



Aged Care
Standards and Accreditation Agency Ltd

Decision to accredit Erowal Aged Care Centre

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

The Agency has decided that the period of accreditation of Erowal Aged Care Centre is three years until 24 July 2012.

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:	Erowal Aged Care Centre				
RACS ID:	5327				
Number of beds:	27	Number of high care residents:	23		
Special needs group catered for:	• Dementia care				
Street/PO Box:	1274 Landsborough Road				
City:	MALENY	State:	QLD	Postcode:	4552
Phone:	07 5494 3844		Facsimile:	07 5499 9008	
Email address:	erowal@bluecare.org.au				

Approved provider

Approved provider:	The Uniting Church in Australia Property Trust
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Assessment team

Team leader:	Gwen Brown
Team member/s:	Desma-Ann van Rosendal
Date/s of audit:	20 April 2009 to 22 April 2009

Executive summary of assessment team's report	
Standard 1: Management systems, staffing and organisational development	
Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply
Standard 2: Health and personal care	
Expected outcome	Assessment team recommendations
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

Accreditation decision

Agency findings
Does comply
Does comply
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Agency findings
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Executive summary of assessment team's report	
Standard 3: Resident lifestyle	
Expected outcome	Assessment team recommendations
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
Standard 4: Physical environment and safe systems	
Expected outcome	Assessment team recommendations
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

Accreditation decision

Agency findings
Does comply
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Agency findings
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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.



Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Erowal Aged Care Centre
RACS ID	5327

Executive summary

This is the report of a site audit of Erowal Aged Care Centre – 5327, 1274 Landsborough Road, Maleny Qld 4552 from 20 April 2009 to 22 April 2009 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 Erowal Aged Care Centre.

The assessment team recommends the period of accreditation be three 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.

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 20 April 2009 to 22 April 2009.

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:	Gwen Brown
Team member/s:	Desma van Rosendal

Approved provider details

Approved provider:	The Uniting Church in Australia Property Trust
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Details of home

Name of home:	Erowal Aged Care Centre
RACS ID:	5327

Total number of allocated places:	27
Number of residents during site audit:	23
Number of high care residents during site audit:	23
Special need catered for:	Dementia care

Street/PO Box:	1274 Landsborough Road	State:	Queensland
City/Town:	Maleny	Postcode:	4552
Phone number:	07 5494 3844	Facsimile:	07 5499 9008
E-mail address:	r.olley@bluecare.org.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Erowal Aged Care Centre.

The assessment team recommends the period of accreditation be three 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 one and a half days on-site and gathered information from the following:

Interviews

	Number		Number
Service manager	1	Residents	4
Regional care manager	1	Representatives	1
Clinical nurse	1	Regional services officer	2
Registered nurses	2	Volunteers	1
Endorsed enrolled nurses	3	Site maintenance officer	1
Regional workplace health and safety officer	1	Workplace health and safety officer	1
Property manager	1	Regional support officer	2
Regional maintenance officer	1	Support services officer	2
Hospitality services officer	2	Activity officer	1
Palliative care coordinator	1	Human resource officer	1
Staff development officer	1	Diversional therapy	1
Care staff	5	Laundry staff	1
Regional admissions officer	1	Cleaning staff	1
Senior housekeeping officer	1	Cook	1
Catering staff	1	Palliative care volunteer	1

Sampled documents

	Number		Number
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Residents' files	4	Medication charts	8
Resident's care plans	6	Weight monitoring charts	10
Resident's administration files	5	Personnel files	5
Bowel charts	12	Wound charts	3

Other documents reviewed

The team also reviewed:

- Allied health appointment schedule
- Allied health referral register
- Audit reports
- Backflow prevention device inspection report
- Behaviour monitoring guide
- Bus outing activity plans
- Care plan consultation check sheets
- Care plan review schedule
- Case conference records
- Catering and cleaning manuals
- Changes to dietary profile flowchart (dated April 2009)
- Clinical pharmacy reviews
- Code of conduct brochure for staff
- Complaints flowchart
- Compliments and complaints register
- Consumer incident reports
- Controlled drug register
- Critical incident management for client and non client
- Daily exercise programs
- Department of health and ageing guidelines
- Diabetics list
- Diary and communication book
- Dietary plan/profiles
- Dietitian assessments
- Diversional therapy and activities records
- Education package for performance development
- Emergency procedures flowchart
- Emergency response manuals
- Faxes to medical officers
- Fire and evacuation manual
- Flow charts for food services
- Flowchart for nutrition and weight management
- Food and fluid consumption chart
- Food safety plan
- Gastroenteritis outbreak management manual
- General practitioner review list

- Guidelines for inspections
- HACCP manual for cook fresh meals
- Handover/evaluation sheets
- Hazard reports
- Hip protector care plans
- Hip protector flowchart
- Hip protector register
- Incident forms
- Incident monitoring and trending reports
- Indwelling catheter management record
- Infection monitoring reports
- Interview packs
- Job descriptions
- Maintenance request form
- Manual handling cards
- Material safety data sheets
- Medication assistance request forms
- Medication fridge temperature monitoring records
- Meeting calendar 2009
- Meeting minutes
- Organisational chart for HACCP
- Performance development plans and flowchart
- Physiotherapy assessments
- Preventative maintenance schedule for equipment
- Protocol – registered nurse initiated medications
- Quality improvement plan
- Quality manual for 2009.
- Recruitment and selection process checklist
- Recruitment policies and procedures
- Regional organisational chart
- Report on pan sanitizers
- Report on water filters
- Resident meeting minutes (dated 12 January 2009 and 2 April 2009)
- Resident satisfaction surveys and results
- Residential audit results at a glance
- Residents' information handbook
- Residents' information package and surveys
- Restrain policy
- Restraint assessments and authorisations
- Rosters
- Schedule 8 drug key register
- Service operational plans for all aspects of food services
- Shower lists
- Skin tear management guidelines
- Skin tear register
- Spills kit
- Staff handbook

- Staff incident process
- Staff memos
- Staff orientation program
- Staff probity check register
- Staff professional registration register
- Staff signature register
- Staff training register
- Standing offer agreement
- Stock supplies ordering sheet
- Strategic directions
- Summary of menu for meals
- Summary of staff incident types
- Summary sheets for meals in lodges
- Supplements and thickened fluids list
- Uniform dress code
- Workplace environment audits and results
- Workplace health and safety committee membership list
- Wound checklists
- Wound management assessments
- Wound treatment regimes

Observations

The team observed the following:

- Activities in progress
- Blood spills kits
- Charter of Residents' Rights on display
- Equipment and supply storage areas
- Hairdresser facilities
- Hand washing facilities
- Interactions between staff and residents
- Living environment
- Maintenance shed and work areas
- Meal time practices
- Medication administration
- Medication alerts in use
- Notices on display
- Personal protective equipment in use
- Resident using a computer
- Residents painting
- Storage of medications

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

The home actively pursues continuous quality improvement through a program which includes resident satisfaction surveys, meeting forums, an audit schedule, comments and complaints system, quality improvement forms and observations of care and the environment. Audit results, quality improvement suggestions and appropriate comments/complaints are tabled at the home’s monthly meetings. Action plans are generated as result of the outcomes and/or identified deficiencies discussed at these meetings. Feedback about the home’s continuous quality improvement is provided verbally and by displaying the minutes of meetings and the quality data. Quality improvement forms are available throughout the facility for residents, relatives and staff to provide suggestions or raise issues in addition to raising issues at the meeting forums. Staff are aware and satisfied with the processes utilised to raise suggestions and confirmed that these are addressed promptly. Residents and /or their representatives who have raised suggestions or issues confirmed that they have been addressed by management and expressed satisfaction with the processes utilised.

Recent improvements undertaken by the home relating to Standard One include but are not limited to:

- As a result of administration staff spending considerable time replacing staff for emergent leave, additional casual staff were employed to enable the home to have a casual pool of staff to cover emergent leave.
- As a result of occurrences where residents’ confidential clinical information has been sent through with administration information, two additional fax lines were installed to the clinical nurse’s offices to ensure confidentiality of resident information is maintained. Staff report that this maintains confidentiality of residents’ information and also creates efficiencies for staff waiting on results of pathology tests.

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

Relevant legislation, regulatory requirements, standards and guidelines are identified at an organisational level, incorporated into the organisation's policies, procedures and practices and notified to the home through various mediums including intranet, internal memorandums and newsletters. The home has implemented effective systems and processes to ensure compliance such as incorporating relevant requirements into policies, procedures and practices, providing staff education, conducting audits and using monitoring tools. Staff demonstrated appropriate knowledge of the home's policies and the management of the home demonstrated compliance with relevant legislation and regulatory requirements such as the advice to residents and their representatives about accreditation audits, the provision and monitoring of police certificates and nursing registration.

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

Management have systems and processes in place to ensure staff have the appropriate knowledge and skills to perform their roles. Staff are recruited according to criteria of education, qualifications and experience and complete an orientation program upon employment to ensure an understanding of their role and the organisation's philosophy and objectives. Staff attendance at annual mandatory education is monitored through a computerised tracking matrix system and staff are followed up to ensure 100% compliance. Other education needs are identified through an annual training needs analysis, a performance development system, staff suggestions and through monitoring the changing needs of the residents. An annual schedule for internal (in-service) and regional education is available for staff and access to information about external education is also provided. Competency assessments and questionnaires are also available for identified education topics. Staff are satisfied with the education provided by the organisation. Residents and/or their representatives are satisfied with the knowledge and skills of management and staff.

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

The home has an internal comments and complaints mechanism for residents and representatives, which is detailed in the resident handbook and residential care services agreement. Information displayed also provides residents and their representatives with information on external complaints, their rights and responsibilities and advocacy services. Staff demonstrated

knowledge of internal and external complaints mechanisms for residents and report they would assist residents in accessing these when appropriate. Residents interviewed were satisfied with their access to internal and external complaints processes and felt confident that management and staff would address any concerns in a timely manner.

1.5 Planning and leadership

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

Team's recommendation

Does comply

The home has a documented organisational vision, philosophy and directions that reflect their commitment to continuous quality improvement. This information is provided to staff and residents as part of their orientation process, is included in their respective handbooks and is displayed at key areas of the home.

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

The home has systems and processes in place to ensure that appropriately qualified, skilled and sufficient numbers of staff are available to meet residents' needs. The selection of staff is based on experience, qualifications and ability of applicants to meet residents' care needs. Professional registration and/or criminal record checks are completed on all staff prior to commencement of employment and the home has a system in place to monitor the expiry dates of these. All staff undertake an orientation, are accompanied by an experienced staff member for initial shifts and complete a probationary period within the home. Absences are filled by utilising a staff casual pool from within the home. Staff skills are monitored through supervision, observation, competencies and annual performance appraisals. A performance management processes is utilised for individual staff performance if deficits are identified. Staff feedback indicates that they have time to complete tasks relevant to their role and residents and/or their representatives are satisfied with the skills of staff and that response to requests is within a reasonable timeframe.

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

The home utilises internal systems and processes to assess and monitor the goods and equipment required for service delivery. New equipment purchasing processes are in place according to a budget process, with faulty equipment replaced as a matter of priority. New equipment is trialed prior to purchase with staff receiving instruction on the use prior to introduction into the facility. Inventory and ordering processes are maintained by clinical and hospitality services personnel with staff indicating that stock levels are adequate at all times. All stock is appropriately and securely stored in designated areas throughout the home with all staff having access to the same. Equipment is maintained according to maintenance schedules or in response to a maintenance request from staff or residents. Staff indicated satisfaction with the response to maintenance requests and the availability of equipment and supplies.

1.8 Information systems

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

Team's recommendation

Does comply

The home has effective information management systems in place to ensure that all stakeholders within the home have access to current information. Management and staff have access to information they require to perform their roles effectively and residents and/or their representatives indicate that they have access to appropriate information to assist them in making decisions about their care and lifestyle. Memorandums, staff newsletters and regular meeting forums are used to advise staff of administrative information, policy and/or procedural requirements, legislative and regulative changes and quality improvement data. Care plans and handover processes provide staff with relevant information to ensure residents' care needs are met. Resident and staff information is stored and archived appropriately; access to care documentation is available to authorised personnel. Processes are in place to ensure that review of documentation occurs to ensure currency; this is conducted at an organisational level. Staff are advised of their privacy and confidentiality requirements upon commencement of employment and compliance is monitored by management.

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

Systems and processes are in place to ensure that all externally contracted

services are provided to meet residents' needs. Service agreements detailing the home's expectations are developed when external services are engaged through a process undertaken at a regional office level. Agreements are monitored to ensure compliance at a local level through the completion of feedback forms that are addressed by the Service manager and forwarded to regional office. Evaluation of the provider's performance is undertaken prior to renewal of any service agreement with contracts terminated if services are not of an appropriate standard. Contractors are monitored in relation to the requirement for police checks. A service provider listing is available for staff reference when repairs to equipment are required and/or for ordering goods. Services sourced externally include chemical supplies, maintenance of air-conditioning units, sanitising equipment and fire/emergency services. Staff and residents are satisfied with the quality of services provided by external suppliers in meeting residents' needs.

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 actively pursues continuous quality improvement through a program which includes an audit schedule, quality improvement forms, comments and complaints system, resident surveys, meeting forums and observations of care and the environment. Audit results, quality improvement suggestions and appropriate comments and/or complaints are tabled at the home's monthly meetings. Action plans are generated as result of the outcomes and/or identified deficiencies discussed at these meeting. Feedback about the home's continuous quality improvement is provided verbally and by displaying the minutes of meetings and the quality data. Quality improvement forms are available throughout the facility for resident, relatives and staff to provide suggestions or raise issues in addition to meeting forums. Staff are aware and satisfied with the processes utilised to raise suggestions and confirmed that these are addressed promptly. Residents and /or their representatives who have raised suggestions or issues confirmed that they have been addressed by management and expressed satisfaction with the processes utilised to do this.

Recent improvements undertaken by the home relating to Standard Two include but are not limited to:

- As a result of staff not always being able to find the resident's slide sheet and finding it time consuming and frustrating, a suggestion was placed with management for slide sheet holders to be placed in each resident's room. These have been erected in those residents' rooms that require slide sheets. Staff state that this initiative is excellent and a great time saver.
- In response to the number of resident falls, hip protectors were purchased for those residents who were at risk of falls to minimise their risk of injury. As a result, there has been no incidence of fractures of the hip for those residents.
- As a result of staff not always reviewing for effectiveness of as required medication, a yellow sticker system has been implemented. This has increased compliance rates with follow up on the effectiveness of as required medication.

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

Relevant legislation, regulatory requirements, standards and guidelines are identified at an organisational level, incorporated into the organisation’s policies, procedures and practices and notified to the home through various mediums including intranet, internal memorandums and newsletters. The home has implemented effective systems and processes to ensure compliance such as incorporating relevant requirements into policies, procedures and practices, providing staff education, conducting audits and using monitoring tools. Staff demonstrated appropriate knowledge of the home’s policies and the management of the home demonstrated compliance with relevant legislation and regulatory requirements such as specialised nursing care and medication management and has a system for monitoring the professional requirements of clinical staff.

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

Management have systems and processes in place to ensure staff have the appropriate knowledge and skills to perform their roles. Staff are recruited according to criteria of education, qualifications and experience and complete an orientation program upon employment to ensure an understanding of their role and the organisation’s philosophy and objectives. Staff attendance at annual mandatory education is monitored through a computerised tracking matrix system and staff are followed up to ensure 100% compliance with mandatory training. Other education needs are identified through an annual training needs analysis, a performance development system, staff suggestions and through monitoring the changing needs of the residents. An annual schedule for internal (in-service) and regional education is available for staff and access to information about external education is also provided. Competency assessments and questionnaires are also available for identified education topics. Staff are satisfied with the education provided by the organisation. Residents and/or their representatives are satisfied with the knowledge and skills of management and staff.

2.4 Clinical care

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

Team’s recommendation

Does comply

The home has systems and processes in place to assess residents care needs on entry to the home and on an ongoing basis. Care plans are developed by

registered nurses utilising information gathered from assessments and residents/representatives input with evaluation undertaken three monthly or as required. Daily care needs are evaluated, monitored and reviewed by the registered nurse through the handover process, review of progress notes and clinical incident data with changes communicated to staff and care plan adjustments made as required. Communication and referral between external and allied health professionals for residents' individual care needs is appropriate and timely. Staff demonstrate an understanding of individual resident care needs and preferences and are satisfied with the communication processes utilised to inform them of resident clinical care changes. Residents confirm that the clinical care they receive is appropriate to their needs and preferences.

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' specialised nursing care needs are identified through assessment and care planning processes conducted on entry to the home and as required. The clinical nurse and registered nurses are supported by endorsed enrolled nurses in the provision of specialised nursing care and assistance is sought from specialist health services as required. Specialised care needs currently being provided include insulin therapy, management of indwelling catheters and stoma therapy. Care interventions are planned and discussed with the care team who report any changes to the clinical nurse. Ongoing monitoring of care needs is conducted through observation, discussion with residents, review of residents' records, and feedback from staff and health professionals. The visiting medical officers, allied health practitioners and specialist services are contacted if additional support is required for individual residents. Residents are assisted with transport to attend appointments. Residents who receive specialised nursing care are satisfied with the care they receive.

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' allied health needs are identified on entry to the home and referral to appropriate health specialists is undertaken in a timely manner. A variety of health specialists are utilised by the home including physiotherapy, podiatry, dietician, speech pathology and older persons mental health with regular assessments undertaken for individual residents as required. A written referral is initiated by registered nursing staff for non-urgent medical and allied health reviews. In urgent cases the clinical nurse verbally refers to medical or allied health staff for review and further care instructions which are implemented.

The outcome of the referral, including instructions for ongoing care, are documented appropriately and retained in residents' records. Staff demonstrate an understanding of the circumstances to refer residents for re-assessment by other health specialists, are aware of the referral process and are satisfied that they are informed of outcomes resulting from referral. Residents indicate they are referred to appropriate health specialists in accordance with their needs and preferences.

2.7 Medication management

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

Team's recommendation

Does comply

Systems are in place to identify residents initial and ongoing medication management needs. The home utilises either a multi-dose sachet system or packaged system for resident's routine medications with 'as required' and short course medications supplied in their original packaging. Registered nurses and endorsed enrolled nurses administer medications. The clinical nurse is responsible for the ordering of unpacked medications and notifying pharmacy of changes to resident's medications. All medications including controlled and refrigerated drugs are stored and monitored appropriately. Resident medication charts contain photographic identification, allergies and specific instructions for administration. Evaluation of the medication administration system is conducted through the monitoring of internal medication incidents and internal auditing processes. Residents are satisfied that their medication is administered safely and correctly.

2.8 Pain management

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

Team's recommendation

Does comply

Each resident's pain management needs are identified and assessed on entry to the home and on an ongoing basis. Factors contributing to pain are identified and referrals for medical assessment are initiated as needed. Staff implement a variety of pain management strategies such as pressure area care, repositioning, heat packs, exercise/movements and massage for residents to ensure they remain as free as possible from pain. Staff outlined pain management strategies for individual residents. Residents reported they are satisfied with the way their pain is managed. Progress notes entries show that action is taken in response to residents' reports of pain. The effectiveness of pain management strategies is evaluated.

2.9 Palliative care

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

Team's recommendation

Does comply

Residents' end of life requests are collected in consultation with the resident and their representatives when appropriate. Copies of information such as enduring power of attorney and advanced health directives (if applicable) are located in the residents' records and available for registered staff referral. Staff have the knowledge and skills to co-ordinate and provide appropriate clinical care and emotional/spiritual support; access to additional equipment (for example syringe drivers) can be provided as needs arise. Access to external palliative care services is also undertaken on a needs basis. Care plans are developed in consultation with residents' family members and representatives and form part of the resident's pain management interventions. Pastoral care support is facilitated by staff and palliative care volunteers at the resident's and their families' request. Residents and representatives state that staff are very caring and respectful of their wishes and preferences in ensuring their care needs are met.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

Processes for nutrition and hydration management have been reviewed and new processes have been developed and implemented. Residents nutrition and hydration needs including likes, dislikes and cultural requirements, allergies and assistive equipment devices required are identified on entry to the home through the completion of a dietary plan/profile. The information gathered is used to develop the residents care plan and inform the kitchen, to ensure appropriate meals are provided to all residents. Strategies implemented to assist residents to maintain adequate nourishment include the provision of specialised eating utensils/assistive devices, provision of texture modified diets, dietary supplements and referral to dietitians and speech pathologists, as required. Residents are weighed on admission then monthly or more frequently, as needed. Variances in weights are trended and unintended weight loss or gain is analysed for causative factors and results in referral to allied health professionals for the introduction of special diets and/or supplements which are implemented. Residents are satisfied with the quality and sufficiency of food and fluids provided.

2.11 Skin care

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

Team's recommendation

Does comply

Resident's skin integrity is assessed and a risk assessment is performed on

entry to the home or when the resident's care needs change. Nursing staff monitor resident's skin integrity during hygiene routines and the delivery of care. Staff have access to suitable stocks and equipment including emollients and pressure relieving devices to maintain resident's skin integrity. The resident's care needs are communicated to staff via care plans, exception reports, verbal and written handover and communication diaries. Processes for wound management have been reviewed and new processes have been developed and implemented. When resident's skin is compromised, a wound treatment regime is completed identifying any specific treatment and interventions are a wound management assessment is completed to document interventions and progress of wound healing. Residents/representatives are satisfied with the care they receive to maintain their skin integrity.

2.12 Continence management

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

Team's recommendation

Does comply

Continence assessments are conducted on residents upon entry to the home with urinary and bowel monitoring charts commenced to identify patterns and trends.

Residents' individual continence programs are assessed and developed by registered nurses and are detailed on care plans for care staff reference. The registered nurse is informed of extra pad requirements and increased frequency of incontinence which prompts investigation and continence re-assessment once any possible causes are eliminated. Individualised bowel management programs are developed and include pharmacological and non-pharmacological interventions. Bowel patterns are monitored every afternoon by the endorsed enrolled nurse who reports concerns to the registered nurse. Medications are administered to residents (as required) who exhibit constipation if other non-pharmacological interventions have failed. Residents are satisfied with the level of assistance and aids provided to manage their continence.

2.13 Behavioural management

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

Team's recommendation

Does comply

The home has processes to ensure that residents' with challenging behaviour are managed effectively. Residents' behaviour is assessed on entry to the home and on an ongoing basis. Strategies are in place to support identified challenging behaviours, including leisure activities of interest to the residents. Registered staff monitor the effectiveness of care strategies and care staff have been provided with instruction in regards to managing challenging behaviour. Staff outlined care for individual residents and demonstrated that

preventative strategies are in place and effective in minimising the occurrence of challenging behaviours. Residents reported that they are satisfied with the behaviour management in place at the home and that they are not disturbed by other residents.

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’ mobility and dexterity requirements are assessed on entry to the home by a registered nurse and a physiotherapist who is also involved in identifying appropriate mobility aids. The diversional therapy program includes exercises at least weekly and residents are encouraged to attend. Where appropriate, daily exercise programs are developed and documented; whilst most residents perform these independently some residents require the assistance of staff to complete these during the delivery of hygiene cares. Residents transfer requirements are documented on a manual handling card and in the care plan and staff are familiar with the individualised needs of the residents in relation to this. Residents reported satisfaction with their mobility and dexterity.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

Residents’ oral and dental status is identified on entry to the home through assessments with the level of assistance required to maintain oral and dental hygiene identified and included in the resident’s care plan to guide staff. Strategies to assist residents to maintain their oral and dental health include referral to relevant external health specialists (dentists/dental technicians), fluid maintenance and application of oral moisturisers. Texture modification of meals is provided where oral and dental health is compromised. Staff are provided with education on oral hygiene safety for those residents with impaired swallowing capacity. Residents/representatives are satisfied with the level of support provided to assist them with the maintenance of oral hygiene and their access to dental health services.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Residents with sensory loss indicated they were satisfied with the assistance they receive from staff. Information relating to the residents' sensory needs including vision, hearing and speech is identified on entry to the home and on an ongoing basis. Residents are referred to specialists such as audiologists, optometrists and speech pathologists in accordance with assessed need and in consultation with the resident, their representative and doctor. Appointments are diarised and staff assist residents to attend as required. Staff have an understanding of individual resident needs and strategies to promote effective communication. Residents report satisfaction with the management of their sensory losses.

2.17 Sleep

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

Team's recommendation

Does comply

Residents sleep patterns are identified through assessment processes including a sleep monitoring chart. Residents are accommodated in individual rooms and have shared bathrooms. Staff conduct regular checks overnight to identify residents who are awake or uncomfortable. Night routines maintain an environment that is conducive to sleep and factors that may compromise sleep such as confusion, incontinence, pain, temperature variances and noise are identified and addressed to promote sleep. Strategies to promote sleep include additional bedding, light adjustment, repositioning, toileting, massage, quiet music and a light snack if requested. Residents reported that they slept well and received sufficient rest.

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 actively pursues continuous quality improvement through a program which includes an audit schedule, quality improvement forms, comments and complaints system, resident surveys, meeting forums and observations of care and the environment. Audit results, quality improvement suggestions and appropriate comments/complaints are tabled at the home’s monthly meetings. Action plans are generated as result of the outcomes and/or identified deficiencies discussed at these meeting. Feedback about the home’s continuous quality improvement is provided verbally and by displaying the minutes of meetings and the quality data. Quality improvement forms are available throughout the facility for resident, relatives and staff to provide suggestions or raise issues in addition to meeting forums. Staff are aware and satisfied with the processes utilised to raise suggestions and confirmed that these are addressed promptly. Residents and /or their representatives who have raised suggestions or issues confirmed that they have been addressed by management and expressed satisfaction with the processes utilised.

Recent improvements undertaken by the home relating to Standard Three include but are not limited to:

- In an effort to increase resident’s mobility, parallel bars, which had been donated to the home, were erected and risk assessments performed. Residents use the bars under the supervision of the physiotherapist or the physio aide. Residents confirmed that this was an excellent improvement to the home’s environment and stated they would like to use them every day and that they feel stronger as a result of using the bars to walk more often.

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

Relevant legislation, regulatory requirements, standards and guidelines are identified at an organisational level, incorporated into the organisation’s policies, procedures and practices and notified to the home through various

mediums including intranet, internal memorandums and newsletters. The home has implemented effective systems and processes to ensure compliance such as incorporating relevant requirements into policies, procedures and practices, providing staff education, conducting audits and using monitoring tools. Staff demonstrated appropriate knowledge of the home's policies and the management of the home demonstrated compliance with relevant legislation and regulatory requirements such as mandatory reporting and residents' security of tenure.

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

Management have systems and processes in place to ensure staff have the appropriate knowledge and skills to perform their roles. Staff are recruited according to criteria of education, qualifications and experience and complete an orientation program upon employment to ensure an understanding of their role and the organisation's philosophy and objectives. Staff attendance at annual mandatory education is monitored through a computerised tracking matrix system and staff are followed up to ensure 100% compliance with mandatory training. Other education needs are identified through an annual training needs analysis, a performance development system, staff suggestions and through monitoring the changing needs of the residents. An annual schedule for internal and regional education is available for staff and access to information about external education is also provided. Competency assessments and questionnaires are also available for identified education topics. Staff are satisfied with the education provided by the organisation. Residents and/or their representatives are satisfied with the knowledge and skills of management and staff.

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

Information about the home is provided to residents prior to and on entry to the home, and orientation is provided to residents to assist their adjustment to the new environment. Residents' emotional needs and preferences for support are identified, and a care plan identifying social and support needs for both the resident and family members is developed. Emotional support is further enhanced through assisting residents' to personalise their rooms and regular one to one interaction with volunteers, the diversional therapist and activities officer. Staff are encouraged to use residents' care plans to enable them to provide appropriate emotional support, particularly during the transition period following entry to the home. Family members and friends are welcomed as part

of the supportive network. Residents and/or their representatives report they are satisfied with the support they received from staff during the settling-in period and with the ongoing support provided by management and staff.

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' previous interests and lifestyle as well as current interests and abilities, are identified during baseline assessments to assist with development of a care plan that maximizes individual resident's independence. Residents are assisted with those aspects of personal care and other activities they are unable to manage unaided, and appropriate equipment such as mobility aids and feeding utensils is provided to support individual residents' independence. A range of activities is provided, and staff encourage residents to actively participate according to their preferences. When a sensory deficiency is noted, environmental modifications are made as necessary. Risk assessments are conducted and discussions held with residents whose mobility may be compromised and who wish to maintain a level of independence with mobility and activities. Staff indicated that they maintain respect for resident's independence while monitoring for the development of depression or isolation. Residents report that they are encouraged and supported to be independent.

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

The home maintains policies and processes to protect residents' privacy and dignity. On entry, residents' are provided with information about their rights including their right to privacy; staff receive similar information on commencement of employment, and further education in relation to these topics is included in ongoing education program. Files containing residents' personal information are stored in locked areas, with access limited to authorized staff and visiting health professionals. Staff reported that they are mindful of appropriate practices, such as knocking on residents' doors, when providing personal care, and aim to ensure discretion and maintenance of residents' dignity at all times. Residents and/or their representatives report that staff are courteous and respectful of their privacy.

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' past and current interests are identified following entry through interview and completion of a social profile. Individualised leisure interest care plans, developed by the Diversional Therapist in consultation with the resident and/or representative, reflect the resident's physical, sensory and cognitive abilities as well as their identified interests. The monthly activities program is developed with individual interests and capabilities in mind, with large and small group and one to one sessions included. The activities schedule is communicated through notice boards, resident meetings and daily contact with individual residents. Activities are evaluated through resident meetings, individual/group feedback, resident surveys and review of comments and complaints. Results indicate that residents are satisfied with the program offered. Residents report they were able to choose whether to attend group activities or not, and that staff assist them to access materials to support individual activities in their rooms.

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' specific cultural and spiritual needs are identified on entry to the home and a care plan developed in consultation with the resident and/or representative. Pastoral and volunteer services provide emotional and spiritual support, religious services are held regularly on site and attendance at external religious observances is encouraged and facilitated. Celebrations are held to mark days of cultural and religious significance, with the catering service able to provide special meals on these occasions, as well as catering for the specific cultural requirements of individual residents at all times. Staff receive information to increase their awareness of cultural and religious considerations when providing personal care, and residents report that their cultural and spiritual needs and preferences are respected and supported.

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 at the home are provided with opportunities to exercise choice and decision making throughout the planning and provision of care and are encouraged to be actively involved. Methods to identify resident's choices are incorporated into admission processes and on an ongoing basis, through

resident meetings, surveys, the comments and complaints process and daily one to one contact between staff and residents. Staff respect and accommodate residents' choices, such as participation in particular activities, and ensure flexibility in routines, for example with timing of attention to hygiene needs and evening retiring times, to respect residents' preferences. Residents are able to exercise their decision-making rights at resident meetings, and residents and/or representatives are informed of processes to access advocacy services if required. Residents and/or their representatives report they are satisfied with the choices they were offered in matters relating to the care and services they receive.

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 are offered a residential care service agreement that provides security of tenure and information about residents' rights and responsibilities. Residents access further information about complaints mechanisms and their rights and responsibilities from the resident handbook, notice boards and brochures that are made available in the home. A process involving staff, residents and their representatives, is followed if general changes to living arrangements, for example a room change, are required. The Services Manager and clinical nurses are accessible to both resident and relatives to discuss any concerns, and also provide information at resident meetings. Residents indicated that they believe management respects their rights as residents and that they are aware of their responsibilities and feel secure in their tenure at the home.

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 actively pursues continuous quality improvement through a program which includes an audit schedule, quality improvement forms, comments and complaints system, resident surveys, meeting forums and observations of care and the environment. Audit results, quality improvement suggestions and appropriate comments/complaints are tabled at the home’s monthly meetings. Action plans are generated as result of the outcomes and/or identified deficiencies discussed at these meeting. Feedback about the home’s continuous quality improvement is provided verbally and by displaying the minutes of meetings and the quality data. Quality improvement forms are available throughout the facility for resident, relatives and staff to provide suggestions or raise issues in addition to meeting forums. Staff are aware and satisfied with the processes utilised to raise suggestions and confirmed that these are addressed promptly. Residents and /or their representatives who have raised suggestions or issues confirmed that they have been addressed by management and expressed satisfaction with the processes utilised to do this.

Recent improvements undertaken by the home relating to Standard Four include but are not limited to:

- As a result of a review of all beds in the home, a number of bed rails were found to be faulty and putting the resident at risk, therefore were discarded and replaced.
- As a result of a review of the cleaning services, additional coloured coded buckets and mops have been purchased to have in each area to reduce the time taken to gather equipment and to improve the infection control measures. The staff confirmed this is working well in the areas that have implemented it. Further evaluation will occur when it is implemented across the site.
- In an effort to streamline the access to the store rooms and cleaner’s rooms, a colour coded system has been implemented whereby a coloured dot is placed on doors that can be opened by a specific key. Staff state this has assisted all staff and made access more efficient.
- A review of emergency response procedures has resulted in the development of a new external disaster plan which is now available for the home to utilise in the event of a disaster.

- To assist with the monitoring process of protective assistance documentation, a database has been developed to flag when resident's protective assistance is due for evaluation and reassessment. Staff report this is of assistance to them.

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

Relevant legislation, regulatory requirements, standards and guidelines are identified at an organisational level, incorporated into the organisation's policies, procedures and practices and notified to the home through various mediums including intranet, internal memorandums and newsletters. The home has implemented effective systems and processes to ensure compliance such as incorporating relevant requirements into policies, procedures and practices, providing staff education, conducting audits and using monitoring tools. Staff demonstrated appropriate knowledge of the home's policies and the management of the home demonstrated compliance with relevant legislation and regulatory requirements such as record management, record monitoring, information management and an audit program. The home has developed a food safety plan, follows contemporary infection control guidelines and has established a workplace health and safety program.

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

Management have systems and processes in place to ensure staff have the appropriate knowledge and skills to perform their roles. Staff are recruited according to criteria of education, qualifications and experience and complete an orientation program upon employment to ensure an understanding of their role and the organisation's philosophy and objectives. Staff attendance at annual mandatory education is monitored through a computerised tracking matrix system and staff are followed up to ensure 100% compliance with mandatory training. Other education needs are identified through an annual training needs analysis, a performance development system, staff suggestions and through monitoring the changing needs of the residents. An annual schedule for internal (in-service) and regional education is available for staff and access to information about external education is also

provided. Competency assessments and questionnaires are also available for identified education topics. Staff are satisfied with the education provided by the organisation. Residents and/or their representatives are satisfied with the knowledge and skills of management and staff

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

The home has processes in place to ensure that residents feel safe and comfortable. Residents are provided with their own room and have access to dining rooms, sitting rooms and outdoor areas. The home's environment is clean and well maintained, with comfortable levels of temperature and noise. The home is maintained using a preventative maintenance schedule or in response to a maintenance request from staff or residents. There is sufficient furniture suitable to the needs of residents. The home has processes in place for the identification and mitigation of hazards. Residents requiring environmental restraint have signed authorisations which are reviewed annually by their medical officer and the registered nurses. Residents indicated that they felt safe and comfortable in their living environment.

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

The home has established safety systems that are supported by the organisational structure and meet regulatory requirements. The home has an onsite qualified workplace health and safety officer responsible for the management of the safety system. Processes are utilised to assess risk, to identify and control/mitigate hazards, for the management of staff incidents and the review of safety issues through the home's workplace health and safety committee that meets monthly. Regular assessments of the work environment are conducted. Staff receive training in workplace health and safety at orientation and then annually with staff generally demonstrating an accurate knowledge of safety protocols and incident reporting mechanisms.

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

The home has systems and processes in place for detection and action in the event of a fire, security breach or other emergency incident within the home. Records of inspection indicate that the fire detection and alarm system, sprinkler system, fire fighting equipment, hydrants and emergency lighting have been inspected and maintained in accordance with the relevant standards and are monitored by external contractors. Fire exits and egress routes were free from obstacles, evacuation plans are on display throughout the home, evacuation lists and emergency manuals are available for staff and fire authority referral and staff have knowledge of their responsibilities in the event of a fire or emergency situation. Staff are provided with education and training at orientation and annually at mandatory training with attendance monitored by management using a matrix system.

4.7 Infection control

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

Team's recommendation

Does comply

The home has an effective infection control program, with processes in place to collect and analyse infection data for trends and ensure the ongoing safety of residents and staff. Issues relating to infections are discussed at appropriate meeting forums and any deficiencies identified are actioned in a timely manner. The home has an outbreak management policy (including outbreak kits) that is utilised if an outbreak occurs. Staff receive training and competency assessment in relation to infection control measures (such as hand washing and food safety) at orientation then annually at mandatory training and demonstrate an awareness of the outbreak and spills management systems. Residents are administered flu vaccinations annually if this is their preference and staff are also offered the vaccinations. The effectiveness of infection control measures in all areas of the home, including the kitchen, cleaning services and laundry are monitored through regular audits, cleaning schedules and temperature monitoring where appropriate. The home provides adequate hand washing facilities, sharps containers, spill kits and personal protective equipment for staff. Processes are in place to effectively manage waste, pest control and food hygiene. Staff demonstrated awareness of the colour-coded equipment, the use of personal protective equipment and the principles they utilise to prevent cross infection.

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

The hospitality services within the home meet the needs and preferences of residents. Catering services are provided onsite with residents having a choice of meals available to them through the completion of daily menu forms with staff. Feedback is gained about hospitality services through satisfaction surveys, meeting forums, comments and complaints mechanisms and informal discussion with staff and management. Kitchen stock is rotated, food is served within safe temperature ranges and the dietician is consulted in relation to the residents' dietary choices and when any menu changes occur. Changes to residents' dietary requirements and preferences are communicated to hospitality staff to ensure residents' needs are met. Cleaning duties are monitored by management with audits conducted to ensure rooms and common areas are cleaned and maintained on a regular basis. Laundry services are provided within infection control guidelines and returned to residents' rooms in a timely and appropriate manner. Resident and/or their representative feedback indicated that they are satisfied with the choice available regarding catering, cleaning and laundry services provided by the home.