are being identified and ongoing resident satisfaction monitored. Monthly audits will continue for the next six months to ensure sustainability of the revised system.

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 details about the home's system for ensuring compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

Examples of regulatory compliance with Accreditation Standard Three include:

- All residents are offered a residential care agreement that includes security of tenure and the care and services that are to be provided. The agreement has been updated to include changes to legislation on 1 July 2014 in relation to rates and accommodation bonds.
- The home has a policy and procedures for the mandatory reporting of alleged and suspected assaults and maintains a consolidated register of these incidents.
- The Charter of Residents' Rights and Responsibilities is displayed in the home.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details about the home's system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Example of education and training attended by staff relating to Accreditation Standard Three include: pastoral care, Aboriginal Culture awareness training, customer service, elder abuse and mandatory reporting.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home has systems to assess emotional needs of the residents through consultation with the residents and their representatives. Information is collected on entry and specific information is documented, which reflects residents wishes, interests and emotional needs. Information in relation to feedback from resident and representatives is gained through individual discussions, regular family conferences, clinical assessments and resident meetings. Family and friends are encouraged to visit and are included in activities. Birthdays and special occasions are celebrated. Residents state they are happy living at the home and the staff are kind and caring.

3.5 Independence

This expected outcome requires that "residents 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

Residents' level of independence, preferences and specific need for assistance are assessed when they move into the home and are regularly reviewed. Residents are encouraged and assisted to maintain friendships and interests where possible and to participate in community activities in accordance with their individual abilities and preferences. A range of individual and general strategies are implemented to promote independence, including the provision of services and equipment for resident use and a leisure activity program. Resident preferences in relation to a range of activities of daily living and lifestyle are sought and acted upon and programs are displayed in communal areas to facilitate independence. Participation in the local community is promoted through bus trips, visiting entertainers and volunteers. Residents say they are encouraged to maintain their independence and contact with the local community.

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 recognises and respects each resident's right to privacy and dignity through the identification of residents' care needs, cultural and spiritual needs, care planning and staff practices. On entry to the home residents and representatives are provided with information on privacy, dignity and confidentiality. Confidential and private information including permission to publish photographs is obtained with the prior consent of the residents/representatives and is securely stored. Staff demonstrate an awareness of practices which promote the privacy and dignity of residents. These include closing residents' doors and window curtains when providing personal care. Residents/representatives are satisfied with how privacy and dignity is managed at the home.

3.7 Leisure interests and activities

This expected outcome requires that "residents 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 provides a varied individual and small group lifestyle program which is developed in consultation with residents. The individual interests and preferred activities of residents are identified on entry. Information obtained from resident meetings and one-on-one discussions is also used to plan suitable group and individual activities. Recreational activities officers provide activity programs seven days a week. The home's activity program has a variety of in-house and community based activities including outings, artwork, exercise programs, sensory enhancement programs, reminiscing, reading, music, sing-a-long, games and themed special events. Residents are informed of recreational activities available through the activity calendars in addition to verbal prompts about the activities of the day. Staff complete participation records and have developed documentation templates to assist reporting by

exception. This information is also shared with the resident's representative. Representatives expressed satisfaction with the type and range of leisure activities available at the home and residents were observed to be participating and enjoying the activities program in different areas of the home.

3.8 Cultural and spiritual life

This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".

Team's findings

The home meets this expected outcome

The home recognises and respects each resident's cultural and spiritual life and supports them to participate to the level that they wish. Residents' cultural and spiritual needs are identified during the home's assessment processes on entry. Residents' individual interests, customs, religions and ethnic backgrounds are recorded in the plan of care. A variety of regular religious services are held at the home. Cultural and spiritual needs are considered when planning care and end of life wishes. Local clergy are available and they provide ongoing spiritual support for residents, representatives and staff. Specific cultural days such as the New Year, St Patricks Day, Australia Day, Christmas and Easter are commemorated with appropriate festivities and cultural specific days are celebrated with appropriate food and activities. Residents' birthdays are celebrated monthly. Residents and representatives interviewed are satisfied with the way the home manages residents' spiritual and cultural requirements.

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 and processes to ensure a resident or his or her representative is able to exercise choice and control over residents' lifestyle as much as possible. Residents are able to describe many examples of where they are encouraged to make their own decisions. This includes choice of participation in activities, choice of personal items in rooms, input into care delivery, dietary preferences and meal choice. Care conferences, surveys and a feedback mechanism provide forums for residents and representatives to express views about the care and service provision. Internal and external feedback forms and brochures are available. All residents and/or representatives receive a handbook and are orientated to the home on entry. Residents have personalised their rooms with memorabilia and items of their choosing. Residents' authorised representatives contact details are recorded. The charter of residents' rights and responsibilities is displayed. Residents say they are happy with the choices available to them and that their decisions are respected.

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

Information is provided to explain care and services for new residents and/or their representative prior to entry to the home. The Chesalon Care accommodation agreement is offered to each resident and/or representative to formalise occupancy arrangements. The agreement and the resident handbook include information about their rights and responsibilities, care and services provided, fees and charges, complaints handling, their security of tenure and the process for the termination of the agreement. Residents and/or representatives are advised to obtain independent financial and legal advice prior to signing the agreement. The charter of residents' rights and responsibilities and other relevant information is documented in the handbook. Residents and representatives are satisfied with the information provided by the home regarding security of tenure and their rights and responsibilities.

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 system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Four and recent examples include:

- In February 2015, Chesalon Care Beecroft participated in a quality management audit of the home’s chemical use and storage. A team of eight global auditors completed a quality review of chemical management. Recommended corrective actions were implemented; these included posting of additional chemical signage, the labelling of shelves, the provision of a first aid kit in the chemical storage room, and the room designated for chemicals only and kept locked.
- To ensure compliance with NSW Government Fire Sprinkler Systems Regulations, a sprinkler system has been installed in the extra services Armstrong wing and also in the undercover car parks. The system was commissioned in January 2015.
- As an infection control initiative the home has changed the provider and type of protective gloves. The new glove dispenser ejects only one pair of gloves at a time and dispenses the gloves cuff first. This has improved infection control application technique and also eliminated the incidents of multiple gloves being dispensed at one time and discouraged staff from storing the extra gloves in pockets. Glove dispensers are mounted at hand washing stations, corridors, bathrooms, clinical and catering areas of the home.
- As a result of continual break downs, the air conditioning system was replaced in November 2014. The ducted system now allows for individual controls for each room enabling residents to turn the air conditioner on or off and regulate temperatures according to individual preference. Residents express satisfaction with the increased comfort provided by the air conditioning system.

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 details about the home’s system for ensuring compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

Examples of regulatory compliance with Accreditation Standard Four include:

- The home has a NSW Food Authority licence as required by the Vulnerable Persons Food Safety Scheme and has a food safety program audited by the NSW Food authority.
- A current fire safety statement is on display and fire safety equipment is being inspected, tested and maintained in accordance with fire safety regulations.
- Safety data sheets are displayed adjacent to the chemicals to which they refer.

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 details about the home's system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Example of education and training attended by staff relating to Accreditation Standard Four include: fire safety and evacuation, infection control, safe food handling, manual handling and chemical use.

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 home has a system and processes to ensure a safe and comfortable environment consistent with resident care needs. Residents are accommodated on two levels, in single and twin rooms with dual shared bathrooms. All rooms are air conditioned and fitted with emergency call bells; there are grab rails in bathrooms and hand rails in corridors. Each area of the home has communal areas, which include resident dining and lounge rooms and enclosed courtyards and gardens with seating and shade. There is a comprehensive program for maintenance that includes corrective and preventative maintenance schedules to ensure the grounds, building and equipment are well maintained. The home completes environmental audits and has a hazard reporting and response system.

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

There is a system to provide a safe working environment consistent with workplace, health and safety (WHS) policy and regulatory requirements. The WHS committee has representatives from each department and meets regularly to oversee work, health and safety within the home. All staff are trained in manual handling, work health and safety, fire awareness and evacuation procedures during their orientation and on an on-going basis.

Preventative and corrective maintenance programs ensure equipment is in good working order and the environment is safe. WHS is monitored through regular audits, incident and hazard reporting, competency assessments and daily observation of the environment and staff work practice. Staff are supported by an organisational return to work and employee assistance programs. Observation of work practice and interviews with staff confirm they have attended training, have an understanding of WHS systems and are satisfied management is active in providing a safe work environment

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

There are systems to provide an environment and safe systems that minimise fire, security and emergency risks. The home has emergency and fire evacuation procedures and is equipped with an emergency warning and intercommunication system (EWIS), firefighting equipment, extinguishers and fire blankets, all of which are regularly checked and maintained by external contractors. The home has two fire safety officers who have completed the required external training course. Staff confirm compulsory education is held for fire training and were able to explain what action to take in the case of a fire or other emergency. The home has current fire safety certification and is fitted with a sprinkler system; there is a disaster management and business continuity plan. Security measures include sign in/out registers, key pad access/exit within the home, closed circuit television monitoring of entry/exit points, after hour's security and lock up procedures, emergency response flip charts, and outdoor lighting.

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

There is an effective infection control and surveillance program. The home has an infection control coordinator and there is a system to document, monitor and review the level of infections within the home. Observations confirm consistent staff practice to reduce cross infection such as the use of hand washing facilities, personal protective and colour-coded equipment. The home has a food safety program, pest control and waste management systems; monitors laundry and cleaning practices and has an outbreak management plan. Preventative measures include education for all staff with specific education and training relevant to staff positions and roles. Residents and staff are offered vaccinations. Staff demonstrate an awareness of infection control relevant to their work area.

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

Catering

There are processes to ensure hospitality services enhance care recipients' quality of life and the staffs' working environment. Food is prepared and cooked fresh on site, the seasonal menu is reviewed by a dietician and caters for the individual needs and preferences of residents; alternate and special diet meal choices are available. The home has a food safety program and has received an A rating from the NSW Food Authority. All catering staff have attended safe food handling training.

Cleaning

The living environment was observed to be clean and without odour. Contracted cleaners follow a set daily schedule which ensures all residents' rooms and common areas are cleaned. The cleaning staff demonstrate knowledge of the home's cleaning schedules, practices and safe chemical use. Chemicals used in the home are safely stored and safety data sheets are available, accessible and current. There is a process and procedures for cleaning if an outbreak should occur.

Laundry

The on-site laundry is in operation seven days a week for personal clothing and flat linen. Chemicals used are auto dosed and include sanitisation. There is a labelling system in use.

Hospitality services are monitored through feedback, audits, surveys and meetings. Residents and representatives interviewed indicate they are satisfied with the catering, cleaning and laundry services provided.