



**Aged Care**  
Standards and Accreditation Agency Ltd

## **Decision to accredit Goodwin Ainslie (Goodwin House)**

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Goodwin Ainslie (Goodwin House) in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Goodwin Ainslie (Goodwin House) is three years until 21 September 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:	Goodwin Ainslie (Goodwin House)				
RACS ID:	2906				
Number of beds:	108	Number of high care residents:	60		
Special needs group catered for:	<ul style="list-style-type: none"><li>• 20 bed dementia specific unit</li></ul>				
Street/PO Box:	35 Bonney Street				
City:	AINSLIE	State:	ACT	Postcode:	2602
Phone:	02 6286 1766		Facsimile:	02 6286 9534	
Email address:	jpurcell@goodwin.org.au				

### Approved provider

Approved provider:	Goodwin Aged Care Services Limited
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### Assessment team

Team leader:	Sandra Daly
Team member/s:	Janice Stewart
Date/s of audit:	13 July 2009 to 15 July 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
Does comply
Does comply
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Does comply
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Agency findings
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<b>Executive summary of assessment team's report</b>	
<b>Standard 3: Resident lifestyle</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
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
<b>Standard 4: Physical environment and safe systems</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
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

<b>Agency findings</b>
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

<b>Agency findings</b>
Does comply
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Does comply

### Assessment team's reasons for recommendations to the Agency

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



**Aged Care**

Standards and Accreditation Agency Ltd

# SITE AUDIT REPORT

Name of home	Goodwin Ainslie (Goodwin House)
RACS ID	2906

## **Executive summary**

This is the report of a site audit of Goodwin Ainslie (Goodwin House) 2906 35 Bonney Street AINSLIE ACT from 13 July 2009 to 15 July 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 Goodwin Ainslie (Goodwin House).

The assessment team recommends the period of accreditation be 3 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 13 July 2009 to 15 July 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:	Sandra Daly
Team member/s:	Janice Stewart

## Approved provider details

Approved provider:	Goodwin Aged Care Services Limited
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## Details of home

Name of home:	Goodwin Ainslie (Goodwin House)
RACS ID:	2906

Total number of allocated places:	108
Number of residents during site audit:	106
Number of high care residents during site audit:	60
Special needs catered for:	20 bed dementia specific unit

Street/PO Box:	35 Bonney Street	State:	ACT
City/Town:	AINSLIE	Postcode:	2602
Phone number:	02 6286 1766	Facsimile:	02 6286 9534
E-mail address:	jpurcell@goodwin.org.au		

**Assessment team's recommendation regarding accreditation**

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Goodwin Ainslie (Goodwin House).

The assessment team recommends the period of accreditation be 3 years.

**Assessment team's recommendations regarding support contacts**

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

**Assessment team's reasons for recommendations**

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

**Audit trail**

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

**Interviews**

	Number		Number
Manager village operations	1	Hotel services manager	1
Chief executive officer	1	Maintenance person	1
Director of care	1	Residents	10
Care manager	1	Representatives	6
Assistant care managers registered nurses	2	Cleaning staff	2
Personnel officer	1	Laundry staff	1
Village manager	1	Catering staff	2
Infection Control officer	1	Head chef	1
Fire officer	1	Care staff, certificate 3 and 4	10
Admin staff	3	Leisure and Lifestyle Coordinator	1
Activity coordinator	1	Care Coordinator	1
Registered Nurse Mobile Nursing Team	1	Physiotherapy assistant	1
Physiotherapist	1		

**Sampled documents**

	Number		Number
Residents' files (assessments, care plans, progress notes, and review and updates)	11	Medication charts	11
Residents agreements	11	Personnel files	10
Observation charts	14	Medication review completed by pharmacist and report	11
Interim care plan	11		

**Other documents reviewed**

The team also reviewed:

- Activities and leisure needs analysis, program, attendance sheets, evaluations and ongoing development of the program
- Admission package
- Amended work instructions notifying management of abuse allegation within 24 hours

- Approved contractors and suppliers lists
- Assessment schedule for new admissions.
- Assessment tools (such as CDS, PAS, abbey scale for pain management)
- Audit schedule, tools, reports and analysis, internal and external, across 4 accreditation standards 2008-2009
- Charter of residents rights and responsibilities
- Chemical register and material safety data sheets
- Cleaning schedules, daily, weekly and monthly
- Comfort pack
- Comments and complaints register
- Communication diaries
- Consent/privacy forms
- Continuous improvement logs/action plans 2009
- Cultural diversity folder
- Daily care needs folder
- Dietary requirement and preference sheets
- Education folders, fliers, memos
- Equipment risk assessments
- External health services contact folder
- Feedback forms
- Fire alarm and evacuation flip chart procedures
- Fire service records
- Flyers for church services and celebratory functions for residents and representatives
- Food safety program manual
- Immunisation program for residents and staff
- Improvement logs
- Incident reports and analysis/trends report tabled at staff meetings and CI forums
- Incident/accident data, summaries and reports
- Infection control manual, surveillance records and outbreak procedures
- Infection monitoring charts
- In-service education schedule and attendance sheets
- Job descriptions
- Laundry procedure manual
- List of residents' cultural and religious needs and preferences
- Maintenance book, schedules, requests and records
- Management system flowcharts for standards 1, 2, 3 and 4
- Meeting minutes (staff, resident, medication advisory committee and team leaders 2009)
- Memoranda folder
- Menus for four weeks
- Mission statement, vision and values
- Newsletters, Goodwin and village managers
- Noticeboards, staff and residents
- Nurse call bell response rate report
- Nurse initiated medication process and completed documentation.
- Police checks database, staff and volunteers
- Policy and procedures manuals including restraint policy
- Policy review and update (research, consultation & endorsement) with focus on best practice.
- PRN medication reviewed for effectiveness and recorded in progress notes
- Recruitment policies and procedures
- Resident and staff surveys 2009-2009
- Resident contracts and checklist including residents security of tenure information
- Resident hand book and information pack for prospective residents
- Resident's self medication assessment and review
- Residents dietary needs/food preference folder
- Residents sign in/out book
- Residents' admission information handbook, package and surveys



- Residents' consent and refusal for their photograph to be taken and displayed in activity photos.
- Residents' survey, analysis, report and changes implemented in response to survey outcomes.
- S8 register
- Safeguarding your privacy brochure given to residents/representatives
- Staff communication book and handover sheets
- Staff confidentiality agreements
- Staff handbook and information package
- Staff orientation program and records
- Staff to staff communication process
- Temperature checks for thermostatic mixing valves
- Temperature records, meals, dishwasher, refrigerators, freezers, incoming goods
- Visitors and contractors sign in/out book
- Volunteer handbook
- Work cover register of injuries, staff injury management plans
- Wound and pain management documentation
- Yellow hazard forms and reports

### **Observations**

The team observed the following:

- ACT disability, aged and carer advocacy service (ADACAS) posters throughout the home promoting education sessions on 'know your rights' for residents/representatives.
- Activities in progress
- Adequate continence and wound management supplies
- Aged care channel DVDs with questionnaires
- April 2009 leisure and activity programs on notice boards throughout the home.
- Assistive devices in use
- Availability of aged care complaints investigation scheme notices and brochures
- Carers providing care
- Charter of residents' rights and responsibilities displayed at the home
- Cleaning in progress using colour coded cleaning equipment
- Comments and complaints information on display, forms and suggestion box
- Community day care in operation with interaction of day visitors with residents.
- Computer system in use
- Dated and rotated food stock
- Dated and tagged fire equipment
- Dementia residents' secure outdoor area with appropriate equipment (bus stop, phone box, old car, high garden beds)
- Electrical equipment tagged
- Emergency flips charts displayed throughout the home.
- Equipment and supply storage areas
- Equipment storage areas containing adequate and appropriate equipment in good condition.
- External and internal audit schedule for 2009 on the wall of care managers' office
- Hand washing posters, facilities and procedure signage displayed throughout the home
- Handover sheets
- Incident reporting system
- Interactions between staff and residents/representatives.
- Internet café with children and adults using the computers.
- Kitchen in operation
- Knitting group knitting
- Laser food thermometer
- Latex memory foam mattresses
- Laundry in operation
- Living environment
- Manual handling equipment in use
- Medication guidelines for crushing medications on the medication trolley
- Medication order faxed to pharmacy – procedure consistent with home's medication policy

- Medications being correctly and safely administered and securely stored.
- Medications S8 secure storage and recording in register
- Mobile nursing service daily log
- Mobility aids
- Noticeboards for residents/representatives with relevant information displayed throughout the home.
- Nurses stations in use on each level
- Nutritional information being used by staff to check the residents' needs and preferences.
- Personal duress alarms
- Posters for 'Heart Foundation' and 'Ainslie Strollers' walking groups
- Prepacked medication system with residents photo ID and description and coloured picture of tablets in each pack
- Pressure relieving mattresses on beds
- Resident's morning exercise group
- Residents enjoying the secure and insecure outdoor environment areas
- Residents referring to their copies of the home's activity program and booking into scheduled community outings.
- Residents waking up and having showers at a time that best suits them
- Room for visiting GPs
- Secure storage of resident files
- Smart rooms with technology to program residents' usual nightly activities and alert staff to activities outside normal routine e.g. falls, roaming at night.
- Staff practices and courteous interactions with residents, visitors and other staff
- Staff training room with training equipment
- Sufficient linen supplies
- Visiting specialist room used by podiatrist
- Visitors' sign in and out book at the front of the home
- Wellness centre with gym equipment for residents.

## **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

A quality management system is in place and the home actively pursues continuous improvement. The home is one of three ACT Goodwin Homes and benefits from the same overarching corporate management continuous improvement system and support given to all three Goodwin homes. The corporate quality committee meets second monthly and has representatives from senior staff within the home. The home’s quality committee meets monthly to discuss results of continuous improvement actions, to follow up its continuous improvement plan, including undertaking detailed evaluation. The home’s continuous improvement system obtains inputs from issues raised by residents, representatives and staff through meetings, audits, incident reports, comments, complaints and suggestions, improvement logs, surveys, and analysis of trends and key performance indicators. Interviews with residents, representatives and staff demonstrate that they know how to make suggestions for improvement. As a result of its continuous improvement system, the home has implemented a number of improvements relating to Accreditation standard one, including:

- Developing and implementing a certified agreement that includes greater training opportunities for staff, with responsibilities for them to attend compulsory staff meetings with the benefits for staff of increased financial remuneration and higher staff retention for management.
- Implementation and refinement of the employer of choice initiatives including a marketing program promoting the Goodwin Brand to attract and retain all categories of staff.
- Use of computerised alert systems (smart technology) to improve information feedback to staff of resident movements both inside and outside their rooms. The system can be programmed to alert staff through their DECT phones and computers if a resident’s behaviour or movement habits change such as a delay in their usual time when returning to bed after a visit to the bathroom.
- Improving feedback from residents and representatives through the holding of an Open Day for families to allow them to ‘see what happens at Ainslie’ to improve communication and raise awareness of who the key people are in the organisation.

### **1.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

The Goodwin organisation has processes for identifying relevant legislation and regulations, and for receiving legislative updates. The home receives information about legislative changes and professional standards and guidelines through memoranda and newsletters from its peak industry bodies, Commonwealth Department of Health and Ageing, ACT Department of Health, ACT nurses’ registration board, unions, and the ACT chamber of commerce. The home has systems in place for informing staff and residents about changes, reviewing and updating policies and procedures and for monitoring compliance with requirements. Changes to regulation or legislation are communicated to staff via staff meetings, memoranda, training sessions, one to one discussions with relevant staff, communication books, newsletters and distribution of updated policies and procedures. Residents and relatives are updated via resident meetings and newsletters. The home was able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to accreditation standard one:

- Police checks are conducted on all staff, volunteers and regular external service providers. A database/register is maintained of police checks and is available in both soft and hard copy formats.
- The home has mandatory reporting procedures to be used in the event of elder abuse, and has established a mandatory reporting register. Staff have attended training sessions on mandatory reporting responsibilities and procedures.
- The home has a procedure for reporting residents missing without reason for more than 24 hours, including notifying the Department of Health and Ageing when the matter is reported to the police.
- A database is kept of all staff and contractors that require current professional practice registration to undertake their roles and responsibilities and the organisation keeps a copy of their current registration certificate on file.

### **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

Scheduled education includes topics covering the four Accreditation Standards. All new staff take part in a five day orientation program to both the organisation and the home. Training needs are determined through individual annual performance appraisals, staff surveys, improvement logs, audit results and incident reports, clinical indicators, and regulatory compliance. Individual learning outcomes are assessed by questionnaires, skills audits and competency assessments. Records of attendance at training are maintained; and staff interviewed reported they are encouraged and supported to develop skills and knowledge relevant to their responsibilities. Residents and representatives interviewed informed the team that staff have the skills and knowledge to perform their roles effectively. Education relating to Accreditation Standard One during 2008-2009 includes mandatory reporting, supervisory and team leader roles, skill path training, staff satisfaction survey results, the aged care funding instrument, project management, risk management and non compliance, bullying workshop, planning maintenance schedules, confrontation and conflict resolution management.

### **1.4 Comments and complaints**

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

#### **Team's recommendation**

Does comply

Residents and representatives confirm they feel free to raise issues; and that the home is very responsive to any of their concerns and suggestions. Information is readily available to residents and representatives about the Aged Care Complaints Investigation Scheme and home's internal complaints processes are listed in the home's admission pack, staff orientation program, the staff and resident handbook and processes to use the system are discussed regularly at meetings. The home has a suggestion box in a key entry lobby location with forms located nearby. Action is taken to resolve concerns and complaints in a timely manner, and is followed up through the home's continuous improvement system.

### **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 organisation's mission statement is displayed in the home, and documented in the resident and staff information handbooks and packages. The home's commitment to quality is reflected in their

mission statement. Management's commitment to quality is documented in policies and procedures, and communicated to staff through the orientation program, meetings, education, newsletters, supervision and management support.

### **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

Management, staff, residents and their representatives confirm that sufficient numbers of staff are available to meet residents' care needs. Registered nurse cover is provided for all shifts through Goodwin's organisation wide mobile nursing service, with additional support from registered nurse care management staff from Monday to Friday. A mix of registered and enrolled nurses and care workers undertake responsibility for supporting residents' care needs. Residents' care, safety and lifestyle needs are also supported by administration, catering, cleaning, laundry, and maintenance staff. The home has a very stable work force that enables continuity of care. Unexpected shift vacancies are filled by internal staff; and no agency staff are required. All new staff are orientated to their role in the home and appraised after a six month probation period and thereafter annually or as required. Residents and representatives interviewed were satisfied with the skill and professionalism of staff.

### **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

A system is in place to ensure the availability of stocks of appropriate goods and equipment for quality service delivery. Processes are in place to identify the need to re-order goods, address concerns about poor quality goods, maintain equipment in safe working order and replace equipment in a timely manner. Maintenance records show that planned work is being conducted in accordance with schedules and corrective action and work is undertaken when identified. Adequate supplies of goods and equipment were observed to be available through an imprest system for provision of care, to support residents' lifestyle choices and for all hospitality services. Staff interviewed are aware of the avenues to follow for the repair of items and to obtain additional supplies. Maintenance staff are on call at all times to assist with inventory and equipment for quality service delivery.

### **1.8 Information systems**

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

#### **Team's recommendation**

Does comply

Information management systems are in place to provide management and staff with information to perform their roles effectively and keep residents and their representatives well informed. Work instructions and policy and procedure manuals are available for staff reference. Residents' clinical and other information is comprehensive and up to date and care plans are reviewed regularly to ensure they have sufficient relevant information to guide care delivery. Collection and collation of data takes place through the continuous improvement process, incident reports and auditing activity. Mechanisms used to facilitate communication between management and staff are meetings, handover sheets, memoranda, information folders, communication books and noticeboards. All personal information is stored securely with procedures in place for archiving and disposing of documents. The home follows clear procedures to maintain privacy in the collection,

use and disclosure of personal information for both residents and staff. Information that is stored electronically is password protected and backed up regularly.

### **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 are in place to ensure all externally sourced services are provided in a way that meets the home's needs and service quality goals. Service agreements and contracts are negotiated and entered into with providers to ensure they meet the necessary regulatory requirements and performance standards relevant to their service. There are schedules for all routine work to be undertaken by contractors. Contractors' services are monitored through audits, improvement logs and delivery checks. If a problem arises outside of business hours that is outside the scope of the on call maintenance person then staff access contractors from an emergency contact list.

## **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's approach to continuous improvement, described in expected outcome 1.1 Continuous improvement, operates across the four Accreditation Standards, including health and personal care. As a result of its continuous improvement processes, the home has implemented a number of improvements including:

- Implementation of the respecting patient choices program to provide information and instructions by residents and their representatives about advanced care directives for later use when doctors, ambulance workers and hospitals need clear care directions at the end of a resident's life. Copies of these instructions are kept at the two public hospitals in the ACT.
- Providing increased registered nurse (RN) coverage at the home through the employment of two RN's on the care management team who work business hours and together with the mobile registered nursing service ensures that for all but two hours a day there is a registered nurse physically on site at the home. Registered nurses are on call for that time period.
- Implementing a wellness centre at the home whereby the physiotherapy aid conducts group exercises three times a week using the gym equipment at the centre to improve residents' strength and flexibility.

### **2.2 Regulatory compliance**

*This expected outcome requires that "the organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care".*

#### **Team's recommendation**

Does comply

The home has systems in place to ensure that information about legislation, regulatory requirements and other standards and guidelines relating to health and personal care are available to all stakeholders. Regulatory compliance related to clinical care is monitored through audits, ongoing supervision and observation. Medications are managed and stored according to ACT legislative requirements. Registrations are current for registered and enrolled nurses and visiting health professionals. Their status is monitored by the director of care and village manager and copies of their current practising certificates are on file. Staff confirm they are well informed about legislative and regulatory requirements.

### **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

All new staff take part in an orientation program and clinical competencies are assessed prior to commencement of staff probationary period. An education schedule includes topics relating to health and personal care. Individual learning outcomes are assessed by questionnaires. Residents interviewed were of the view staff have the skills and knowledge to perform their health and personal care roles effectively. In-service education relating to Accreditation Standard Two during 2008-2009 includes depression in the elderly, falls prevention, promotion of sleep, medication management, urinary drainage bag hygiene, and dealing with difficult people.

## 2.4 Clinical care

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

### Team’s recommendation

Does comply

The home has a system in place to assess, implement, evaluate and communicate the residents’ clinical care needs and preferences. Review of residents’ files demonstrated that the home regularly assesses the residents’ clinical care needs and updates care plans in collaboration with the residents/representatives and the relevant health professionals. The home uses validated assessment tools and evidence based interventions to meet the ongoing needs of the residents. Interviews with staff confirmed that they are appropriately qualified and clinical care is consistently delivered in line with care plans and the home’s policies and procedures. The home regularly evaluates and improves assessment tools, care planning, care delivery and staff practices. Interviews with residents/representatives confirmed that the home has a resident centred approach to care planning and delivery. Residents/representatives expressed satisfaction with the care provided by the home.

## 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

Interviews with staff and review of documents demonstrated that residents’ specialised nursing care needs are identified and met by appropriately qualified staff. The home has processes in place for staff to consult on best practice care with internal specialist resource staff and external specialist agencies (such as medical officers, dementia association and the palliative care program). Interviews with staff demonstrated that they have the knowledge and skills to assess, deliver and evaluate specialised nursing care. Review of documents confirmed that the staff use evidence based assessment tools and interventions to deliver specialised care. The home monitors staff practices and provides education that includes specialised nursing care. Interviews with residents/representatives confirmed that they are satisfied with the home’s specialised nursing care.

## 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

The home has an effective system to refer residents to health services including choice of doctor, allied health services and complementary therapies to meet the residents’ needs and preferences. Review of documents demonstrated that residents’ needs are assessed on admission and at regular intervals and referrals are planned, documented, communicated and follow up action is carried out. Staff interviews demonstrated that they have a good understanding of the referral process and the procedure to assist residents to access appointments with external health and related services. The resident/representative interviews confirmed that the home informs and supports them to access health specialists as needed and aligned with their preferences. Residents/representatives stated that they are satisfied with the home’s referral process to other health and related services.

## 2.7 Medication management

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

### Team’s recommendation

Does comply



The home has an effective system to manage residents' medications safely and correctly. Review of documentation demonstrated that policies and procedures are documented and regularly reviewed, and medication audits are carried out and reported to the home's quality improvement forums. Regular pharmacological reviews are undertaken and medications adjusted accordingly in consultation with medical practitioners and residents/representatives. The team observes that the home has an effective medication dispensing process, safe storage of medications and appropriate qualified staff to manage medications. Regular education and competency assessments are undertaken for staff on medication management. Interviews with staff confirm that practices are consistent with policies and procedures and incidents are reported, followed up and linked into the home's continuous improvement system. The resident/representative interviews confirmed that they are satisfied with the way the home manages residents' medications.

## **2.8 Pain management**

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

### **Team's recommendation**

Does comply

The home's system ensures all residents are as free as possible from pain by assessing pain on admission and on an ongoing basis with validated tools. Pain management care plans are developed, communicated and linked with the home's clinical care system. Review of documentation demonstrated that interventions are documented in the resident's care plan and depending on the resident's needs and preferences pharmacological and/or non-pharmacological interventions are implemented and reviewed regularly. Interviews with staff demonstrated that they have a sound understanding of individual resident's pain management requirements. The home seeks best practice pain management advice and education from internal resource staff and external specialist services, in relation to meeting the needs of residents with complex pain. Interviews with residents/representatives confirmed that they are satisfied with the home's approach to pain management.

## **2.9 Palliative care**

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

### **Team's recommendation**

Does comply

The home has policies and procedures to guide staff in the provision of palliative care and implements individual end of life wishes to meet residents' care needs with dignity and comfort. Interviews with staff demonstrated that they have the knowledge and skills to care for palliative care residents and if required they have after hours access to appropriate medical support. The home seeks palliative care advice and education from internal resource staff and an external palliative care service to ensure best practice. The team observed that specialist care equipment is available at the home to meet the needs and preferences of palliative care residents. Interviews with residents/representatives confirmed that they are satisfied with the care and the emotional and spiritual support given to end of life issues. They are also content with the home's approach to maintaining residents' comfort and dignity.

## **2.10 Nutrition and hydration**

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

### **Team's recommendation**

Does comply

The home has a system in place to ensure regular assessment, communication, monitoring and updating of residents' nutritional and hydration status, and specific needs and preferences (including awareness of cultural, religious, allergies and medical requirements). Interviews with staff and residents/representatives confirmed that nutrition and hydration care plans are developed with a multidisciplinary approach and linked to the general care process. Review of documentation

confirmed that special diets, dietary supplements, extra fluids, special feeding aids and appropriate referrals are provided for residents. Residents/representatives confirmed that overall they are satisfied with the meals and drinks provided at the home.

### **2.11 Skin care**

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

#### **Team’s recommendation**

Does comply

The home has policies and procedures in place to maintain residents’ skin integrity consistent with their health. Review of documentation and staff interviews confirmed that the residents’ skin care needs are assessed on admission and at regular intervals. This information is documented and communicated in the residents’ care plans and these are regularly evaluated and updated. The assessment and care plan process is completed in consultation with the resident /representative, medical practitioner and other relevant health professionals. Interviews with staff demonstrated that they know how to assist residents to care for their skin and they record skin irregularities and report incidents. The home has staff with expertise in skin care and wound management and education is provided for all staff. The home has procedures to identify and monitor residents at risk of impairment to skin integrity and interventions and aids to protect skin integrity. Interviews with residents/representatives confirmed that they are satisfied with the skin care provided at the home.

### **2.12 Continence management**

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

#### **Team’s recommendation**

Does comply

The home has a system in place to ensure that residents’ continence needs are effectively managed. Documentation review and staff interviews confirmed that continence is managed through initial and ongoing assessments with validated tools and individualised care plans with input from the residents/representatives and other appropriate health professionals. The residents’ continence interventions are regularly monitored and evaluated for effectiveness and changes communicated to staff. The team observed that the home has appropriate continence and toileting aids to meet the residents’ needs and preferences. Interviews with staff demonstrated that they understand the residents’ continence needs and preferences, and have access to internal resource staff and external continence specialist services. Residents/representatives expressed satisfaction with the home’s continence management program.

### **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 the appropriate behaviour management policies and procedures in place and its approach is effective in meeting the needs of residents with challenging behaviours. Review of documentation demonstrated that the home uses validated assessment tools to assess residents’ behavioural needs on admission and at regular intervals in consultation with residents/representatives and other relevant health professionals. Care plans are developed and regularly updated and the home consults with external mental health and dementia services to ensure intervention strategies meet the needs of individual residents. Interviews with staff demonstrated that they have the knowledge and skills to effectively implement behaviour management strategies to meet the residents’ needs and preferences. Behaviour incidents are reported, addressed and fed into the home’s continuous improvement system. Interviews with residents/representatives confirmed that they are satisfied with the way the home manages residents with challenging behaviours.

## **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

The home has policies and practices in place to support residents to maintain an optimum level of mobility and dexterity. Review of documentation demonstrated that the physiotherapist does the initial and ongoing mobility and dexterity assessments and interventions are communicated in the residents’ care plans. The care plans are developed and reviewed regularly in collaboration with residents/representatives, physiotherapy assistant and care staff. Staff interviews confirmed that the home has a falls prevention and protection program in place and there are adequate mobility and independent living aids available to meet the residents’ needs and preferences. The effectiveness of the program is assessed through audits, monitoring of staff practices, regular review of residents’ care plans and reporting and analysing the incidences of falls. The team observes residents participating in activities designed to optimise their mobility and dexterity. Interviews with residents/representatives confirmed that they are satisfied with the care provided to maintain and enhance residents’ 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

The oral and dental health of residents is assessed on admission in consultation with residents/representatives and other appropriate health professionals and a care plan is developed to meet each resident’s needs and preferences. The home has policies and processes in place to regularly monitor and review residents’ ongoing oral and dental health needs and facilitate referrals to appropriate health professionals (such as dentists, speech pathologists and dietician). Interviews with staff demonstrated that they have the knowledge and skills to deliver care consistent with the residents’ oral and dental care plans. Residents/representatives confirmed that they are satisfied with the oral and dental care provided by the home.

## **2.16 Sensory loss**

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

### **Team’s recommendation**

Does comply

The home has a system in place for ensuring that residents’ sensory losses are identified and managed effectively in consultation with external health professionals and services, medical practitioners and residents/representatives. Documentation review identified that senses are assessed on entry to the home, reviewed regularly and care plans are developed to communicate the residents’ needs and preferences. Interviews with staff confirmed that they have the knowledge and skills to manage the residents’ needs in relation to sensory losses. The team observed that the home has a sensory program for residents and this includes massage therapy and a variety of activities facilitated by the activity officers. Documentation review and staff interviews confirmed that these therapies and activities are monitored and evaluated to ensure they meet the individual needs and preferences of the residents. Interviews with residents/representatives demonstrated that they are satisfied with the homes management of the residents’ sensory needs.

## **2.17 Sleep**

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

### **Team’s recommendation**

Does comply

The home has a system to enable residents to achieve natural sleep patterns. Staff interviews showed that a history is taken of residents' sleep patterns when they enter the home and this is followed up to identify any new sleep disturbances experienced while living at the home. Review of documents demonstrated that the home assesses sleep patterns in consultation with medical practitioners and residents/representatives, and with consideration for related pain and behaviour management issues. Care plans are developed to document and communicate the residents' care needs to ensure staff are responsive to residents' needs and preferences. Staff interviews demonstrated that they are aware of residents' sleep patterns and strategies to assist residents who cannot sleep at night. The home has processes in place to alert staff to any difficulties that residents may encounter at night. Interviews with residents/representatives confirmed that they are satisfied with the home's approach to achieve natural sleep patterns for residents.

### **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’s approach to continuous improvement, described in expected outcome 1.1 Continuous improvement, operates across the four Accreditation Standards, including resident lifestyle. As a result of its continuous improvement processes, the home has implemented a number of improvements including:

- A review of the lifestyle documentation, including assessments and care plans. The lifestyle plan is location near to the care plan and includes an ‘All about me’ booklet to help staff understand who the person is behind the resident.
- Implementation of a volunteer program to ensure that the wider community integrates into the lives of the residents of the home. Several independent living unit residents come to the home to either teach knitting or bridge or feed the birds in the aviary.
- Commencement of a dementia and art program whereby residents go to a structured art appreciation program at the National Gallery of Australia (NGA) for a six weekly period with staff members. The program is facilitated by staff from the NGA.
- Introduction of ‘out of house’ evening activities including taking residents to the theatre in Canberra.

#### **3.2 Regulatory compliance**

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

##### **Team’s recommendation**

Does comply

The organisation has processes for identifying relevant legislation and regulations, and receiving updates, as described in expected outcome 1.2 Regulatory compliance. The home was able to demonstrate its system for ensuring regulatory compliance is effective in relation to Accreditation Standard Three. There is detailed information in the resident agreement and information package for residents and representatives about their rights relating to security of tenure and the care and services to be provided to them which is in accordance with the *User Rights Principles 1997 (Cth)* and *Quality of Care Principles 1997 (Cth)*. The home maintains a register showing the amounts of residents’ bonds.

#### **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

Scheduled education includes topics relating to resident lifestyle. The orientation program includes residents’ rights and lifestyle issues. Residents interviewed were of the view that staff have the skills and knowledge to support residents’ lifestyle effectively. Education relating to Accreditation Standard Three during 2008-2009 included stress management, grief, challenging behaviour and advanced care planning

#### **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

The home has a system in place to support residents while they adjust to life in the new environment and during their stay at the home. Review of residents' files showed that social, cultural and spiritual history, and support needs are recorded on entry to the home. This information is used to develop a care plan with strategies to support the individual emotional needs of each resident and this is regularly reviewed and evaluated. The leisure and activity staff spends time with new residents and pastoral care is available to support residents and their families. Interviews with residents/representatives confirmed that they have adequate support to adjust to their new life within the home. They are also satisfied with the ongoing emotional and spiritual support they receive from the staff at the home and visiting chaplains.

**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

The home has an effective system in place to assist residents to maintain their independence and links with their friends and the community outside of the home. On admission to the home and at regular intervals residents are assessed for what independence means to them and how this can be achieved in relation to physical, emotional, cultural, social, and financial aspects of their life. This information and the agreed strategies to promote independence are communicated in an individualised care plan and this is regularly evaluated and revised as needed. The team observed that the home provides equipment, aids, qualified staff, and programs (leisure, physical and spiritual therapy) to assist residents' with mobility, communication and cognitive needs. The home welcomes visitors and has attractive entertaining areas, internet café and a day care service which facilitates a community village environment. The leisure program encourages and supports residents to undertake regular community outings. Interviews with residents/representatives confirmed that they are encouraged and supported to be independent with care needs, mobility and decision-making. Residents/representatives indicated that they are satisfied with the home's approach to maximising the residents' 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 recommendation**

Does comply

The home has policies and procedures in place, and a mechanism to log and address concerns/complaints, in relation to privacy, dignity and confidentiality. Interviews with staff confirmed that they understand that each resident has a right to privacy, dignity and confidentiality. Management confirmed that each staff member signs a confidentiality agreement before they commence work. The team observed staff being respectful to residents as they attend to care needs, and residents' information being securely stored. Information on residents' rights and responsibilities is given to new residents and displayed in the home. The team observed that all residents have private rooms and the home also has attractive common areas throughout the home that are used by residents and visitors. Interviews with residents/representatives confirmed that staff understand and respect their rights to privacy, dignity and confidentiality.

**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

The home has a comprehensive 'person centred' lifestyle program that is offered to all residents. Staff interviews and review of documents confirmed that the program is developed from information obtained from residents and their representatives about their interests, hobbies, life stories, and special life events. The home has a leisure and activity team and they plan, implement, evaluate and revise the home's lifestyle program. Residents have the choice of attending a variety of activities held within and outside the home. Care staff assist residents to attend group activities and one to one activities are provided for residents who are unable to benefit from group sessions or choose not to participate. The team observed notices throughout the home about resident meetings, special days and activities. Interviews with residents/representatives confirmed that they are satisfied with the home's leisure activity program.

**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

The home has a system in place to promote residents' individual interests and to ensure that their customs, beliefs and cultural and ethnic backgrounds are fostered and respected. Documentation review showed that on entry to the home each resident's interests, customs, beliefs and cultural and ethnic backgrounds are identified and communicated in a care plan. This care plan is regularly reviewed and updated in collaboration with the resident/representative. The home facilitates religious services and chaplain visits to meet the needs and preferences of the residents. Cultural days and personal significant days are celebrated at the home. Interviews with staff confirmed that they know and understand the needs of residents from other cultures. Interviews with residents/representatives confirmed that they are satisfied with the way the home values and supports their 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 recommendation**

Does comply

The home has systems in place to ensure that each resident is able to exercise choice and control over their lifestyle. When residents enter the home they participate in choices and decisions regarding their care and lifestyle activities. Review of documents showed that each resident's specific needs and preferences are documented and communicated to staff at the home and external health service providers. These care plans are evaluated and reviewed regularly in collaboration with residents/representatives. Review of documents demonstrated that resident meetings are held and residents are encouraged to attend and express their views about care and service provision. Resident and staff interviews confirmed that residents make choices about their meals, personal and complex care, doctors, environment and activities as long as they don't infringe on the rights of other residents. Residents/representatives reported satisfaction with their level of participation in decision-making and ability to make choices while living at the home.

**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

The home has a system in place to give all residents a secure tenure and ensure they understand their rights and responsibilities. Interviews with staff and residents/representatives confirmed that prior to moving into the home residents/representatives meet with management to discuss the admission process and financial arrangements. Management provides each resident/representative with the opportunity to have the content of the resident agreement and fees fully explained and discussed at anytime. The team sighted completed and signed resident security of tenure agreements. The 'Charter of Resident's Rights and Responsibilities' is displayed prominently in the home and in the residents' handbook. Resident/representative interviews confirmed that they understand their rights and responsibilities.



## **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’s approach to continuous improvement, described in expected outcome 1.1 Continuous improvement, operates across the four Accreditation Standards, including Physical environment and safe systems. As a result of its continuous improvement processes, the home has implemented a number of improvements relating to Accreditation standard four including:

- Demolition of the old Goodwin Ainslie home and replacement in May 2008 with the new state of art building to improve the living environment and services able to be delivered to the residents.
- Provision of all new furnishings for the new building that include krypton encrusted impregnated threads that act as a protective barrier to reduce infection control risks for residents and staff.
- Provision of a new 24 seater bus modified to take 20 residents including two wheel chairs and includes a lifter to assist with manual handling for residents. The new bus allows residents greater mobility outside of the home and is well used.

### **4.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

The organisation has processes for identifying relevant legislation and regulations, and receiving updates, as described in expected outcome 1.2 Regulatory compliance. The home was able to demonstrate its system for ensuring regulatory compliance is effective in relation to Accreditation standard four. There are systems and processes in place to ensure compliance with relevant legislation regarding occupational health and safety, fire and emergencies, infection control and food safety.

### **4.3 Education and staff development**

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

#### **Team’s recommendation**

Does comply

The home identifies staff requirements for knowledge in relation to the physical environment and safe systems, and actively provides training and education opportunities for staff in relation to Accreditation standard four. Staff are supported to develop their skills and knowledge through participation in in-service education, external courses and undertaking recognised relevant training courses. Records are maintained of attendance at all training sessions. Education and training is completed twice a year in relation to fire safety, and annually for manual handling, infection control, and food safety.

### **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

Resident and representative interviews confirm that residents are satisfied with the new living environment in the state of the art home which provides them with single and double room accommodation with large en-suite bathrooms. Observations and interviews confirm that residents are encouraged to add personal decorations and furnishings to their rooms. Large and small sunny communal living areas are available for residents' use on each of the three levels that can be accessed by either a lift or stairs. Residents in the secure 20 bed unit have access to walking paths and outdoor areas with newly planted gardens, with a bird aviary, old car, red telephone booth and potting and gardening benches. The home is very clean and kept at a comfortable temperature. The safety of the environment is monitored through regular audits and the implementation of a planned program of preventative and corrective maintenance.

#### **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 is active in the area of occupational health and safety, for example the annual education of all staff in "no lift" and manual handling practices, active hazard management processes and blitzes, and the provision of sufficient suitable equipment to assist staff with safe work practice while undertaking transfers. Staff confirm that during the past 12 months they have received training in correct manually handling and management of chemicals. Adequate personal protective equipment is available and signs show where these are found in the home. Chemicals are stored in locked areas, are labelled correctly and all material safety data sheets are present near where chemicals are used. All hazards and accidents and incidents forms are reported to the occupational health and safety committee, and are followed up by management.

#### **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's safe work systems minimise fire, security and emergency risks. This is achieved through well publicised and clearly understood emergency and fire evacuation procedures. The fire warning and fire fighting equipment is comprehensively tested and serviced monthly. Inspection of the external contractor records and equipment tagging confirm that fire fighting equipment is regularly maintained. Staff confirm they attend fire and evacuation procedure training twice annually. Emergency exits are clearly marked with exit signs and are free from any obstruction. Fire prevention measures in place include education, environmental audits, safe storage of chemicals, a scheduled program of electrical equipment checking and tagging and implementation of safe smoking procedures for residents and staff. The security system includes staff lock up procedures, door alarms, personal duress alarms for staff, and outdoor security lighting supported by closed circuit television. Staff interviews indicate that they know what to do in the event of a fire or an emergency.

#### **4.7 Infection control**

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

##### **Team's recommendation**

Does comply

There is an effective infection control system for identifying, managing and minimising infections. The system includes regular staff education and audits, discussion and reporting at meetings on infection control issues, a comprehensive surveillance program and evaluation of resident infection data, monitoring of fridge, freezer, food delivery and food serving temperatures, a rotation system for dry food stock, use of colour coded equipment, wearing of protective clothing and the provision

of adequate hand washing facilities throughout care and hotel service areas. An analysis is undertaken of all infections and audit results to put in place strategies to improve clinical outcomes. To maintain good hygiene levels there are cleaning schedules and processes for the removal of garbage, including clinical waste. Staff interviews demonstrate they have an understanding of, and commitment to infection control principles and guidelines. The home has policies, procedures and sufficient equipment to effectively manage outbreaks and management and staff are able to describe strategies to prevent and contain outbreaks.

#### **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

All meals are prepared and cooked on site in keeping with the HACCP policies and procedures manual and food safety regulations. Meals are offered to residents according to their dietary requirements and preferences. Residents are offered a variety of meals over a four weekly cycle within a six monthly summer or winter menu. Catering staff offer alternatives if residents do not like what is on the day's menu. Personal laundry is washed, dried and ironed on site and delivered daily to residents' rooms. The team observed and staff and residents state they have a plentiful stock of flat linen with daily deliveries by the external laundry contractor to maintain the laundry imprest system. Information provided by the contractor states that their laundry operates in accordance with the Australian laundry standard (AS4146). Cleaning is completed according to a daily, weekly, and monthly schedule; colour coded equipment is used in hotel service areas and cleaners use protective clothing and gloves. Residents and representatives confirm that the bathrooms, rooms and lounges are very clean, well maintained and odour free.