Decision to accredit
Charles Young Residential Care Centre

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Charles Young Residential Care Centre in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Charles Young Residential Care Centre is three years until 1 June 2013.

The Agency has found the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's site audit report.

The Agency is satisfied the home will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor progress with improvements and compliance with the Accreditation Standards.

Information considered in making an accreditation decision
The Agency has taken into account the following:
- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and approved provider details

Details of the home

Home's name:	Charles Young Residential Care Centre
RACS ID:	6038

Number of beds:	157	Number of high care residents:	84

Special needs group catered for:	Nil

Street:		53 Austral Terrace			
City:	MORPHETTVILLE	State:	SA	Postcode:	5043
Phone:		08 8350 3600		Facsimile:	08 8350 3600
Email address:		wmartin@ech.asn.au			

Approved provider

Approved provider:	ECH Inc.

Assessment team

Team leader:	Tony Tarzia
Team member:	Judy Aiello
Dates of audit:	22 March 2010 to 24 March 2010

Executive summary of assessment team's report		Accreditation decision

Standard 1: Management systems, staffing and organisational development

Expected outcome		Assessment team recommendations	Agency findings
1.1	Continuous improvement	Does comply	Does comply
1.2	Regulatory compliance	Does comply	Does comply
1.3	Education and staff development	Does comply	Does comply
1.4	Comments and complaints	Does comply	Does comply
1.5	Planning and leadership	Does comply	Does comply
1.6	Human resource management	Does comply	Does comply
1.7	Inventory and equipment	Does comply	Does comply
1.8	Information systems	Does comply	Does comply
1.9	External services	Does comply	Does comply

Standard 2: Health and personal care

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

Executive summary of assessment team's report

Accreditation decision

Standard 3: Resident lifestyle

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

Standard 4: Physical environment and safe systems

Expected outcome	Assessment team recommendations	Agency findings
4.1 Continuous improvement	Does comply	Does comply
4.2 Regulatory compliance	Does comply	Does comply
4.3 Education and staff development	Does comply	Does comply
4.4 Living environment	Does comply	Does comply
4.5 Occupational health and safety	Does comply	Does comply
4.6 Fire, security and other emergencies	Does comply	Does comply
4.7 Infection control	Does comply	Does comply
4.8 Catering, cleaning and laundry services	Does comply	Does comply

Assessment team's reasons for recommendations to the Agency

The assessment team's recommendations about the home's compliance with the Accreditation Standards are set out below. Please note the Agency may have findings different from these recommendations.

Aged Care
Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Charles Young Residential Care Centre
RACS ID	6038

Executive summary

This is the report of a site audit of Charles Young Residential Care Centre 6038 53 Austral Terrace MORPHETTVILLE SA from 22 March 2010 to 24 March 2010 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

The assessment team considers the information obtained through audit of the home indicates that the home complies with:

● 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Charles Young Residential Care Centre.

The assessment team recommends the period of accreditation be two years.

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Home name: Charles Young Residential Care Centre   Dates of audit: 22 March 2010 to 24 March 2010
RACS ID: 6038   AS_RP_00851 v2.5

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Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 22 March 2010 to 24 March 2010

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Tony Tarzia
Team member:	Judy Aiello

Approved provider details

Approved provider:	ECH Inc.

Details of home

Name of home:	Charles Young Residential Care Centre
RACS ID:	6038

Total number of allocated places:	157
Number of residents during site audit:	132
Number of high care residents during site audit:	84
Special needs catered for:	People with dementia or related disorders People from culturally and linguistically diverse backgrounds

Street:	53 Austral Terrace	State:	SA
City/Town:	MORPHETTVILLE	Postcode:	5043
Phone number:	08 8350 3600	Facsimile:	08 8350 3600
E-mail address:	wmartin@ech.asn.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Charles Young Residential Care Centre.

The assessment team recommends the period of accreditation be two years.

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and the reasons for its recommendations are outlined below.

Audit trail

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

Interviews

	Number		Number
Director of care	1	Residents/representatives	16
Care manager	1	Manager quality programs	1
Registered nurses	3	Facilities manager	1
Enrolled nurse	1	Quality support officer	1
Care staff	6	Lifestyle coordinator	1
Administration supervisor	1	Lifestyle assistant	1
Internal audit coordinator	1	Hospitality services supervisor	1
Administration/payroll officer	1	Laundry staff	1
Administration officer	1	Cleaning staff	1
Purchasing officer	1	Occupational health and safety representative	1

Sampled documents

	Number		Number
Wound care charts	5	Restraint authorisations	4
Residents' clinical files and care plans	11	Medication charts	14
Summary/quick reference care	11	Personnel files	11
Lifestyle plans	11	Care review summaries	11
S8 medication orders	8		

Other documents reviewed

The team also reviewed:

- 'Head to toe' check list
- 4 monthly care plan review schedule
- Activities calendar
- Admission checklist
- Archiving records
- Audit reports and actions
- Audit schedule
- Call bell response time reports
- Change of residents' status forms
- Cleaning procedures and schedules
- Client incident summary
- Communication books
- Complaints and compliments registers
- Complaints record form
- Continuous improvement plan
- Continuous improvement request form
- Corporate induction handbook
- Daily alert summary
- Diet and nutrition preference form
- Dietitian menu review
- Emergency procedure manual
- Essential care needs
- Evacuation plans
- Extreme risk chemical register
- Feedback forms
- Feedback please form
- Fire maintenance log/Minister's Specs SA 76
- Food safety audit
- Food Temperature monitoring charts
- Improvement report
- Incident, hazard and accident reports, summaries and trend graphs
- Infection surveillance reports and summaries
- Lifestyle choice programme attendance record
- Lifestyle event planning 2010
- Lifestyle guidelines and schedule
- Lifestyle model of care resident questionnaire
- Lifestyle survey
- Monitoring and observation charts
- Nurses registrations log 2010
- Occupational health and safety committee minutes
- Opiate comparison information
- Outpatient record form
- Payroll pack
- Performance development planning
- Police clearance log
- Policies and procedures
- Quality meeting minutes
- Resident and relative forum meeting minutes
- Resident evacuation support information
- Resident lifestyle evaluation
- Resident lifestyle monthly participation record

- Resident menus and drinks lists
- Resident outing notice
- Resident transfer forms
- Residential care service agreement
- Residents' handbook
- Rosters
- Staff injury management pack
- Staff meeting attendance list
- Staff occupational health, safety and well being handbook
- Staffing levels 2008/2010
- Surveys and questionnaires
- Temporary shift request form
- Training attendance schedule
- Training needs analysis
- Triennial fire safety report February 2010
- Various emails, memos, letters and notices
- Various meeting minutes
- Various monthly reports
- Various policies and procedures
- Verbal feedback form
- Vision, mission and values statements
- Volunteer handbook
- We want your feedback forms

Observations

The team observed the following:
- Activities in progress, including singing
- Archive storage room
- Bed rails and bed poles in use
- Building project in progress
- Café in use by residents, their families and staff
- Charter of residents' rights and responsibilities
- Cleaning facilities
- Equipment and supply storage areas
- Equipment and supply storage areas, including personal protective equipment available to staff
- Fire suppression equipment
- Grapevine – newsletter/booklet
- Hairdressing services in progress
- Interactions between staff and residents
- Kitchen facilities
- Laundry facilities
- Living environment –internal and external
- Medication rounds
- Nurses stations and resources available
- Pamphlet racks, including Government pamphlets
- Resident mobilising with mobility aids
- Residents dining and meals being served
- Secure chemical storage
- Secure unit with residents engaged in activities and afternoon rest period
- Storage of medications
- Suggestion boxes

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.

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

Team's recommendation
Does comply

Residents, representatives and staff are aware and satisfied with the home's continuous improvement system, and in opportunities available to make a contribution. The home applies corporate and site specific systems and processes to identify and action improvement opportunities in management systems, staffing and organisational development. The director of care oversees the home's continuous improvement program, encouraging stakeholder input and sourcing potential improvements through various pathways. These include residents' forums, formal and informal meetings, including management's 'open door' policy, legislative updates, best practice research, audits and adverse events data. The quality support officer collates and electronically logs individual initiatives, prepares various trend analyses and updates the continuous improvement plan. The director of care presents plans at regular quality and continuous improvement meetings, monitoring progress of initiatives with support also provided by corporate and site management. Stakeholder feedback regarding improvements actioned is provided through meetings and newsletters, with training and documentation updates applied as applicable.

The home demonstrated improvement results relating to management systems, staffing and organisational development, including:-
●   Residents, representatives and staff expressed concern regarding the increased use of external agency based staff. Considerable discussion with various parties led to assessment of all contributing factors. This resulted in staff recruitment, the unplanned leave process being revamped, and increased continuity of care provided to residents. Residents' and staff feedback provided was positive, citing a noticeable reduction of external staff, and seeing new staff providing residents' care. Monitoring will be ongoing.
●   The lifestyle coordinator identified a need to review methods to communicate with family members not able to attend residents' meetings and forums. Discussions were conducted with management and various staff, and resulted in the introduction of an email register. The ward clerk expanded the residents' representative/family contact database, allowing for email addresses and other relevant details to be added. Feedback from residents, representatives and staff has been positive, with improved communication regarding residents' health status, activity attendances and outcomes able to be shared. Comments received by the home include "wonderful", and a "feeling of being involved during holidays overseas".
●   The lifestyle coordinator identified the need to improve communication processes between lifestyle staff. Following discussion with management and staff, it resulted in the introduction of morning handover meetings. Feedback from lifestyle staff was positive citing the sessions allow quick and effective communication regarding day to day issues. The monitoring and evaluation of this initiative is ongoing.

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 recommendation
Does comply

The home uses corporate and site specific systems and processes to identify relevant legislation, regulations, standards and guidelines impacting on management systems, staffing and organisational development. The director of care receives legislative updates from corporate office, including automated email alerts for identified changes affecting the home, and relevant policy and procedure documentation requiring update. The director of care tables legislative changes as standard agenda items at quality and continuous improvement, occupational health and safety, and staff meetings, using memos, notices and meeting minutes to disseminate relevant information as needed. Management monitor compliance with legislative change affecting management systems, staffing and organisational development through risk assessments and various internal and external audits involving sister sites. Staff confirm being kept informed of relevant legislative changes, and in receiving appropriate training and documentation. Some examples of regulatory compliance include annual professional registrations, processes to inform stakeholders of Accreditation audits and criminal checks of staff and contracted providers.

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 recommendation
Does comply

Residents and representatives are satisfied staff have appropriate knowledge and skills to perform duties effectively. The home uses corporate and site specific systems and processes to identify, plan and monitor staff education in management systems, staffing and organisational development. The staff development officer, supported by the quality support officer, facilitates staff education and development needs for in-service and external training. Residents' changing acuity needs and identified ongoing staff training and development requirements are captured through 'training needs analysis'. 'Performance development planning' tools contribute to this process with the training matrix being updated as needed. Some examples of training include 'train the trainer', management and supervision, staff recruitment and computer training. Staff attendance is recorded, individual evaluation sought, and various questionnaires used to gauge staff understanding of topics. The monitoring of ongoing training needs occurs through various audits, performance appraisals and competencies, as well as residents and staff feedback. Staff confirm their satisfaction with ongoing support provided by the home to develop knowledge and skills.

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

Team's recommendation
Does comply

Residents, representatives and staff are satisfied with opportunities available to raise comments and complaints. The home uses corporate and site specific systems and processes to identify, action and track comments and issues of concern. The director of care is responsible for the home's comments and complaints process and regularly informs stakeholders of the various mechanisms available. These include 'feedback please' forms, which may be confidentially directed to the chief executive officer. 'Verbal feedback' forms kept at nurses stations and the main reception desk, formal and informal meetings, various suggestion boxes and external complaints and advocacy services are also available. Complainants are provided acknowledgement where possible, and investigations conducted through relevant department heads. The quality support officer regularly collates, electronically logs and trends information, which the director of care monitors and presents at quality meetings for planning actions. Stakeholders are provided feedback on results by emails, letters, telephone conversations and formal and informal meetings, with documentation updated as appropriate.

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 recommendation
Does comply

The home's vision, mission and values are documented in residents' and staff handbooks and displayed at the home. The statements, as well as the organisation's commitment to quality and strategic planning to provide a consistent approach to care and services, are also promoted through staff inductions, orientation, and 'two day' staff retreats.

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 recommendation
Does comply

Residents and representatives are satisfied with staffing levels, skills demonstrated and response times. The home uses corporate and site specific systems and processes to recruit and monitor staff selection, based on its recently introduced lifestyle model of care. Staff are appointed after providing relevant police clearance, residency status, as well as satisfying clinical assessment requirements where applicable. Staff are inducted and orientated, provided mandatory training and a working 'buddy'. Staff are guided in assigned areas and duties through fixed and adjustable rosters, duty statements, policies and procedures. The director of care monitors the effectiveness of human resource management processes through changing resident acuity, performance and competency assessments, and resident and staff feedback. Staff confirm sufficient time is available for delivery of residents' individual care and services, and understand the importance of the home's 'code of employment principles'.

1.7 Inventory and equipment

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

Team's recommendation
Does comply

Residents confirm there are appropriate supplies and equipment to meet their needs. The purchasing officer coordinates supply processes in consultation with service managers and the director of care according to policies and procedures. Supplies are appropriately stored. Equipment is maintained by the home's corrective and preventive maintenance processes and replaced as required to meet residents' needs. Annual capital bids for new or additional equipment provides for resident and staff suggestions. New equipment is trialled prior to purchase and safe operating procedures provided. The physiotherapist is consulted about the selection of equipment for resident use.

1.8 Information systems

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

Team's recommendation
Does comply

Residents, representatives and staff are satisfied with initial and ongoing information provided. The home applies corporate and site specific systems and processes to keep stakeholders regularly updated with relevant information. The home is currently implementing a computerised care management system 'People Point' and is concurrently managing dual recording systems for resident care information. Staff record residents' care and service details, as well as various administrative items, in hardcopy files or electronic databases, with updated care information being generally accessible. Contingency measures allow for emergency and system outage periods. Staff access to electronic information is password protected, current and archived confidential data is securely stored, and documentation disposal services routinely provided. A 24 hour, seven day per week corporate helpdesk and off-site data backup service provides support for the home's electronically stored information. Management monitor the effectiveness of information systems through various processes. These include formal and informal meetings, various audits, comments and complaints mechanisms and surveys, with adjustments applied to relevant documentation and training conducted as required. Stakeholders are provided information through various meetings, seasonal newsletters, memo folders, emails and notices.

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 recommendation
Does comply

Residents confirm satisfaction with the services provided by external contractors. Contracts are negotiated and managed by corporate services or at site level by the director of care according to policies and procedures. Written contracts or service agreements include related service standards, occupational health and safety requirements and code of practice relevant the provision of service within an aged care environment. A preferred provider list assists the selection of contracted services. An on-line data base and management matrix assists monitoring of existing contractor information such as police checks, relevant registrations and insurance. An alert indicates when requirements are out of date. Contracts are regularly reviewed and consider staff and resident feedback, and contracts are not renewed or continued if service in unsatisfactory. Contractors register their attendance on-site and receive both a corporate and site specific induction.

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.

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

Team's recommendation
Does comply

The home applies corporate and site specific systems and processes to identify and action improvement opportunities in health and personal care. The director of care oversees the home's continuous improvement program, encouraging stakeholder input and sourcing clinical improvements through various pathways. These include clinical assessment processes, case conferences, handovers, residents' incidents and adverse events data and best practice research. The quality support officer collates and logs health and care initiatives, prepares trend analysis and updates the continuous improvement plan. The director of care presents plans at regular quality and continuous improvement meetings, monitoring progress of initiatives with support provided by corporate and site management. Stakeholder feedback in health and care initiatives actioned is provided through meetings and newsletters with training and documentation updates applied.

The home demonstrated improvement results relating to health and personal care, including:
- Management identified the need to review individualised interventions applied overnight, which highlighted the impact lack of sleep has on residents' incidents. Following extensive planning with various parties, and at 'residents' care retreats', the home introduced a trial program aimed at reducing overnight disturbances to residents. This involved consideration being applied to residents' change of position, continence and medication management, with staff encouraged to use small torches for minimal light. The feedback to date from residents and staff has been positive, citing improved sleep, less disturbance, indicating the overall process is working well. Monitoring and evaluation of this initiative is planned to be ongoing.
- The director of care and care manager identified potential improvements in wound care practices. Clinical discussions were undertaken, with reviews being conducted for practices in chronic wounds, which also involved a wound consultant. This resulted in a wound management team being established, and involved the care manager and registered nurses. Processes included treatment, planning, monitoring, and staff training, as well as a review of wound products used. Feedback from residents and staff was positive, citing "wounds healing successfully" and "amazing" results, with an improvement identified in more cost effective usage of wound care products. Monitoring and evaluation of this initiative will be ongoing.
- The director of care identified an increase in medication incidents, and the need to review processes. The concerns were addressed through the medication advisory committee meeting, and resulted in the introduction of new medication charts. The purchased charts are introduced to relevant files as the medications are reviewed. Folders were also established and set up in the main nurses' station for general practitioners to make notes regarding medication orders. Comments cited from staff have been positive, stating they find the process easier to use, with a reduction in pharmacy orders and medication incidents noted.

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 recommendation
Does comply

The home uses corporate and site specific systems and processes to identify legislation, regulations, standards and guidelines impacting on health and personal care. The director of care receives legislative updates from corporate office, including automated email alerts for identified changes, and relevant policy and procedure documentation requiring update. The director of care tables legislative changes as standard agenda items at clinical meetings, using memos, notices and meeting minutes to disseminate information as needed. Compliance with legislative change affecting health and personal care occurs through risk and health assessment processes and internal and external clinical audits. Nursing and care staff confirm being kept informed of legislative changes. Examples of regulatory compliance impacting on health and personal care include meeting requirements for specified care and services, medication management licensing and reporting requirements for unexplained resident absences.

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 recommendation
Does comply

The home uses corporate and site specific systems and processes to identify, plan and monitor staff education in health and personal care. The staff development officer, supported by the quality support officer, facilitates staff education and development needs for in-service and external training. Residents' changing acuity needs are identified and contribute to ongoing nursing and care staff training and development. Examples of health and care training include continence and wound management and catheter, peg and stoma care. The monitoring of ongoing training needs generally occurs through competency assessments, clinical audits, performance and appraisal processes and resident and staff feedback. Nurses and care staff confirm their satisfaction with support provided to develop knowledge and skills in health and personal care.

2.4 Clinical care

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

Team's recommendation
Does comply

Residents confirm the care they receive is according to their needs and preferences. On entry, following initial assessment an essential care needs summary is documented and an 'admission officer' (registered nurse) is allocated responsibility for coordinating the subsequent schedule of assessments. Residents, their families, general practitioners and relevant allied health staff participate in the assessment and care planning process. While assessments and care plans for new residents are documented in the recently implemented computerised care management system

'People Point', the format of existing residents' assessments and plans is different. Staff have access to hard copy records for all residents. Care reviews and evaluations in consultation with lifestyle staff are regularly conducted according to review guidelines and case conferences may also be held for some residents. A summary report of the review is filed with care plans, however changes in care needs identified during care reviews are not consistently documented in care plans or essential care needs summaries. Although resident responses to care are documented in progress notes this is by exception reporting and may result in several weeks before an entry is made in some residents' progress notes. The home monitors care through incident reports, audits and resident of the day processes.

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 recommendation
Does comply

Residents interviewed confirm the specialised care they receive is according to their needs. Resident care plans are documented by registered nurses who also confirm the evaluation of assessments conducted on entry and during care review and evaluation processes. Specialised nursing care needs identified during this process are documented on a technical care plan or on supporting treatment sheets or wound care charts. Specialised nursing care is provided by qualified staff although some aspects of hygiene support care such as stoma or catheter care is provided by personal care workers. Job descriptions include registered nurse responsibility for supervision of care. External support services are accessed for some aspects of specialised care such as wound management, or transfusions and training is provided on-site relevant to resident needs.

2.6 Other health and related services
This expected outcome requires that "residents are referred to appropriate health specialists in accordance with the resident's needs and preferences".

Team's recommendation
Does comply

Residents confirm they have access and are referred to health and related services according to their choices. Entry processes include provision of information about the services available and residents' existing service providers are documented. Initial and ongoing assessment and care review processes identify referral and screening needs and the home maintains a record of residents' sight, hearing and dental assessments. An outpatient record is used to document outcomes of external appointments and visiting allied health staff record attendance in resident progress notes. Residents are assisted to attend external appointments where families are unable to accompany the resident.

2.7 Medication management
This expected outcome requires that "residents' medication is managed safely and correctly".

Team's recommendation
Does comply

Residents confirm they are satisfied that their medication is managed safely and correctly. Medications are administered from pre-packed dose aids by registered nurses, enrolled nurses and medication competent personal carers according to the homes' procedures. Residents' medications are regularly reviewed by general practitioners and a pharmacist who also consults with residents' families. A medication profile is documented during entry assessment processes and is filed with residents' medication charts and separate restricted substance orders. While medication charts include resident identification and administration precautions, known allergy information was not consistently documented on these charts. Medications are securely and appropriately stored. There are processes for the assessment and authorisation of residents who choose to self administer medications. There are authorisations for nurse initiated medications which are currently under review and registered nurses are responsible for authorising the use of 'as required' medications. There are audits of medication supplies and management processes and the home's medication advisory committee reviews medication incidents, relevant legislation, policies and procedures and best practice approaches to medication management.

2.8 Pain management
This expected outcome requires that "all residents are as free as possible from pain".

Team's recommendation
Does comply

Residents confirm satisfaction with how their pain is managed. Initial assessment processes identify residents' pain experiences. Documented flow charts assist the home to monitor residents' observed and expressed pain and the need for re-assessment or referral. The physiotherapist contributes to this process and the suggested strategies to provide resident comfort which may include massage, splints, position changes, or hot packs. The physiotherapy aide assists with these treatments and residents have reported improved comfort. Use of 'as required' medication is recorded in progress notes and general practitioners regularly review the use of pain management medication. Regular clinical handover meetings consider resident responses to pain management strategies and the home audits pain management processes.

2.9 Palliative care
This expected outcome requires that "the comfort and dignity of terminally ill residents is maintained".

Team's recommendation
Does comply

Feedback reviewed from residents' representatives confirms the home's practices maintain the comfort and dignity of terminally ill residents. Residents and their families are provided with information about processes for considering and planning for terminal care. While these processes are discussed when possible, documented outcomes are not consistently accessible to staff and external health care services to which the resident may be referred. When palliation is required the resident's care plan is modified accordingly. If required a private palliative care room is available for residents and their families and specialised equipment accessible to assist staff to provide for residents' preferred needs. Spiritual support is arranged as requested and there is a grief counsellor and palliative care nurses on staff. External support services are accessed if required. On the resident's passing, living memory seeds are sent to the residents' family and a candle tribute placed in the residents' dining room.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

Residents are satisfied with the home's approach to meeting their nutrition and hydration needs. Resident preferences for foods, drinks and their support needs are assessed and communicated to catering services. A nutrition and hydration assessment including sensory deficits identifies at-risk residents' monitoring requirements and referral needs according to the home's policies and procedures for nutrition management. Nutrition supplements are ordered on medication charts and weights regularly reviewed by the care manager. Required levels of fluid intake are documented and residents supported to have sufficient fluid intake through access to water dispensers, water jugs in their rooms, fluid rounds and drinks offered with meals, morning, afternoon tea and supper. Staff have received training in safely assisting residents with their meals. The menu has been reviewed by a dietitian.

2.11 Skin care

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

Team's recommendation

Does comply

Residents are satisfied with the care provided in relation to their skin integrity. Assessment processes identify skin care needs and at-risk residents. Personal hygiene, skin integrity plans and technical nursing procedures incorporate aspects of residents' skin care. Nutrition and hydration plans may also include strategies to support effective skin integrity management and healing processes. Preventive strategies may include regular moisturisers, and pressure relief devices such as air flow mattresses, memory foam mattresses, limb protectors and sheep skins. Regular 'head to toe' checks and care evaluations are conducted. Wound management plans are documented for relevant residents and wounds are assessed, plans developed and healing progress reviewed by registered nurses. Wound care specialists support wound management processes. Skin tears are monitored and early signs of skin redness are recorded as stage one wounds with guidelines for management. Residents have access to podiatry and hairdressing services on-site.

2.12 Continence management

This expected outcome requires that "residents' continence is managed effectively".

Team's recommendation

Does comply

Residents confirm their continence needs are supported by the home. Initial monitoring of residents' continence needs and toileting patterns assist the home to identify continence support needs, relevant toileting schedules and natural bowel patterns. Continence support nurses are available to advise staff and re-assess resident needs. Continence and bowel management plans are regularly reviewed. Residents' level of hydration, the need for diet support to achieve natural bowel patterns and personal hygiene needs are considered and documented in plans. Residents have access to

ensuite toilets. Urinary tract infections are monitored and a focus on providing for increased fluid intake and personal hygiene has resulted in a reported reduction in the infection rates. Guidelines for the management of residents with catheters are accessible to staff and staff have been provided with training in continence management.

2.13 Behavioural management
This expected outcome requires that "the needs of residents with challenging behaviours are managed effectively".

Team's recommendation
Does comply

Residents and their representatives are satisfied with the home's approach to managing challenging behaviours. Initial assessment and consultation identifies residents with challenging behaviours and monitoring processes assist the home to determine triggers and potential strategies for behaviour management. Referral to external services or the home's clinical services advisor may contribute to the development of care and lifestyle plans to meet residents' needs. The home has secure facilities to accommodate wandering residents and the environment's décor, daily routine and planned diversional therapy provides for a peaceful, relaxing atmosphere. The home monitors behaviour incidents and trends indicate a reduction over the last 12 months. Management and staff from all care and service areas in the home have had access to training in the management of challenging behaviours. Surveys on staff attitudes to the use of restraint have been conducted prior to the introduction of the home's restraint minimisation program and relevant training. The home's approach to minimising restraint has also been discussed at the resident/representatives forum.

2.14 Mobility, dexterity and rehabilitation
This expected outcome requires that "optimum levels of mobility and dexterity are achieved for all residents".

Team's recommendation
Does comply

Residents are satisfied with the home's approach to optimising their mobility and dexterity. Care planning and assessment processes include mobility and transfer needs and the identification of residents at risk of falling. Each resident is assessed by a physiotherapist and a specific exercise plan developed. Assessment may include identifying the need for mobility aids, hip protectors, suitable furniture and foot wear. A physiotherapy aide assists residents with daily exercises and residents have access to additional exercises and programs to enhance dexterity through the home's activities program. Utensils to assist residents to maintain independence during meals are also provided. The incidence of falls is monitored and the home has recently introduced a falls management program in consultation with residents and their families which includes the use of a coloured arm band assisting staff to identify at risk residents. The home has also introduced the use of Vitamin D supplements for residents in consultation with general practitioners. Manual handling training provides staff with the knowledge and skills to manage safe resident transfers.

2.15 Oral and dental care
This expected outcome requires that "residents' oral and dental health is maintained".

Team's recommendation
Does comply

Residents and their representatives are satisfied with the home's approach to managing their oral and dental hygiene. Assessment processes identify residents' oral health care needs, and preferences for dental care. Resident may continue to visit their own dentist or attend visiting dental services. Care plans document oral health support needs and daily reports consider approaches to the oral care needs of residents resistive to care. Residents may choose to have their dentures named by the home. Staff have been provided with training in the management of residents' oral hygiene.

2.16 Sensory loss
This expected outcome requires that "residents' sensory losses are identified and managed effectively".

Team's recommendation
Does comply

Residents confirm that the home assists management of their sensory deficits and supports their sensory needs. Entry and care evaluation processes include sensory assessment and planned care strategies are incorporated in relevant sections of the care plan such as communication, skin care or nutrition needs. Lifestyle plans consider residents' sensory needs and activities may include cooking sessions, 'vegetable' appreciation, tactile mats and provision of large phone pads and 'hearing' books. Instructions for care of resident aids are documented and staff allocation sheets include prompts regarding specific aids for each resident. Resident of the day processes include checking batteries and glasses. The home audits sensory support processes and in response to a suggestion has recently appointed a hearing support staff member.

2.17 Sleep
This expected outcome requires that "residents are able to achieve natural sleep patterns".

Team's recommendation
Does comply

Residents confirm they are able to achieve natural sleep and rest patterns. Residents preferred settling and rising times are negotiated on entry and sleep patterns are monitored to assess sleep patterns. The home has recently introduced a 'lifestyle' model of care which aims not to disturb residents over night except to meet assessed continence needs and pressure relief. Daily rest times are also planned in consultation with the resident. Unresolved sleep disturbances are investigated and referred to the general practitioner. Resident choices to assist settling are documented and may include warm milk or a snack. The home audits sleep management processes and regularly reviews and evaluates planned care.

Standard 3 – Resident lifestyle
Principle: Residents 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 recommendation
Does comply

The home applies corporate and site specific systems and processes to identify and action improvement opportunities in resident lifestyle. The director of care sources resident lifestyle improvements through residents' forums, formal and informal meetings, an 'open door' policy, and lifestyle surveys and evaluations. The quality support officer collates and logs lifestyle initiatives, prepares trend analysis and updates the continuous improvement plan. Plans are presented at meetings, with progress of lifestyle initiatives monitored with support provided by corporate and site management. Feedback related to lifestyle improvements is provided through meetings and newsletters.

The home demonstrated improvement results relating to resident lifestyle, including:-
- Family members identified the need to consider additional sensory stimulation for residents in one wing of the home. Discussions involving lifestyle and clinical staff were undertaken, with options considered which included a lifestyle staff member attending a two day conference. This resulted in additional sensory opportunities being made available for residents with the assistance of family, volunteers and staff. Some of the items include 'fiddle mats', sensory ponchos, handbags, purses, sunglasses, laminated pictures, flash cards and picture dominos. Feedback from residents, representatives and staff was positive, citing the items are easy to set up, with colours and textures attracting attention and keeping residents happy for hours.
- The lifestyle coordinator identified increased requests from residents/representative surveys regarding one-on-one excursions. Following consideration from requests received, and additional discussions held, individual excursions were introduced. This includes visits to the beach for a resident to swim, visiting a local cinema to hear a popular organ being played, scenic drives, and shopping trips. Residents and staff provided positive feedback, citing they enjoy the days and being excited with the outings. The monitoring of suitable excursions and relevant evaluation is planned to be ongoing.
- The lifestyle coordinator identified the importance in acknowledging residents as extended family, together with representatives/families, especially after their passing. Discussions with management and staff led to options being considered and the introduction of 'living memory' seedling packs which include a variety of annual flowers for planting. A pack is forwarded to representatives/families with the final account, and includes a verse of acknowledgement from staff. Feedback provided has been positive, citing the home's remembrance of their family member was well appreciated.

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 resident lifestyle".

Team's recommendation
Does comply

The home uses corporate and site specific systems and processes to identify relevant legislation, regulations, standards and guidelines impacting on resident lifestyle. Legislative updates from corporate office are provided through automated email alerts with policies and procedures updated as needed. The director of care tables resident lifestyle legislative changes as standard agenda items at meetings, and disseminates information via meeting minutes, memos and notices. Monitoring of legislative changes affecting resident lifestyle occurs through internal and external lifestyle audits. Lifestyle staff confirm they are informed of legislative changes, and receive training as needed. Examples of regulatory compliance include procedures for the identification and management of elder abuse, resident agreements and guardianships.

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 recommendation
Does comply

The home uses corporate and site specific systems and processes to identify, plan and monitor staff education in resident lifestyle. The staff development officer facilitates delivery of lifestyle staff education, considering residents' changing acuity. Examples of lifestyle training include dementia arts and creativity, and lifestyle team workshop. Staff attendance is recorded and staff evaluation and questionnaires sought. Training needs are monitored through audits, performance and competency appraisals, and resident and staff feedback. Lifestyle staff confirm their satisfaction in support provided to develop knowledge and skills.

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

Team's recommendation
Does comply

Residents and representatives are satisfied with initial and ongoing emotional support provided. The home uses processes to assist residents through the adjustment period and on an ongoing basis. New residents are greeted at reception, are provided orientation and tour of the home, and introduced to fellow residents and staff. Resident and family members' initial and ongoing discussions, as well as clinical staff observations, contribute towards the completion of lifestyle assessments and establishment of care plans. Lifestyle staff regularly visit new residents, while keeping their representatives/family members informed of progress, recording outcomes on residents' files. Pastors, volunteers, a staff grief counsellor and candle tributes dedicated to people passing, provide additional support through traumatic periods. The home regularly monitors the effectiveness of strategies applied for residents' ongoing emotional needs through daily care and lifestyle processes, as well as resident/representative and staff feedback. Staff understand the importance of residents' emotional support, providing comfort as appropriate.

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 recommendation

Does comply

Residents and representatives are satisfied with assistance provided to maintain residents' independence at the home and in the community. The home uses processes to assist residents in achieving maximum independence in activities of daily living. Residents' needs, preferences and physical and cognitive abilities are collected through various assessments following admission and reviewed on an ongoing basis. The home's 'lifestyle' model of care encourages residents to achieve active control of their daily lives, including time of rising, retiring, breakfast and showering. Residents are also supported to continue their interests and outings with family and the community, and in retaining their personal, civil, legal and consumer rights. Residents' changing needs and preferences are monitored through regular care and lifestyle reviews and formal and informal meetings, with residents' files updated as needed. Staff confirm their understanding of residents' independence needs, and provide encouragement where required.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

Residents and representatives are satisfied that residents' privacy, dignity and confidentiality are respected. The home uses systems to promote and maintain residents' privacy, dignity and confidentiality. Residents are provided privacy and consent forms on admission, with residents' handbooks and various staff policies and procedures also supporting residents' rights to privacy and dignity. Staff recruitment processes promote confidentiality, knocking on residents' doors before entering, avoiding disturbance overnight where possible, and maintaining residents' dignity during care practices. Residents' grooming and therapy services are available at the home, with residents' confidential information being securely locked or password protected. Monitoring of residents' satisfaction with privacy and dignity occurs through observations, surveys and resident/representative feedback. Staff understand the importance of maintaining privacy and dignity, particularly during residents' care and service delivery.

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 recommendation

Does comply

Residents and representatives are generally satisfied with leisure and lifestyle activities provided. The home has processes to identify, plan and respond to residents' individual and preferred leisure and lifestyle interests and activities. Clinical and lifestyle staff obtain residents' needs, preferences, likes, dislikes, past interests and ability to participate through initial and ongoing assessments. Residents are provided activity programs, and encouraged to attend group, community and one-on-one activities where possible. The lifestyle coordinator, with clinical guidance from the care manager, monitors the effectiveness of activities provided, through attendance records, activity audits, surveys, evaluations and resident/representative and staff feedback. Staff understand the importance of encouraging residents' involvement in leisure and lifestyle interests and activities, and in maintaining accurate account of session attendances.

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 recommendation
Does comply

Residents are satisfied their cultural and spiritual needs and preferences are being met. The home has processes to identify, plan and evaluate residents' individual cultural and spiritual needs. Residents' cultural and spiritual needs and preferences are identified through consultation on admission and documented. The home provides various denominational church services, Catholic communion and other cultural activities, and encourages residents, their representatives and family members to attend. Residents' birthdays, National days and cultural activities are supported, with interpreters and bilingual staff called upon as necessary, to assist non-English speaking residents. Residents' changing cultural and spiritual needs and preferences are monitored through attendance records, surveys, evaluations, staff and resident/representative feedback, and are applied to residents' files as identified. Staff confirm their understanding and respect of residents' cultural and spiritual preferences.

3.9   Choice and decision-making
This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident 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 recommendation
Does comply

Residents and representatives are satisfied with residents' choice and decision making opportunities available. The home uses systems and processes to encourage residents to exercise choice and decision making. The home's 'lifestyle' model of care encourages residents, or their representatives where clinically appropriate, to exercise choice and decision making in care and service delivery. These include consideration of past interests and preferences, and daily living activities such as times for rising and retiring, meal choices, and other daily routines where appropriate. Management regularly promotes an 'open door' policy for residents' care and service feedback, as well as meetings, forums, surveys, and various complaint and advocacy services. Staff understand the importance in residents' exercising personal choice and decision making, and advocate where required.

3.10 Resident security of tenure and responsibilities
This expected outcome requires that "residents have secure tenure within the residential care service, and understand their rights and responsibilities".

Team's recommendation
Does comply

Residents and representatives are satisfied with residents' security of tenure, and information provided to assist understanding of rights and responsibilities. The home uses systems and processes to inform residents and their representatives of residents' rights, responsibilities and security of tenure. Residents/representatives are offered a residential care service agreement and provided an information handbook. These documents include information relating to fees and charges, services provided, leave days, security of tenure, and internal and external complaints mechanisms and advocacy services. The Charter of Residents' Rights and Responsibilities is also on display at the home. The director of care promotes an 'open door' policy, and encourages residents/representatives to discuss the initial or going queries relating to security of tenure, individual care and service delivery or preferred room changes. Staff confirm the importance of residents' understanding of rights, responsibilities and security of tenure, and act as advocates as requested.

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.

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

Team's recommendation
Does comply

The home applies corporate and site specific systems and processes to identify and action improvement opportunities in physical environment and safe systems. The director of care sources potential improvements through residents' forums, formal and informal meetings, an 'open door' policy, legislative updates, and various environmental and hospitality audits. The quality support officer collates and logs environment and safety initiatives, prepares trend analysis and updates the continuous improvement plan for presentation at regular meetings. Progress of initiatives is monitored by the director of care, with support provided by corporate and site management. Stakeholder feedback is provided through meetings and newsletters.

The home demonstrated improvement results relating to physical environment and safe systems, including:-
- The director of care identified the need to review the home's use of residents' restraint. Following discussion with management and clinical staff, focus was aimed at restraint free strategies while maintaining a safe and comfortable environment for residents. An review of residents' restraint was conducted, staff training provided, and residents' and representative consultation included in assessment processes. The result reported by management and staff has been positive, with restraint usage considerably reduced, and residents encouraged to move freely through their living environment. Monitoring and evaluation of this initiative will be ongoing.
- Corporate management identified a need to review chemical cleaning materials. Following a call for Tender for cleaning chemicals and materials, a potential reduction of 65% in the home's extreme risk chemicals was identified and the chemical provider accordingly changed. The register listing the extreme risk chemicals was placed in the main fire panel for times of emergency. The monitoring and evaluation of this initiative is ongoing.
- The director of care identified the importance of considering the use of disposable slings, especially in times of emergencies and infectious risk. Discussions with various parties led to the sourcing of appropriate slings. This resulted in the purchase of two disposable slings, which are kept in the emergency trolley in the medical stock room. Management and staff gave positive feedback on the initiative, citing the comfort in knowing the slings are available if the need arises. Evaluation will occur following use.

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 recommendation
Does comply

The home uses corporate and site specific systems and processes to identify legislation, regulations, standards and guidelines impacting on physical environment and safe systems. The director of care receives updates to legislation, policies and procedures in environmental or hospitality services. Legislative changes are standard agenda items at meetings, with information also being disseminated through memos and notices. Management monitor compliance with legislative change affecting physical environment and safe systems via risk assessments and internal and external environmental and hospitality service audits. Staff confirm receiving legislative updates, training and documentation. Examples of regulatory compliance include infection control guidelines, fire regulations and food safe programs.

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 recommendation
Does comply

The home uses corporate and site specific systems and processes to identify, plan and monitor staff education in physical environment and safe systems. The staff development officer facilitates education and training. This includes food safety, chemical training, manual handling, fire and safety and infection control. Staff attendance is recorded, evaluation sought, and questionnaires are used to gauge staff understanding of topics. Monitoring of ongoing training needs occurs through audits, performance appraisals and competencies and resident and staff feedback. Staff confirm their satisfaction with ongoing support provided to develop knowledge and skills in physical environment and safe systems.

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 residents' care needs".

Team's recommendation
Does comply

Residents and representatives interviewed are satisfied the home provides a safe, comfortable and clean environment according to their needs. Monitoring systems such as incident and hazard reporting, environmental audits, maintenance programs and resident feedback assist the home to assess the environment relative to resident needs. Residents are accommodated in single or share rooms with ensuite facilities and have access to sitting, dining and recreational areas with secure external garden and courtyard access. Secure and semi-secure areas enable residents to wander with safety. A closed circuit television monitors sections of this area. A restraint minimisation program includes processes for assessing risk and authorising the use of restraint, or the use of sensor mats and door alarms. A monitored call bell system enables residents to call for staff assistance. Residents are encouraged to decorate their private space within safety guidelines and have access to lockable storage in their rooms.

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 recommendation
Does comply

Management systems provide for a safe working environment. Staff contribute to occupational health and safety processes and understand their responsibilities. Outcomes of monitoring processes such as worksite inspections and accident reports and progress with the site safety plan are reviewed at the occupational health and safety committee and communicated to staff. Induction processes and a handbook provide staff with an understanding of their occupational health and safety responsibilities. Safe operating procedures, equipment risk assessments and regular maintenance programs support a safe working 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 recommendation
Does comply

Management systems provide for an environment to reduce the risk of fire, security and other emergencies. Induction and evaluated ongoing training programs provide staff with the knowledge and skill to respond in the event of a fire or other emergency. Emergency procedures and evacuation plans are accessible to staff and instructions on emergency actions provided to residents and their families. In the event of a blackout the home has prepared files of critical information and equipment to assist the continued safe functioning of care and services. Fire detection and management systems are regularly checked and maintained and electrical equipment tested and tagged. The home has a smoking policy. Chemicals are safely stored and there is a central register of hazardous substances. There is an after hours lock up procedure and security camera monitoring at the main entrance. While a fire safety clearance inspection has been conducted, a certificate has not been issued. Residents report feeling safe in the home.

4.7 Infection control

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

Team's recommendation
Does comply

A registered nurse coordinates the home's infection control program, which is managed according to infection control guidelines and the home's procedures. Infection surveillance processes, environmental audits and monitored trends assist the home to assess staff practice and identify and control infections. Staff induction and ongoing training relevant to infection incidence and preventive strategies is regularly provided. There is an outbreak management kit and guidelines and staff have access to protective equipment, hand washing facilities and hand gel stations throughout the home. Immunisation programs are provided for both staff and residents. There are procedures for the care and management of identified at- risk residents and residents' families are informed of food safety guidelines. The home has an audited food safety program.

4.8 Catering, cleaning and laundry services

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

Team's recommendation
Does comply

Residents and representatives confirm that the home's hospitality services meet their needs and staff report that hospitality services enhance the working environment. On entry residents are advised of hospitality services provided and service staff introduce themselves and discuss residents' service requirements. Nutrition needs and choices are communicated to catering services by the registered nurse, including preferences for drinks and snacks. These requirements are documented on daily menu sheets and on drinks lists, which include photo identification. Meals are served in resident dining rooms where residents are supervised or supported by staff. Residents are consulted about the rotating seasonal menu and resident satisfaction with meals is monitored through food feed back forms and surveys. Cleaning services are provided according to cleaning procedures and monitored schedules and residents can choose to have their personal laundry managed on-site. There are facilities for residents to wash personal items. A naming process for residents' clothes assists in reducing the incidence of lost clothing. Induction processes for hospitality services staff includes respect for residents' privacy, dignity, choice and decision making. The home regularly audits hospitality services and their compliance with infection control guidelines.