



Aged Care  
Standards and Accreditation Agency Ltd

## **Churches of Christ Care Arcadia Aged Care Service Essendon**

RACS ID 3705  
120 McCracken Street  
ESSENDON VIC 3040

Approved provider: Churches of Christ in Queensland

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 22 February 2017.

We made our decision on 23 December 2013.

The audit was conducted on 26 November 2013 to 27 November 2013. 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	Accreditation 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	Accreditation 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		Accreditation 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		Accreditation 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



Aged Care  
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# Audit Report

**Churches of Christ Care Arcadia Aged Care Service Essendon 3705**

**Approved provider: Churches of Christ in Queensland**

## Introduction

This is the report of a re-accreditation audit from 26 November 2013 to 27 November 2013 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents 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, resident 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 Accreditation 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 Accreditation Agency conducted the re-accreditation audit from 26 November 2013 to 27 November 2013.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of 3 registered aged care quality assessors.

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

## Assessment team

Team leader:	Nicola Walker
Team members:	Jenny Salmond
	Gerard Barry

## Approved provider details

Approved provider:	Churches of Christ in Queensland
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## Details of home

Name of home:	Churches of Christ Care Arcadia Aged Care Service Essendon
RACS ID:	3705

Total number of allocated places:	103
Number of residents during audit:	101
Number of high care residents during audit:	95
Special needs catered for:	Residents living with dementia

Street:	120 McCracken Street	State:	Victoria
City:	Essendon	Postcode:	3040
Phone number:	03 8378 3300	Facsimile:	03 9379 7788
E-mail address:	Nil		

## Audit trail

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

### Interviews

	Number		Number
Service manager	1	Management and administration staff	3
Area manager	1	Hospitality and environment staff	6
Clinical Services Manager	1	Maintenance management and staff	2
Behavioural Management Coordinator	1	Volunteers	4
Registered nurses	4	Residents	15
Enrolled nurses	2	Representatives	5
Care staff	6	Physiotherapist	1
Lifestyle staff	3		

### Sampled documents

	Number		Number
Residents' files	13	Medication charts	10
Personnel files	10	Residents' administration files	8

### Other documents reviewed

The team also reviewed:

- Accreditation agency's self-assessment tool (completed)
- Action plan for continuous improvement
- Advance care plan discussion record
- Annual essential services safety measures report (current)
- Approved provider/contractor lists
- Arcadia behaviour management program (Draft)
- Assets register
- Audit and Review - Health and Personal Care
- Audit schedule, tools and analysis
- Catering records
- Clinical Reports
- Complaints register
- Core staff roster
- Diabetic management plans
- Education and meeting planner

- Education records and resources
- Emergency procedure manual and disaster plan
- Essential services manual
- External approved provider contracts
- Feedback and improvement forms
- Fire and emergency equipment testing logs
- Food safety plan and related documentation
- Hazardous substance register
- Health and personal care manual
- Internal audits and schedule
- Job safety analysis worksheets and safe work method statements
- Lifestyle records
- Mandatory reporting folder
- Material safety data sheets
- Meeting schedules, agendas and minutes
- Minutes of meetings
- Nursing registrations register
- Occupational health and safety manual
- Palliative care pathway
- Performance appraisals
- Pest control service records
- Police certificates and statutory declarations register
- Policies, procedures and flow charts
- Position descriptions and duty lists
- Reactive and preventative maintenance logs and schedules
- Resident evacuation information and staff contact information
- Resident handover sheets
- Resident observations and clinical data records
- Sign in/out logs for residents, visitors and contractors
- Staff induction and orientation documentation
- Staffing base roster
- Stock order forms
- Third party and council audits of food safety (current)
- Trend data analysis.

## **Observations**

The team observed the following:

- Activities program, resources and activities in progress
- Assessment information
- Availability of personal protective equipment
- Call bell system
- Charter of residents' rights and responsibilities (on display)
- Chemical storage
- Cleaners' room, cleaning trolley and cleaning in progress
- Communication processes
- Emergency evacuation pack and current resident and staff information
- Emergency fire plans indicating and location in home
- Equipment and supply storage areas
- Feedback forms, multi-lingual pamphlets and external complaints scheme and advocacy brochures
- Fire board, alarms, monitoring, containment and fighting equipment
- Hand disinfection and washing availability
- Illuminated exit signs and unobstructed egress routes
- Interactions between staff and residents
- Key-pad door security and closed circuit television
- Living environment
- Lunch and beverage services and menu (on display)
- Maintenance workshop
- Noticeboards
- Notification of Agency visit (on display)
- Nurses' stations
- 'Our mission, our values, our strategic goals statements' (on display)
- Pain management clinic in progress
- Pressure relieving equipment
- Reception and administration area
- Resident continence equipment
- Resident interactions with other residents and staff
- 'Resident of the day' care evaluation process
- Residents mobilising independently and with assistance
- Secure equipment and supply storage areas
- Skin and limb protectors in use
- Specialist and consultant referral process
- Specialist referral process
- Spill kit



- Staff room
- Staff support for residents and visitors
- Wound care equipment.

## 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 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 findings

The home meets this expected outcome

Management ensures the active pursuit of continuous improvement across the Accreditation Standards. A schedule of audits and surveys identifies the service's level of performance in relation to meeting residents' needs, management systems and environmental and safety systems. Further insight into improvement opportunities occurs through observation, feedback, regular analysis of key performance indicators and a schedule of meetings. A plan for continuous improvement documents improvement opportunities and monitors progress towards satisfactory outcomes. The evaluation of improvements occurs through a system of informal and formal processes and management communicates outcomes to staff and residents and representatives through regular established communication processes. Staff, residents and representatives state they are encouraged to provide input into the continuous improvement system and are aware of improvements occurring in the home.

Examples of recent improvements undertaken or in-progress relevant to Standard 1 Management systems, staffing and organisational development include the following:

- Following recognition of an opportunity to improve the provision of physiotherapy services, the service was increased on a trial basis to 39 hours per week. Following this, the successful implementation of a pain clinic and expansion of the physiotherapy service to cover six days per week to include Saturdays, management extended the trial for a further year. Physiotherapy staff reports greater contact with family members and therefore more timely provision of required mobility aids and more efficient post-fall evaluations and pain management. Residents are experiencing improved pain control and residents and representatives are happy with the enhanced service. Staff are pleased with the 'toolbox' education sessions now provided by the physiotherapists. Evaluation is ongoing.
- Following a review of the roster, management identified 48 different members of staff were rostered to work in the dementia specific area each week. The subsequent reduction of staff rostered in this area to 32 has enhanced continuity of care. Staff with a particular interest/skill in caring for those living with dementia have been identified and are utilised in preference to others during staff rostering. Management is satisfied with the result of this review and the enhanced continuity of care provided to this group of residents. Evaluation is ongoing.
- Prompted by the identified need to improve the efficiency of the medication auditing process, management implemented the medication module of the electronic care planning system. Supported by staff education, the implementation has reduced the time taken to complete medication rounds by at least 30 minutes. Staff are very happy with the resultant efficiency gains and are confident in their use of the system. Management stated the new system has resolved the potential for missed signatures and automatically

documents the use of 'as required' medication in the progress notes, reminding staff of the need to formally evaluate effectiveness. Management is satisfied with the range of reports the new system can generate. Evaluation 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 findings**

The home meets this expected outcome

The organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. Management remain apprised of legislative changes through membership of peak body organisations, a legislative update service and communications generated by professional and government groups. Established communication and documentation processes disseminate changes to all relevant staff. Monitoring of regulatory compliance occurs through management observation, an established auditing process, incident analysis and competency testing. Staff confirm they undertake competency testing specific to their role, complete annual mandatory training and receive updates from management when changes occur. Residents and representatives are satisfied with the information provided to them by staff and management.

Examples of responsiveness to regulatory compliance obligations relevant to Standard 1 Management systems, staffing and organisational development include the following:

- A process ensures all staff, volunteers and contractors comply with the requirement to maintain a current police certificate and have provided a statutory declarations if appropriate.
- A range of policies and procedures reflect professional and regulatory guidelines.
- All stakeholders are advised of re-accreditation audits by management.
- Confidential documents are stored and destroyed securely.
- Management ensures the availability of information about internal and external complaints mechanisms and advocacy services.
- Management has a system in place to monitor the currency of professional registrations.

## **1.3 Education and staff development**

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

### **Team's findings**

The home meets this expected outcome

An education and staff development system identifies educational needs for management and staff through a variety of sources including audits, incident reports, changing resident needs and policy reviews. Staff provide input into the education schedule through performance appraisals and an annual training needs analysis. Staff access education in a variety of forms including face-to-face, e-learning, television, written packages and attendance at external courses. Management monitor the knowledge and skills of staff through observations, resident feedback, competencies and education attendance records.

Staff are satisfied with their access to education and the scheduled program assists them in the performance of their roles. Residents and representatives are satisfied staff have the appropriate levels of knowledge and skills to deliver care.

Recent education topics relating to Standard 1 include:

- corruption/fraud
- diploma community sector management
- orientation
- 'powerful conversations'.

#### **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 findings**

The home meets this expected outcome

Management has systems to ensure each resident, their representatives and other interested parties have access to internal and external complaints mechanisms. Information about the comments and complaints process is included in resident and staff handbooks and pamphlets outlining external complaints advocates are readily available. Through a variety of communication strategies all stakeholders are encouraged to raise feedback with management and staff or to use the facility's feedback form. Management reviews all feedback, enters it onto an electronic data base to facilitate monitoring and ensures timely follow-up. Where appropriate an action plan is developed and monitored through the continuous improvement system. Staff encourage residents and representatives to raise issues of feedback to facilitate an early resolution. Residents and representatives have access to a feedback form, feel very comfortable approaching management and staff with feedback and are satisfied with management's responsiveness.

#### **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 organisation's mission, values and strategic goals and the Charter of residents' rights and responsibilities are displayed and have been documented in a wide range of documents. Management's commitment to the provision of quality throughout the service is established and reflected throughout the home's continuous improvement framework.

## **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

Management have systems in place to ensure there are appropriately skilled and sufficient staff employed to meet the care needs of residents within in accordance with the Standards and the organisation's philosophy and objectives. The variety of staff roles are supported by specific position descriptions, which define the qualifications, roles and responsibilities required to undertake their duties. There is a documented process for the recruitment, selection and orientation of new staff and staff performance against their position description is regularly appraised. The roster reflects adequate levels of staff and skill mix to meet the care needs of residents and minimal use of external agency staff. The educational program provides staff with the opportunity to increase knowledge and skills relevant to their area of work. Staff enjoy their work and are satisfied with the support provided by management. Residents and representatives are complimentary about the responsiveness and quality of care they receive.

## **1.7 Inventory and equipment**

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

### **Team's findings**

The home meets this expected outcome

The home maintains sufficient stocks of appropriate goods and equipment to support quality service delivery. The home maintains an assets register, ensures maintenance of required stock levels at all times and has established departmental ordering processes with preferred suppliers. Maintenance systems check, monitor and maintain equipment and equipment is appropriately checked and safely stored. Staff say they have sufficient equipment and supplies, access to an efficient maintenance system to ensure the repair of faulty equipment and new equipment requests are actioned in a timely manner. Residents and representatives are satisfied there are sufficient supplies and equipment to meet residents' needs.

## **1.8 Information systems**

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

### **Team's findings**

The home meets this expected outcome

There are systems to facilitate the collection and distribution of information enabling staff and management to perform their roles effectively. Processes include a document and data control system and regular updates of procedures and guidelines for staff. There is an established process for updating resident care information performed by key staff according to a schedule of reviews. Personnel, resident files and resident agreements are securely stored. Staff have passwords and levels of access for electronic media according to their role and function. Management uses memoranda, letters, electronic mail, noticeboards, newsletters, meetings and face-to-face conversations to communicate with all stakeholders.

Staff, residents and representatives stated they are satisfied with the level of information provided by management and their ability to access information as required.

### **1.9 External services**

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

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

The home meets this expected outcome

The organisation ensures the provision of all externally sourced services are provided in a manner that meets the home's needs and its service quality goals. Management maintains a register of approved providers and develops service contracts with relevant providers which they regularly review. Processes are in place to ensure contractors fulfil legislative requirements applicable to their role; including the provision of evidence of current police certification. Management monitors the effectiveness of external services through a variety of mechanisms including surveys, the feedback system and during staff and resident meetings. Residents, representatives and staff said they are satisfied with the quality of external services provided.

## 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 findings

The home meets this expected outcome

Management actively pursues continuous improvement across all aspects of residents' health and personal care. Residents and representatives state they are very satisfied with the quality of care provided by staff to residents and their families. Refer to expected outcome 1.1 Continuous improvement for details of the service's continuous improvement systems.

Examples of recent improvements undertaken or in progress that relate to Standard 2 Health and personal care include the following:

- Following an invitation from a palliative care consortium, the home has been involved in a regional project to assess the level of palliative care services provided at the home. A review of palliative care records prompted focussed workshops for registered and enrolled nurses and personal care workers and an 'end of life' care pathway was successfully implemented. Management and staff are satisfied with their increased knowledge and skills in providing support to residents at the end of their life. Evaluation will be ongoing.
- Following an observation of residents with Parkinson's disease, management identified some residents become really upset at their loss of control. An external expert visited the home and met individually with residents living with Parkinson's disease. As a result, suggestions were made to residents and staff in relation to their care and recommendations were made to the residents' doctor. Whilst visiting the home the external expert provided education to staff about Parkinson's disease, including discussions on medication and mobility. Residents were very happy with this individualised expert support and the resident's doctors followed-up the recommendations made. Staff are more confident in their management of residents as a result.
- Management identified the increasing demands on staff in relation the meeting the needs residents with complex behaviours. A registered nurse now works two days a week to co-ordinate behaviour management strategies at the home. Their role includes the monthly reviews of care plans for those requiring support for behavioural challenges. Their review of the behaviour management policy will provide updated resource information to guide staff. Utilising a mix of in-house and external experts, the 2014 staff training program will build on knowledge provided through initial 'toolbox' education and targeted training of key staff. Management is positive about the benefits to residents as a result of the program's focus on staff supporting residents' care needs while managing challenging behaviours. Staff state they feel more confident in their management of behaviours exhibited by residents living with dementia. Evaluation of this initiative is ongoing.
- To improve the safety of residents requiring lifting machines, staff implemented the recommendations resulting from a 'sling' audit. All residents have their own, correctly sized and labelled lifting slings in their room which staff launder and inspect on a regular basis. Management is satisfied with the improved quality of equipment supporting residents' transfer needs.

## **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

Management has systems in place to identify and comply with all relevant legislation, regulatory requirements, professional standards and guidelines relevant to health and personal care. Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

Examples of responsiveness to regulatory compliance obligations relating to Standard 2 Health and personal care include the following:

- Management have policies and procedures in place and staff are aware of their responsibilities in relation to unexplained absences of residents.
- Registered nurses plan and supervise the delivery of specialised nursing care and ensure clinical guidance and support for staff is always available.
- Staff comply with policy and legislative requirements guiding medication management and storage.

## **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

Management has systems to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to residents’ health and personal care. For details regarding the home’s system, refer to expected outcome 1.3 Education and staff development.

Recent education topics relating to Standard 2 include:

- behaviour and dementia management
- continence care
- end of life palliative care
- medication competencies
- medication management
- nutrition, hydration and wound management.



## **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 an effective system to ensure residents receive clinical care appropriate to their needs and preferences. Nurses assess residents’ clinical needs and preferences on entry to the home and develop plans of care. Clinical staff evaluate residents’ care plans every two months or more frequently if necessary to ensure they remain appropriate. A registered nurse communicates changes to residents’ needs and preferences to staff at shift handover and records updates on the handover sheet. Staff describe relevant aspects of each resident’s daily care in progress notes which the clinical services manager reviews at least weekly. The clinical services manager formally assesses the effectiveness of clinical care and collects, analyses and reports relevant data to management through a monthly clinical management report. Discussion of this report at staff meetings ensures staff receive feedback about the effectiveness of care and can initiate improvements if indicated. Residents and representatives state staff communicate relevant changes when residents’ clinical needs vary.

## **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 home has a system to ensure appropriately qualified staff identify and meet residents’ specialised nursing care needs. A registered nurse, in conjunction with the resident’s doctor or other health care consultants assesses each resident’s needs and preferences on entry to the home. Staff develop an individual care plan which is reviewed and updated every two months or more frequently is required. Care plans reflect monitoring requirements, specific needs, equipment, resources, instructions and strategies so that care is optimised. Residents said they are happy with the way staff meet their specialised care 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 findings**

The home meets this expected outcome

The home has an effective system to ensure prompt referral of residents with special needs to appropriate health specialists. The system includes identification of needs, consultation with the resident or representative, referral procedures and a process of information sharing and ongoing communication. Specialists include mental health professionals, dietitians, speech pathologists, podiatrists, optometrists, physiotherapists, palliative care services and wound specialists. Health specialists’ record relevant information and recommendations in the progress notes if necessary and a registered nurse updates resident care plans and instructions for staff in response to these. Residents said they are satisfied with the way the home arranges referrals to relevant health specialists when required.

## **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 an effective system to ensure residents’ medications are managed safely and appropriately. Nursing staff manage medication administration and medications are stored securely in accordance with legislative requirements. The home uses an electronic medication system linked to an external pharmacy. The pharmacy enters medication prescription details into this system, supplies medications to the home and provides an ‘on-call’ service if required. Medication systems are regularly audited and audit results inform staff education and the continuous quality improvement process. The home ensures the residents’ doctor formally reviews the medication chart every six months and a consultant pharmacist conducts a medication management review for each resident every 12 months. A medication advisory committee oversees medication safety at the home. Staff feedback and ongoing education occurs regularly to ensure staff are knowledgeable about medications and maintain optimum skill levels. Residents and representatives residents’ medication administration occurs in a safe and timely manner and in accordance with needs and preferences.

## **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

The home has an effective system to ensure residents are as free as possible from pain. All residents undergo a comprehensive assessment on entry to the home and nursing staff develop a care plan which is re-evaluated every two months or when needs change. Extended observation periods enable nursing staff to develop an understanding of the causes, quality, frequency and types of pain experienced by a resident and implement appropriate pain management strategies. Regular communication occurs between care and nursing staff to ensure that residents experiencing pain are reviewed by their doctor and appropriate pain medication is prescribed. A pain management clinic operates four days each week. A physiotherapist provides specialised support for residents on a group or a one-on-one basis so residents can be as free from pain as possible and continue their daily routines and activities. Residents expressed satisfaction with the way staff optimise pain management.

## **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 a comprehensive palliative care program that nursing staff implement when indicated, in consultation with the resident or their authorised representative and the resident’s doctor. The palliative care program aims to support the resident and their representatives. Nursing staff sensitively discuss ‘end of life’ issues with residents and/or their representative and document these to ensure the needs of the resident and their family can be met. Nursing staff review the plan if the resident’s condition changes to ensure staff

understanding is consistent with that of the resident and their representatives. There is a chaplain at the home and involvement of religious personnel and an external palliative care service are arranged if required to provide additional support for residents and representatives. Staff have access to appropriate equipment to assist in resident care during this time.

## **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 an effective system to ensure residents receive adequate nutrition and hydration. Nursing staff assess each resident’s nutrition and hydration status as well as food preferences and swallowing risks on entry to the home. The outcome of the assessments informs the development of a care plan which includes instructions and relevant information for care staff. Staff weigh residents monthly or more regularly if indicated. Evaluation of care plans occurs every two months or more frequently if staff identify changes in residents’ weight or food and fluid intake. ‘heat-wave’ procedures are activated in summer months to ensure residents remain hydrated and risks associated with dehydration are minimised. Referrals to a speech pathologist or dietitian are made if residents are at risk of swallowing difficulties, poor nutritional and hydration status or experience weight changes. The chef attends food focus meetings with residents to understand preferences. Residents and representatives stated they are satisfied with the home’s approach to meeting residents’ nutrition, hydration and associated support of their needs.

## **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 a system to assess each resident’s skin care needs on entry to the home and nursing staff document strategies to minimise skin integrity risks in the resident’s care plan. Strategies include regular repositioning, skin protectors, pressure relieving equipment and use of emollient creams. A podiatrist visits residents at the home regularly and records details and instructions for staff in the progress notes. Registered nurses assess injuries such as skin tears, pressure injuries, bruising and any skin trauma. They then implement treatment strategies and provide wound care. The clinical services manager oversees wound management and a wound care specialist is consulted if necessary. Management collate and analyse wound information and provide regular reports. Residents and representatives stated they are satisfied with the way staff assist residents maintain skin integrity.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

The home has systems and processes to manage residents’ continence needs effectively. Care staff assess each resident’s toileting and continence needs on entry to the home and may implement extended assessments to collect detailed information over a period of several days. The clinical services manager oversees continence care at the home and is supported by a continence coordinator. There is regular communication between care and nursing staff to ensure care plans and continence equipment remain consistent with resident needs. A number of different continence aids and toileting equipment are available and supplied by the home. Referrals are made to external consultants if specialised assessment and management is indicated. Staff receive education and training in the availability and use of continence aids, equipment and manual handling. Residents and representatives stated the home meets their continence needs.

## **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

The home has a system to manage the needs of residents experiencing challenging behaviours. Staff assess residents’ behaviour patterns and characteristics when they move into the home and obtain further information from representatives and previous care givers. Staff will also conduct extended periods of assessment and observation if indicated and document detailed reports of behaviour related issues in the progress notes. Nurses develop care plans to reflect the assessment and other findings. These identify triggers which may prompt challenging behaviours and include individualised strategies so staff can provide effective responses and support residents when these arise. The home is currently implementing a behavioural management program to address the ongoing and long-term needs of residents experiencing behavioural challenges. The home accesses external specialist services for residents who require further review and management. Staff have access to education and resources to assist in supporting residents experiencing behaviours. Residents and representatives stated they were happy with the way in which challenging behaviours occurring in the home are managed by staff.

## **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 home has a system to ensure qualified staff assist residents achieve optimum levels of mobility and dexterity. Nursing staff and a physiotherapist assess each resident’s mobility, dexterity and rehabilitation needs on entry to the home and develop a care plan. The care plan outlines equipment or support needs and is re-evaluated every two months. The home utilises the services of a specialist ‘shoe fitter’ to assist with mobility, safety and skin care. Physiotherapists provide pain management and support for residents through exercise,

programs, balance and strengthening exercises and other therapies and there is a physiotherapist service at the home from Monday to Saturday. Residents are provided with an individualised exercise program which they can follow themselves or with the assistance of staff. Equipment is available to assist residents with mobility and dexterity. Staff assess residents for their risk of falling and implement and record strategies in the care plan to manage this risk. Residents and representatives stated they were satisfied with the way residents' mobility, dexterity and rehabilitation are supported by staff at the home.

## **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 has a system to ensure residents are able to maintain or improve their oral and dental health. Staff assess each resident's oral and dental health on entry to the home and develop a care plan. The care plan details the degree of assistance a resident requires to manage their own mouth care. Staff evaluate the care plan every month or more frequently if care needs change. Residents and/or representatives choose a preferred dentist and the home assists them to make and attend appointments. Staff also organise dental visits to the home. The home has dental and mouth care supplies available for residents, which include swabs, mouth washes and toothbrushes. Residents and representatives stated staff assist residents with mouth care as required and support their independence.

## **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

The home has systems for identifying and managing residents' sensory losses across all five senses. A range of staff, including nurses, dietitians and lifestyle and leisure staff capture this information on entry to the home. Two-monthly reviews occur to ensure this information remains current. References to the five senses are documented in the care plan and progress notes. Staff arrange appointments to relevant specialists as required and a mobile optical service and audiology service regularly visits the home. The home has resources available to minimise the impact of sensory loss such as large print and talking books and the lifestyle program provides activities that highlight the different senses. Residents and representative stated their satisfaction with the identification and management of resident's sensory losses.

## **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

The home has processes to understand resident preferences and usual routine in relation to sleep and assist residents achieve natural sleep patterns. Initial and extended observational assessments ensure staff obtain a good understanding of each resident's sleep patterns and identify any problems they are having. Staff evaluate the care plan monthly to ensure it

remains current. The home uses a variety of methods to promote sleep and consults with a resident's doctor if medication is required. Staff use strategies such as pain relief, music, warm milk and other comfort measures to assist residents get to sleep. Residents reported they sleep well.

## 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 findings

The home meets this expected outcome

Management ensures the active pursuit of continuous improvement across all aspects of residents’ health and personal care. Residents and representatives state they are satisfied with the quality and diversity of support provided by staff to ensure residents achieve maximum control of their lives. Refer to Expected outcome 1.1 Continuous improvement for details of the service’s continuous improvement systems.

Examples of recent improvements undertaken or in progress that relate to Standard 3 Resident lifestyle include the following:

- Following a review of resident needs, lifestyle staff and staff from the dementia specific area have implemented a daily bus trip for residents. Scheduled for 4pm, residents living with dementia are escorted by two staff for an hour-long drive prior to arriving ‘home’ for dinner; which is served shortly after their return. Management and staff stated residents who often experience increased levels of restlessness and agitation at the end of the day are less tired as a result of their rest during the bus trip. Observational data supports staff identification of a reduction in challenging behaviours for most attendees and residents observed to be relaxed in the evening and more engaged in eating dinner.
- In conjunction with the chaplains, the life of residents who reach 90 years of age is celebrated. Music and reminiscences specific to the resident’s ‘heyday’ are a focus of the celebration and each resident receives a certificate. Staff and management expressed pleasure at the positive benefits these celebrations have on each resident who celebrates their 90<sup>th</sup> birthday.
- Following the recognition of the special needs of a group of representatives, management held a ‘spouse’s’ lunch this year. The 12 attendees discussed the loneliness and often lack of focus associated with a spouse requiring residential care. Given the benefits associated with this social occasion, management confirmed the spouse’s lunch will become a monthly event.
- To enhance behaviour management, lifestyle staff have implemented a variety of electronic based activities. Each resident living with dementia has been provided with a portable audio device containing music that meets their preferences and cultural tastes and staff report residents are more relaxed as a result. The use of scanning technology has permitted the development of individualised ‘reminiscence books’ that include photographs from the resident’s life. These include, for example, their home, car and special celebrations. Management stated that in some cases these photographic records have been used by families to celebrate a resident’s life during their funeral. Residents have also appreciated access to a well-known internet video sharing site and have enjoyed following the trip of a man traveling from Johannesburg and Durbin in South Africa. Management and staff are pleased with the positive effects the use of this technology has had on residents’. Evaluation continuing.

### **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 findings**

The home meets this expected outcome

Management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about resident lifestyle. Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

Examples of responsiveness to regulatory compliance obligations relating to Standard 3 Resident lifestyle include the following:

- Management has processes in place to manage compulsory reporting requirements and to educate all staff in recognising and responding appropriately to situations that may require mandatory reporting.
- Management offer a residential agreement to each resident or their representatives on entry to the home and demonstrate respect for the security of resident tenure at the home.
- Policies and procedures guiding the maintenance of residents’ privacy and confidentiality are in place and followed.
- Residents receive information on their rights and responsibilities, privacy and consent issues in their information booklet and residential agreement.

### **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

Management has systems to monitor the knowledge and skills of staff enabling them to perform their roles effectively. For further details regarding these processes, refer to expected outcome 1.3 Education and staff development.

Recent education topics relating to Standard 3 includes:

- certificate in leisure and lifestyle
- child representation therapy
- dementia care essentials
- mandatory reporting (elder abuse)
- stroke education.



### **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 findings**

The home meets this expected outcome

Residents receive support in adjusting to life on entry to the home and on an ongoing basis. Staff initially assess the emotional needs of residents and then as scheduled. Lifestyle staff develop activities in accordance with residents' preferences based on their past history, customs and beliefs. Links with the community are encouraged and if required staff arrange visits with religious personnel. One-on-one interaction occurs with lifestyle staff as required. In addition to the care staff, a large volunteer base also plays a role in providing emotional support to residents and families during times of grief and sadness. Regular resident meetings occur providing an opportunity for residents to provide feedback and input regarding all aspects of their care. Residents and representatives stated staff interact with residents in a meaningful supportive way.

### **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

Staff assist residents to achieve independence and participate in community life in and outside the residential care service. Where residents are unable to make their own decisions, staff contact the authorised representative to ensure they can continue to provide the care and support according to the resident's wishes. The lifestyle program includes activities based on residents' preferences and specific interests such as shopping activities, outings and inviting school groups and external organisations to the home to maintain links with the community. The home provides equipment such as mobility aids and specialised cutlery and crockery which staff encourage residents to use promoting their independence as much as possible. Residents and representatives stated staff support residents in optimising and maintaining their independence.

### **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 findings**

The home meets this expected outcome

There are processes to recognise and respect each resident's privacy, dignity and confidentiality. The home has single rooms with private en-suites and residents are encouraged to personalise their space with memorabilia from their previous home. Management securely stores residents' files and provide facilities in resident's rooms for locking away valuables. The home has areas for private meetings, discussions and functions. We observed staff knocking on residents' doors before entering, and assisting residents in a respectful manner. Residents and their representatives said staff treat residents with dignity and respect.

### **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 has processes to encourage and support residents participate in a wide range of interests and activities they enjoy. On entering the home, staff identify residents' cultural background, hobbies and preferences to develop lifestyle plans which reflect individual personalities. Lifestyle staff cater to individual and group needs and provide activities to accommodate varying cognitive abilities and activity levels. Lifestyle staff monitor participation of residents and evaluations and surveys occur regularly to ensure ongoing resident satisfaction with lifestyle activities. Residents have the opportunity to provide feedback and input into the lifestyle program through meetings and they receive information regarding activities from noticeboards and newsletters. Residents said they are encouraged to attend the lifestyle program, but it is a matter of personal choice. Residents are satisfied with the activities program and say have enough to do during the day.

### **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

Individual interests, customs, beliefs and cultural backgrounds are valued and fostered. On entering the home staff record residents' individual interests, religious beliefs and cultural backgrounds. The home caters for these personal preferences through the provision of tailor-made activity programs and specialised meals, where required. The home acknowledges culturally specific celebrations according to residents' preferences, including, birthdays, Easter and Christmas. Staff also recognise cultural and spiritual needs during the palliative care phase of the resident's life and where required, access religious personnel for additional spiritual support. Management monitors the effectiveness of these celebrations through observations, meetings and feedback. Residents and representatives are satisfied with the way staff support residents' cultural and spiritual needs.

### **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 findings**

The home meets this expected outcome

Each resident participates in decisions about the services they receive. On entering the home, staff record residents' personal preferences in consultation with their representatives. As part of scheduled care plan reviews, staff ensure residents continue to receive care in accordance with their wishes. Residents have input regarding rising and settling times, food choices and their level of participation in activities. The home conducts regular meetings and encourages residents and their representatives to provide feedback about the care they receive through meetings, surveys and the complaints mechanisms. Residents are satisfied their choices are respected.

### **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 findings**

The home meets this expected outcome

Residents have secure tenure within the home and there are processes to ensure they understand their rights and responsibilities. On entry, management provides residents and/or their representatives with a resident agreement and information pack, including a resident handbook. Contained within is information about the resident's security of place, the residents' rights and responsibilities and services provided. Brochure displays include material on independent complaints mechanisms, the Charter of residents' rights and responsibilities is on display and residents are not moved from their room without prior consultation and agreement. The home maintains power-of-attorney information and advises residents and/or their representatives in the event of a change in specified care and services. Residents and their representatives express satisfaction with the information made available when residents enter the home and provided on an ongoing basis.

## 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 findings

The home meets this expected outcome

Management ensures the active pursuit of continuous improvement activities related to all aspects of the physical environment and safe systems. Residents and representatives are satisfied with quality of the catering, laundry and environmental services provided at the home and the safety and comfort of the living environment. Refer to expected outcome 1.1 Continuous improvement for details of the service’s continuous improvement systems.

Examples of recent improvements undertaken or in progress that relate to Standard 4 Physical environment and safe systems include the following:

- A workplace health and safety audit identified the use of some cytotoxic drugs in the home. Staff have been provided with education on safe administration of all medication and safety information on cytotoxic medication is available in each medication room. Cytotoxic waste disposal units are available for the infrequent disposal of relevant medication bottles. Management and staff are satisfied with this enhancement to staff safety.
- As a result of the success of painting the corridors on the first floor, a similar colour scheme was introduced to the ground floor. By painting the architraves and skirting boards a darker colour the delineation between walls and floors is enhanced for residents with deteriorating vision. Management identified that, as on the first floor, the incidence of falls in common areas has been reduced. Staff and residents are pleased with the resultant improvement in the décor.
- Following the outcome of a review the laundry and cleaning services previously provided by external contractors were bought ‘in-house’ in June 2013 and the catering service bought ‘in-house’ in August 2013. Management report the implementation of these in-house services permits management to have greater control on these customer focused services. Each new service was supported by the development of new position descriptions and duty lists, staff education and the provision of new equipment. A newly appointed chef manages the catering service which is now more responsive to residents’ choices. The majority of staff working with the services remain with the home and are pleased with the support they received to remain. Residents and representatives are satisfied with the quality of catering and environmental services provided at the home. Evaluation is ongoing.
- Observation that the number of linen skips stored in the pan rooms led to overcrowding, prompted the building of purpose-built linen skip storage cupboards in the adjacent corridors. Management and staff are pleased with the resultant improvement in space in the pan rooms and the unobtrusive linen skip storage areas in the corridors.

## **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

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

Examples of responsiveness to regulatory compliance obligations relating to Standard 4 Physical environment and safe systems include the following:

- Chemicals are stored safely in secure areas and current material safety data sheets are available at the point of use.
- Key staff monitor and maintains infection control standards within established policies and guidelines.
- Management ensures all staff attends annual mandatory training in fire and emergency procedures.
- Management has an occupational health and safety system and actively promotes occupational health and safety.
- Regular monitoring and maintenance of fire and safety systems occurs and the home has a current ‘Annual essential safety measures report’.
- The home has a food safety program in place and the catering service has current third party and local council food safety certificates.

## **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.

Management has systems to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to physical environment and safe systems. For details regarding the system refer to expected outcome 1.3 Education and staff development.

Recent education relating to Standard 4 Physical environment and safe systems includes:

- fire and emergencies
- food safety.
- hand hygiene
- manual handling
- occupational health and safety five day course
- safe use of chemicals.

#### **4.4 Living environment**

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

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

The home meets this expected outcome

Management of the home actively works to provide an environment which reflects the safety and comfort needs of the residents. The home accommodates residents in single rooms with ensuites and residents are encouraged to personalise their rooms. A comfortable temperature is maintained throughout the home, sufficient and appropriate furniture is available and there are spacious communal areas which enhance the calm environment. Residents' privacy is maintained, they have access to call bells and are able to safely and easily mobilise through the internal and external environment; including well maintained courtyard gardens. The home has a minimal restraint policy and regularly audits the living environment. We noted a high standard of cleanliness and repair as a result of the home's cleaning and reactive and preventative maintenance systems. Residents and representative confirm a high level of satisfaction with the home's environment, stating they feel safe and comfortable.

#### **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 promote a safe working environment that meets regulatory requirements. The system includes occupational health and safety staff representation, policies and procedures, resources and incident/hazard reporting processes. The safety committee meets regularly and takes a proactive approach using a risk management process. Manual handling training, risk assessments, maintenance programs and monitoring mechanisms such as workplace inspections support the safety of staff and other stakeholders. There are current material safety data sheets and appropriate supplies of personal protective, safety and transfer equipment. Staff attend training in manual handling and have an appreciation of their occupational health and safety responsibilities.

#### **4.6 Fire, security and other emergencies**

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

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

The home meets this expected outcome

The home has systems in place for detecting and acting on fire, security and other emergencies and required essential safety certification is current. Approved providers regularly check fire detection and fighting equipment and the home's auditing and monitoring ensures safe systems are maintained and contractors complete work as required. The home has key-pad door security, a closed circuit television monitoring system and guidelines to maintain security of the home. Electrical equipment is tested and tagged and emergency manuals are readily available. Emergency signage and evacuation maps are appropriately located, emergency exits and paths of egress are clear and unobstructed and an evacuation

pack contains current resident and staff information. All staff completes mandatory annual fire and emergency training. Residents and representatives state they are confident in the ability of staff to manage an emergency and residents say feel safe and secure in the home.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

Management actively work towards reducing the risk of infections at the home. Personal protective equipment, hand washing facilities, cleaning and laundering procedures, and a food safety program are some of the infection control measures the home has in place. Mandatory training includes infection control and a vaccination program is available to all residents and staff who wish to participate. Monthly analysis of infection data provides management the opportunity to evaluate this information for trends which prompts a review of staff practice or education if necessary. Staff demonstrate an awareness of appropriate infection control practices relevant to their duties.

#### **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 findings**

The home meets this expected outcome

The home provides all catering, laundry and cleaning services and employ permanent staff. Catering staff have relevant resident information identifying specific nutrition and hydration requirements, food allergies, food preferences and choices. There is a registered food safety plan and a rotating menu offering variety and choice to residents. Dedicated laundry services provide a rapid turnaround of residents' clothing. Cleaning staff work to a schedule of daily spot cleans and regular detailed cleaning of residents' bedrooms and clean common areas daily. All hospitality staff follow standard infection control practices. The home monitors its hospitality systems to identify and correct deficits within these services. Residents and representatives are satisfied with the catering, cleaning and laundry services provided by the home.