



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Highercombe

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

The Agency has decided that the period of accreditation of Highercombe is three years until 1 October 2013.

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

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

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

Information considered in making an accreditation decision

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

This home is a 2012 Better Practice Award winner. [Click here](#) to find out more about their award.

Home and approved provider details

Details of the home

Home's name:	Highercombe				
RACS ID:	6289				
Number of beds:	120	Number of high care residents:	69		
Special needs group catered for:	<ul style="list-style-type: none"> • People with dementia or related disorders • People from culturally and linguistically diverse backgrounds 				
Street:	7 Sirius Avenue				
City:	Hope Valley	State:	SA	Postcode:	5090
Phone:	08 8397 1600		Facsimile:	08 8397 1699	
Email address:	jboylan@ach.org.au				

Approved provider

Approved provider:	Aged Care & Housing Group Inc				
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Assessment team

Team leader:	Tony Tarzia				
Team member:	Judy Aiello				
Dates of audit:	2 August 2010 to 4 August 2010				

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
Does comply
Does comply
Does comply
Does comply
Does comply

Agency findings
Does comply
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Does comply

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
Does comply
Does comply
Does comply
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Does comply
Does comply
Does comply

Agency findings
Does comply
Does comply
Does comply
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Does comply
Does comply

Assessment team's reasons for recommendations to the Agency

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



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Highercombe
RACS ID	6289

Executive summary

This is the report of a site audit of Highercombe 6289 7 Sirius Avenue Hope Valley SA from 2 August 2010 to 4 August 2010 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

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

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 2 August 2010 to 4 August 2010

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

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

Assessment team

Team leader:	Tony Tarzia
Team members:	Judy Aiello

Approved provider details

Approved provider:	Aged Care & Housing Group Inc
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Details of home

Name of home:	Highercombe
RACS ID:	6289

Total number of allocated places:	120
Number of residents during site audit:	116
Number of high care residents during site audit:	69
Special needs catered for:	People with dementia or related disorders People from culturally and linguistically diverse backgrounds

Street:	7 Sirius Avenue	State:	SA
City/Town:	Hope Valley	Postcode:	5090
Phone number:	08 8397 1600	Facsimile:	08 8397 1699
E-mail address:	jboylan@ach.org.au		

Assessment team's recommendation regarding accreditation

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Assessment team's recommendations regarding support contacts

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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
Site manager	1	Residents/representatives	17
Assistant site manager	1	Partners in positive ageing coordinator	1
Senior clinical case coordinator	2	Healthy ageing coordinator	1
Clinical case coordinator	1	Care staff	4
Registered nurse	1	Hospitality services manager	1
Enrolled nurses	4	Catering staff	1
Partners in positive ageing project officer	1	Maintenance staff	1
Administration officer	1		

Sampled documents

	Number		Number
Residents' clinical files and exception reporting notes	14	Medication charts	12
Residents' care plans	14	Wound charts	10
Deceased residents' records	3	Summary/quick reference care plans and lifestyle plans	12
Summary/quick reference care plans	14	Personnel files	7

Other documents reviewed

The team also reviewed:

- ACH Group business plan
- Adverse events folder
- Approved supplier list
- Audit checklists and audit reports/actions
- Audit schedule

- Case conference records
- Cleaning and laundry procedures
- Cleaning schedules
- Code of conduct and health and safety booklet
- Competencies
- Complaints management log and trend analysis
- Continuous improvement plan and logs
- Contractor site induction and code of conduct
- Corporate occupational health and safety plan 2010/2011
- Education and training program
- Employee handbook
- Exceptional reporting notes
- External contract evaluation forms
- External contract quality audits
- External contracts
- Fire system maintenance records
- Food safety audit
- Incident and hazard records and analysis
- Induction training matrix
- Infection control logs
- Key register
- Lifestyle history and family tree
- Manager's assessment of staff
- Material safety data sheets
- Medication credentialling register
- Monthly and weekly lifestyle activity sheets
- My active life plan charts
- My community contribution charts
- Please let us know forms
- Police check records
- Policies and procedures
- Preventive maintenance schedule and records
- Quality improvement folder
- Reflective practice worksheet
- Regulatory compliance log
- Residential care service agreement
- Residents' information handbook
- Residents' information package and surveys
- Retention and disposal schedule
- Risk management plans
- Rosters
- Staff handbook
- Temperature monitoring records
- Testing and tagging records
- Training feedback forms
- Training needs analysis
- Transfer of a resident checklist
- Various emails, memos and letters
- Various job and person specifications and position descriptions
- Various meeting minutes
- Various policies and procedures

Observations

The team observed the following:

- Activities in progress including 'devotions', exercise classes and fashion stalls
- Archive storage room
- Café
- Call bell system
- Charter of residents' rights and responsibilities
- Chemical storage and cleaners' room
- Closed circuit television security monitoring
- Dining areas
- Electoral polling booth documents
- Equipment and supply storage areas
- External courtyards and gardens
- Gymnasium
- Hairdressing and manicure services in progress
- Interactions between residents, staff and visitors
- Kitchen areas for residents and visitors
- Kitchenettes
- Laundry facilities
- Meal service
- Medication storage
- Oral and dental care plans in residents' bathrooms
- Partners in positive ageing documents
- Personal pendant alarms
- Personal protective equipment
- Picture books to facilitate communication
- Please do not disturb signs
- Resident cat – Timmy
- Resident dog – Prince Eddie
- Residents mobilising with mobility aids
- Residents and staff noticeboards and pamphlet racks
- Residents' gym induction
- Residents' nationalities and religions lists
- Residents' sewing area
- Security pad entry/exit points
- Sensor mats
- Suggestion boxes
- Various large motivational and health promotion boards

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s recommendation

Does comply

Residents are satisfied with opportunities available to raise suggestions and management’s responsiveness to their feedback. The home uses corporate and site specific systems and processes to identify, action and evaluate improvement opportunities in management systems, staffing and organisational development. Stakeholders are informed of continuous improvement, and the home’s ‘partners in positive ageing’ model, through orientation processes, and are able to contribute through various pathways. These include surveys, meetings, comments and complaints mechanisms, audits and hazard and adverse events reporting. The site manager electronically logs continuous improvement activity, for the formulation of goals and strategies and actioning at heads of department meetings. Longer term initiatives are transferred to a quality improvement plan and regularly reviewed. Stakeholders are notified of outcomes through meetings, newsletters, memos and notices, with education and training arranged as necessary. Staff confirm their understanding of the continuous improvement process and management’s encouragement for them to contribute.

The home demonstrated results of improvements relating to management systems, staffing and organisational development, including:-

- A corporate initiative and management focus led to the recent introduction of a person centred model of care. The ‘partners in positive ageing’ model aims at assisting older people to be as healthy and involved in life as possible. The partnership between residents and staff involves commitment in shared responsibilities as appropriate. The model has led to the establishment of an Advisory Committee, and initiation of various staff processes and manuals, including resident and staff questionnaires and feedback evaluations. Responses from residents and staff were positive, citing increased participation in residents’ everyday life, and work satisfaction for staff. Monitoring and evaluation will be ongoing.
- Management identified a need to review and audit the effectiveness of staff work processes and outcomes. This resulted in the introduction of a staff mentoring and competency assessment program. It involved capturing staff skills and competencies through two hour assessments. Staff and management provided positive feedback regarding the comprehensive competency assessments undertaken and their outcomes, stating benefits passed through to residents’ care. Monitoring and evaluation will be ongoing.
- The site manager identified a need to improve staff learning, through informal disciplinary processes. Discussions with the management team led to the development of a reflective practice model and flowchart. The model provides staff with an opportunity to reflect and report on daily practices, as well as aiding in identifying staff training needs. Staff feedback was positive, stating it is easy to use by nurses and acts as an excellent tool for determining ongoing one-to-one education needs.

1.2 Regulatory compliance

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

Team's recommendation

Does comply

The home uses corporate and site specific systems and processes to identify and respond to legislation, regulations, standards and guidelines impacting on management systems, staffing and organisational development. The site manager receives information relating to changes affecting the home from corporate office, as well as links from industry bodies. The site manager records updates in a regulatory compliance log, and disseminates information to relevant parties as appropriate. The site manager monitors compliance with legislation through various audit processes, risk assessments and corporate office notifications. Staff confirm receiving updates and relevant training, and their understanding of regulatory compliance relating to management systems, staffing and organisational development. Examples of regulatory compliance include processes to inform stakeholders of Accreditation audits, criminal checks of staff and contracted providers and annual professional registrations.

1.3 Education and staff development:

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

Team's recommendation

Does comply

Residents are satisfied that staff display necessary skills when delivering individual care and service needs. The home has systems and processes to capture, plan and review staff education. The site manager oversees the education program and uses a training needs analysis to capture annual internal and external requirements. Examples of training sessions include 'partners in positive ageing' leadership, competency and return to work training. Staff are provided training through in-house workplace training/assessors, a corporate 'people health and development' management team, and external providers. Residents' changing acuity, as well as staff appraisals, evaluations and audit outcomes, assist the site manager to monitor and update the training program as required. Staff confirm their satisfaction with support provided to develop skills and knowledge in management systems, staffing and organisational development.

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 are satisfied with opportunities available to raise issues or concerns. The home uses corporate and site specific systems and processes to log, track and report outcomes for comments and complaints received. The site manager, supported by the management team, informs stakeholders of complaints mechanisms through orientation, agreements, meetings and generally through handbooks. The senior clinical care coordinator logs 'please let us know' forms and other letters, with trends being addressed at heads of department meetings. Claimants' issues are investigated, and responses regarding outcomes are provided in a timely manner. The site manager, together with heads of departments, monitors the effectiveness of complaints mechanisms, while identifying trends and reviewing other opportunities for improvement. Staff understand the importance of comments and complaints and advocating for residents, including where linguistic, cognitive or other needs are noted.

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

Highercombe is a new ACH Group facility that commenced accommodating residents in November 2009. ACH promotes a 'partners in positive ageing' model of well-being. Residents/representatives and staff share responsibility in working towards improved physical and mental health outcomes. The home provides vision, values and mission statements in handbooks and in the home. The home's model of well-being is supported through the organisation's mission for continuous improvement.

1.6 Human resource management

This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".

Team's recommendation

Does comply

Residents are satisfied with staff responsiveness and care provided. The home uses corporate and site specific systems and processes to identify, recruit and maintain sufficiently skilled staff to deliver residents' care and services. The site manager oversees individual and group recruitment processes for security cleared and skilled applicants, supported by a workplace assessor and a corporate 'people health and development' team. Residents' acuity, including specialised nursing care needs, determine skill mix roster allocation, with orientated staff being provided mandatory training and a 'buddy' as required. The site manager monitors care and service delivery through performance appraisals, competencies and reflective practice updates, clinical handovers, audits, and various meetings. A casual staff pool, linked to a mobile telephone text messaging process, assists in residents' continuity of care. Staff are satisfied they are able to carry out tasks and generally have sufficient time to provide residents' individual care and support.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

Residents and their representatives generally confirm there are appropriate supplies and equipment to meet their needs. Equipment and supplies sufficient for resident care and services are provided, maintained and monitored according to the home's procedures and resident need. Supplies are ordered and managed by various service managers in addition to contracted suppliers for linen, pharmacy and chemicals. The home was commissioned in November 2009 and equipment purchases made prior to resident entry, based on the home's experience of requirements to establish a new facility. Additional equipment has progressively been purchased according to changing resident need and staff requests. Trials, evaluation processes and physiotherapy advice assist purchase decisions. Preventive and corrective maintenance programs, existing warranty arrangements and regular audit and cleaning processes assist the home to provide safe, appropriate equipment for care and services.

1.8 Information systems

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

Team's recommendation

Does comply

Residents are satisfied with the level of accuracy of information regularly provided. The home uses corporate and site-specific systems and processes to generally provide stakeholder access to relevant information. Residents' current information is kept secure, an archive storage room is currently being established, and scheduled destruction processes are in place. Resident, staff and management electronic data is password protected at various security levels, and emergency backup measures are controlled by corporate office. The site manager monitors information systems through stakeholder feedback, audits, and evaluations, with updated policies and procedures and appropriate forms generally provided. Staff confirm their satisfaction in accessing required information.

1.9 External services

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

Team's recommendation

Does comply

Residents and staff confirm that externally sourced services meet care and service needs. Externally sourced services are managed by corporate office with monitoring and evaluation processes supported by the site. Contractors attending the site are required to register on entry and a site induction is provided by the maintenance officer. A contractors' code of conduct and health and safety requirements are a component of each contract agreement. Contracts are regularly reviewed and an evaluation template completed by the relevant manager, which considers resident and staff feedback. Quality audits are also conducted on service providers. Approved supplier lists assist the home to select contractors and suppliers.

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

Residents are satisfied with opportunities available to raise suggestions and in management's responsiveness to their feedback. The home's corporate and site specific systems and processes identify, action and evaluate improvement opportunities in health and personal care. Stakeholders are informed of continuous improvement through orientation processes and are able to contribute through various pathways. These include surveys, meetings, comments and complaints mechanisms, audits, case conferences and care review processes and adverse events reporting. The site manager electronically logs continuous improvement activity, for the formulation of goals and strategies and actioning at heads of department meetings. Longer term initiatives are transferred to the quality improvement plan and regularly reviewed. Stakeholders are notified of outcomes through shift handovers, meetings, memos and notices, with health and care education and training arranged as necessary. Care staff confirm their understanding of the continuous improvement process and management's encouragement for them to contribute.

The home demonstrated results of improvements relating to health and personal care, including:-

- The senior clinical case coordinator identified a gap in residents' restoration processes for deteriorating residents. Following clinical discussion, an improved restoration programme was initiated. The program involved capturing residents' relevant information by care staff observation, for example, walking and residents' pain. Referrals are made to the occupational therapist and physiotherapist for assessment of residents' suitability to participate in the rehabilitation program. While this initiative was recently introduced, staff feedback was positive. The program was described as reducing residents' behaviours, as well as being an effective communication tool.
- The senior clinical case coordinator identified a need to improve medication credentialling for care staff. Discussions with management resulted in the purchase of a software package, providing the overall framework in a credentialling training program. The program includes eye drops, oxygen use and taking blood pressure. Staff and management provided positive feedback, stating the program builds their skills in delivering residents' medications, while also assisting them to manage their time.
- A resident's family discussions with the site manager highlighted the need for improved practices in palliative care. Clinical discussions led to palliative care guidelines being developed by the nurse practitioner. Staff at varying levels of experience will be able to receive relative assistance with residents' end of life medications and practices. The clinical guidelines were recently developed, and are planned for release on 10 August 2010. Monitoring of evaluation will be ongoing.

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’s corporate and site specific systems and processes assist in identifying and responding to legislation, regulations, standards and guidelines impacting on health and personal care. The site manager receives information relating to health and care changes affecting the home, from corporate office, as well as links from industry bodies. The site manager records updates in a regulatory compliance log, and disseminates information to care staff. The site manager monitors compliance with legislation through various audit processes, risk assessments and corporate office notifications. Care staff confirm receiving updates and training through handovers and meetings, and their understanding of regulatory compliance relating to health and personal care. Examples of regulatory compliance include medication management licensing and reporting, and meeting requirements for specified care and services.

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

Residents are generally satisfied that health and care staff display necessary skills when delivering residents’ individual care and service needs. The home’s systems and processes assist in capturing, planning and reviewing staff education and development in health and personal care. The site manager oversees education and uses a training needs analysis to capture annual internal and external requirements. Examples of training sessions include behaviour management, pain management and palliative care. Care staff are provided training through handovers, in-house workplace training/assessors, corporate ‘people health and development’ management team, and external providers. Residents’ changing acuity, as well as staff appraisals, evaluations and audit outcomes, assist the site manager to monitor and update the clinical training program as required. Care staff confirm their satisfaction with support provided to develop skills and knowledge in health and personal care.

2.4 Clinical care

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

Team’s recommendation

Does comply

Residents are satisfied that the care provided meets their needs. An interim care plan is prepared on the day of entry from information collected through the home’s admission screening tool. Planned assessments including allied health and general practitioner referrals are used to confirm care requirements, and a case conference held with relevant staff to assist the documentation of a comprehensive plan for care. Residents’ families may participate in this process. Care reviews are regularly conducted and ‘care plan suggested changes’ form used by care staff, who observe

changes to resident care needs. Exception reporting notes are used by registered and enrolled nurses to record resident progress, although records do not consistently record resident responses to care. Seven day handover sheets assist staff communication regarding residents' care needs. The home monitors resident care through regular clinical care audits, incident reporting and resident, representative and staff feedback. 'Inconsistency in care' feedback forms may be used for this process.

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 are satisfied that their specialised care needs are met. Assessment and care planning processes include identification of specialised care needs and a specific specialised care plan is documented. Care planning and review processes are conducted by clinical care coordinators. Specialised care is provided by registered and enrolled nurses according to the required skill level, or referred to external services such as a wound care specialist. Job descriptions define staff scope of practice and reporting requirements. Staff education and specialised equipment is provided according to residents' changing care needs.

2.6 Other health and related services

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

Team's recommendation

Does comply

Residents confirm they are aware of services available and have access to appropriate specialists as required. Initial assessment and regular review processes identify residents' preferred service providers, referral and screening requirements. The home contracts an allied health service provider which enables regular physiotherapy and podiatry services for all residents, and access to other services by referral. An allied health referral and communication file is available in each nurses' station, which records referral details, and allied health attendance is documented on specific colour coded progress notes. Other specialist services are arranged in consultation with the general practitioner. Daily diaries and handover processes inform staff of referral arrangements and appointments.

2.7 Medication management

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

Team's recommendation

Does comply

Residents confirm that their medications are managed safely and correctly. Residents medication management needs are assessed and documented on medication charts which also include administration precautions and known allergies. Medications are administered by registered and enrolled nurses and credentialed carers from pre-packed dose aids according to the home's policies and procedures. Residents choosing to self-administer their medications are assessed and authorised to do so. While medications are regularly reviewed by the general practitioner and the contracted pharmacist conducts and records medication profiles, medication orders do not consistently record reasons for the use of 'as required' medications. Staff practices and medication supply processes are audited and medication practices and audit outcomes are discussed at the Medication Advisory Committee.

2.8 Pain management

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

Team's recommendation

Does comply

Residents are satisfied with how their pain is managed. Initial assessment includes a brief pain inventory documenting the resident's pain experiences. A 'pain assessment aid' is used to assist staff identify pain for non-cognitive residents. A pain management plan is prepared in consultation with the physiotherapist and includes a range of strategies such as hot packs, guided movement or massage, in addition to pain management medication. Pain monitoring charts record resident responses and stickers record the effects of 'as required' medication, which is administered in consultation with the registered nurse. There is regular consultation with the general practitioner regarding residents' pain management needs and plans are regularly reviewed. Pain management protocols guide staff practice and staff training in pain management is provided. The home audits pain management processes and the use of pain management medication.

2.9 Palliative care

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

Team's recommendation

Does comply

Resident representatives generally confirm satisfaction with the home's approach to maintaining the comfort and dignity of terminally ill residents. While entry processes include discussion with residents and their families about terminal wishes, this information is not consistently available in residents' files. When terminal care is required a palliative care plan is documented in consultation with the resident and their family. A symptom check list assists this process and palliative care resources for care and comfort are centrally stored for easy access. External palliative care services advise and support the home and there is access to trained palliative care staff on-site, who also provides education to staff.

2.10 Nutrition and hydration

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

Team's recommendation

Does comply

Residents are satisfied with the home's approach to meeting their nutrition and hydration needs. Entry processes include identifying residents' food preferences and nutrition needs based on a risk assessment approach. Diet, meal support and utensil requirements are communicated to hospitality services and a nutrition care plan documented which includes instructions for fluid intake. At risk residents may be provided with supplements or referred to the dietitian or speech pathologist as required. Residents' nutrition is monitored through scheduled weighs and food and fluid charts, and outcomes and plans are regularly reviewed by the clinical care coordinator. Staff are provided with nutrition education and training in safely assisting residents with swallowing deficits. The home's menu has been reviewed by a dietitian.

2.11 Skin care

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

Team's recommendation

Does comply

Residents are satisfied that the home provides appropriate care to maintain their skin integrity. Skin care plans are documented subsequent to assessment of residents' skin integrity and identification of risks such as lack of mobility, continence management needs and level of nutrition and hydration. These plans are regularly reviewed. Preventive strategies may include pressure relieving mattresses, bed cradles, sheep skins, regular moisturisers and limb protectors. There are protocols for the management of skin tears and other wounds and wound care charts document assessment and wound management planning by registered nurses. Nutrition supplements may be used to assist wound healing and wound healing rates are monitored. Residents with complex wounds may be referred to specialist services. Staff training in wound management and skin care is provided and skin care processes are monitored through incident reporting and regular audits.

2.12 Continence management

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

Team's recommendation

Does comply

Residents confirm their continence needs are met. Resident continence needs are assessed and initial strategies evaluated with the assistance of the continence nurse. Each resident has a continence and bowel management plan including the allocation of required aids, which are accessible in the resident's room. Plans are regularly reviewed. There are protocols for bowel management and resident bowel patterns are monitored daily. Urinary tract infections are reported and preventive strategies may include regular urinalysis, cranberry tablets and increased fluid intake. Continence management processes are audited and assessed education in continence management provided for staff.

2.13 Behavioural management

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

Team's recommendation

Does comply

Residents are satisfied with the home's approach to managing challenging behaviours. Resident behaviours are identified through documented observations and potential triggers and flow charts document strategies used and the resident's response. Behaviour management plans are developed in addition to risk management plans for residents with identified challenging behaviours. Residents are encouraged to wander and engage in activities within an assessed risk framework negotiated with the resident's family. A specific management program supported by occupational therapy students is provided for residents with mild dementia, and the home's recovery program and specially tailored activities assist in reducing resident agitation. When required, residents are referred to specialist services. Behaviour management flow charts assist staff to manage residents' behaviours and staff are provided with behaviour management training in Montessori based strategies. Behaviour incidents are monitored and management processes audited.

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 confirm satisfaction with the opportunities provided by the home to optimise their mobility and dexterity and were observed to participate in a range of activities and exercises. Assessment processes include physical abilities and balance, transfer needs and risk of falling. A physiotherapist assesses all residents and plans daily exercises, mobility support needs and treatments for comfort and pain relief. Resident mobility plans include strategies to reduce the risk of falling as part of the home's falls prevention program whilst facilitating resident independence and choice, and may include low beds and sensor mats. These plans and resident responses are regularly reviewed. Resident participation in the home's healthy ageing program is negotiated and may include regular gym sessions on-site with support from a life coach, regular walking challenges, swimming and exercise classes, in addition to engaging in daily tasks within the home. The home has a monitored recovery program to support at-risk residents which includes the physiotherapist and occupational therapist. Staff have received training in the home's healthy ageing program and the concept of partnering with residents to achieve their potential. Incident reporting and audit processes contribute to monitoring processes.

2.15 Oral and dental care

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

Team's recommendation

Does comply

Residents are satisfied with the support they receive to manage their oral and dental health. Assessment processes and strategies for care are based on the national better oral health program. Each resident has an oral and dental care plan which is placed in the resident's bathroom for easy staff access. Diet requirements to suit residents with dental deficits are identified. Residents can choose to visit their own dentist and the home arranges dental services according to assessed need. Regular screening by a dental hygienist is planned. Clinical care audits monitor oral care and staff training based on workbook knowledge assessments is planned for August 2010.

2.16 Sensory loss

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

Team’s recommendation

Does comply

Residents are satisfied with the approach taken by the home to identify and manage their sensory loss. Entry processes include assessment of residents’ physical and mental abilities conducted by the registered nurse and occupational therapist, which incorporates sensory assessment. Strategies to address identified losses are integrated in the relevant section of the resident’s care plan and include the management of any required aids. These plans are regularly reviewed. Individual support for residents with sight or hearing deficits is arranged such as, large print books or audio tapes, in addition to planned activities to stimulate residents’ sensory experiences. A ‘savouring the senses’ program provides opportunity for residents to engage in craft work, wine and cheese tastings, gardening, cookery, aromatherapy and massage, with positive feedback from residents. A reference file on sensory loss is available for staff and assessed training provided.

2.17 Sleep

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

Team’s recommendation

Does comply

Residents are satisfied that they are able to achieve natural sleep patterns. Residents’ normal patterns of sleep are assessed on entry and sleep plans documented, which may include normal rising and settling times and strategies to assist sleep such as warm drinks and supper, or specific bedding arrangements. Observed disturbances to sleep or regular use of ‘as required’ sedation are generally used to initiate the use of a sleep flow chart or referral to the residents’ general practitioner. Care evaluations and reviews are regularly conducted. Guidelines and training to assist resident sleep are provided to staff and sleep management processes are audited by the home

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

Residents are satisfied with opportunities available to raise suggestions and in management’s responsiveness to their feedback. The home’s corporate and site specific systems and processes assist in identifying, actioning and evaluating improvement opportunities in resident lifestyle. Stakeholders are informed of continuous improvement through orientation processes and are able to contribute through various pathways. These include lifestyle surveys, meetings, comments and complaints mechanisms, audits and hazards. The site manager logs continuous improvement activity, for the formulation of goals and strategies and actioning at heads of department meetings. Longer term initiatives are transferred to the quality improvement plan and regularly reviewed. Stakeholders are notified of outcomes through meetings, newsletters, memos and notices, with relevant lifestyle education and training arranged where necessary. Staff confirm their understanding of the continuous improvement process and management’s encouragement for them to contribute.

The home demonstrated results of improvements relating to resident lifestyle, including:-

- The site manager identified the need to address residents’ boredom and disengagement in various on-site and community activities and general life interests. Following resident/representative and staff consultation, the site manager introduced ‘valued roles’ and ‘my community contribution’ plans for residents. The laminated charts are placed on residents’ doors, and allow writing of residents/representatives preferred interests. Care staff actively encourage residents to engage in both plans, as appropriate. Resident and staff feedback of the recent initiative was positive, confirming increased levels of enjoyment.
- Members of the local Dutch community conveyed their interest to management, about building relationships with residents. Resident/representative consultation led to the introduction of a Dutch community program at the home. Residents are able to meet weekly with members of the Dutch community in one of the home’s lounge areas, and be involved in lunches, exercises and casual conversation. The program has proved popular, with residents describing get togethers as an excellent way to meet new friends.
- Residents conveyed their interest in desktop computer publishing. Consultation with management resulted in the purchase of relevant computer software, and residents reviewing the home’s newsletter format. Residents are currently designing a newsletter, the ‘Highercombe residents’ review’, which will include articles, activities, stories and other selected items. The first redesigned newsletter is planned for release in August 2010. Residents confirm their interest in computer publishing, and stated they are looking forward to their first redesigned newsletter. Monitoring and evaluation will be ongoing.

3.2 Regulatory compliance

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

Team's recommendation

Does comply

The home's corporate and site specific systems and processes assist in identifying and responding to legislation, regulations, standards and guidelines impacting on resident lifestyle. The site manager receives information relating to changes affecting the home from corporate office, as well as links from industry bodies. The site manager records updates in a regulatory compliance log, and disseminates information to relevant parties as appropriate. The site manager monitors compliance with legislation through various audit processes, risk assessments and corporate office notifications. Staff confirm receiving updates and relevant training, and their understanding of regulatory compliance relating to resident lifestyle. Examples of regulatory compliance include resident agreements, guardianships and procedures for the identification and management of elder abuse.

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

Residents are satisfied that staff display necessary skills when delivering individual care and service needs. The home's systems and processes assist in capturing, planning and reviewing staff education and development in resident lifestyle. The site manager oversees the education program and uses a training needs analysis to capture annual internal and external requirements. Examples of training sessions include montessori lifestyle methods and cultural and spiritual needs. Staff are provided training through in-house workplace training/assessors, a corporate 'people health and development' management team, and external providers. Residents' changing acuity, as well as staff appraisals, evaluations and audit outcomes, assist the site manager to monitor and update the training program as required. Staff confirm their satisfaction with support provided to develop skills and knowledge in resident lifestyle.

3.4 Emotional support

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

Team's recommendation

Does comply

Residents are satisfied with the emotional support provided. The home's processes assist residents in adjusting to their new environment. Residents are provided information about services before admission. Residents' care and lifestyle assessments, including a family tree and lifestyle history, assist in capturing care and lifestyle needs, preferences and family history. Residents are encouraged to personalise their rooms, engage with friends and families, and are supported in continuing previous lifestyle activities and interests where possible. Care staff

observations and discussions with residents are used to develop and monitor strategies to manage support needs. Staff, volunteers and visiting pastors also provide one-to-one support to residents through emotionally difficult times, with records updated to reflect outcomes. Staff confirm the importance of residents' emotional needs being identified and provide comfort and support where required.

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 are satisfied with the encouragement and support to be independent. The home uses processes through its model of well-being to provide assistance to residents achieving maximum independence. Residents care and lifestyle entry assessments identify independence needs, with strategies implemented by staff as required. Residents are provided a locked drawer in their room, have use of kitchen areas, and are encouraged to be independent through activities of daily living, and leisure and lifestyle interests. These include the right to take reasonable risks through self medication and various activities. Residents' aids include hip protectors and walking frames, large print telephone buttons and computer keyboards, and language picture books. Residents changing needs and preferences are monitored through attendance records, audits, clinical and lifestyle consultations, and resident/representative feedback. Staff confirm their understanding of the importance in encouraging residents to be as independent as possible.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

Residents are satisfied that their privacy, dignity and confidentiality are recognised and respected. The home's processes identify and implement strategies to meet residents' individual preferences in privacy and dignity. Staff recruitment processes include signing a code of conduct, training for activities of daily living and understanding residents' individual needs and desires. Residents' records are stored securely, residents have locked drawers in their rooms, 'do not disturb' signs are available, and personal issues are discussed in confidence. Management monitor practices in respecting residents' privacy, dignity and confidentiality through observations, residents' feedback and audit processes, with residents' files being updated with outcomes as necessary. Staff confirm the importance in maintaining residents 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

Residents are satisfied with support and encouragement provided to participate in preferred interests and activities. The home's processes incorporate a 'positive ageing model of well-being', to engage stakeholders in roles and activities. Residents' assessment processes at entry capture social history, needs, desires and capabilities. Residents are encouraged and supported to undertake specific roles and functions. These include pastoral care officer, group leader, and various other roles, as well as continuing their links with the local community. Lifestyle staff prepare weekly activity sheets, and laminated charts for residents to enter their special interests and activities. Care staff are responsible for reminding residents of group and one-to-one sessions, promoting involvement where possible, and reporting attendances. The site manager, supported by the management team, monitors the programme through attendances, surveys, formal and informal meetings and audits, making adjustments as necessary. Staff confirm the importance in supporting residents' engagement in chosen roles, interests and activities, and advocate as necessary.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

Residents are satisfied with the level of cultural and spiritual support offered. The home uses processes to identify, plan and evaluate residents' individual cultural and spiritual needs. Residents' individual cultural and spiritual needs are identified through entry assessments. Residents are offered a spiritual 'devotions' activity, regular church or pastoral services, multicultural schemes, as well as a special theme or name day celebrations. Residents' nationalities and religious details are made available for staff, with picture books assisting residents and staff in identifying basic needs for non-English speaking residents. The site manager monitors residents' changing needs and preferences through resident, representative and staff feedback, surveys, meetings and comments and complaints mechanisms. Staff confirm the importance in promoting and supporting residents in their cultural and spiritual needs and preferences.

3.9 Choice and decision-making

This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".

Team's recommendation

Does comply

Residents are satisfied with opportunities provided to engage in choice and decision making for delivery of care and lifestyle needs and preferences. The home uses processes to identify, encourage, engage and monitor residents' involvement in choice and decision making in care and services. Residents are encouraged to have a voice and share responsibilities. This is promoted by working with management and staff, to create a lifestyle which supports their well-being and the running of the home. Examples include the residents' council, and taking responsibility, by being involved in set roles in their areas. The site manager monitors residents' involvement in choice and decision-making processes through stakeholder meetings, surveys and evaluations, and encourages residents' participation where possible. Staff confirm the importance of encouraging residents to have a voice in all dealings, and advocate where required.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

Residents are satisfied they have secure tenure at the home and understand their rights and responsibilities. The home uses corporate and site-specific systems and processes to provide residents and representatives relevant information regarding rights and responsibilities. The 'charter of residents' rights and responsibilities' is on display at the home, and in the resident handbook. Residents/representatives are provided a residential agreement, as well as information regarding care and services, fees and charges, periods of leave, and generally complaints mechanisms. Residents may seek assistance from the site manager or the residents' liaison and accommodation coordinator, regarding initial security of tenure when requesting a room change. Residents/representatives are encouraged to participate in decision-making processes regarding care and services through various surveys and meetings. The site manager monitors residents' satisfaction in security of tenure and understanding of their rights and responsibilities through residents' council meetings, management's 'open door' policy and audits. Staff understand residents' rights and responsibilities, the importance of security of tenure, an advocate where necessary.

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

Residents are satisfied with opportunities available to raise suggestions and in management’s responsiveness to their feedback. The home’s corporate and site specific systems and processes identify, action and evaluate improvement opportunities in physical environment and safe systems. Stakeholders are informed of continuous improvement through orientation processes and are able to contribute through various pathways. These include environmental surveys, audits, hazard and adverse events reporting mechanisms and comments and complaints. The site manager logs activity, for the formulation of goals and strategies and actioning at heads of department meetings. Longer term initiatives are transferred to the quality improvement plan and regularly reviewed. Stakeholders are notified of outcomes through meetings, newsletters, memos and notices, with relevant education and training arranged where necessary. Staff confirm their understanding of the continuous improvement process and management’s encouragement for them to contribute.

The home demonstrated results of improvements relating to physical environment and safe systems, including:-

- Management identified the need to improve staff awareness and identification of hazards. This resulted in a questionnaire being developed for staff, as well as training, covering various occupational health and safety related topics. Staff feedback was positive, with staff stating the questionnaire has improved their knowledge and understanding of occupational health and safety issues in the home’s environment.
- The infection control coordinator identified a need to provide a discreet method, to identify residents’ infection status. Consultation with clinical staff resulted in the development of butterfly stickers. The stickers are applied in residents’ areas as required, and staff provided training in how to respond, and the importance of controlling the spread of infection. Staff feedback was positive, stating they understand the importance of the symbol and why it is used.
- The site manager identified the need to consider electrical power options, following a blackout during a recent storm. After considering options, electric power packs were purchased. The power packs can be applied to needed equipment, such as electric beds, during blackouts, without considerable upkeep. A trial of the power packs is scheduled for August 2010. Monitoring and evaluation will be ongoing.
- Occupational health and safety reports highlighting fire alarms being manually triggered by residents, alerted the site manager of the need to review processes surrounding fire alarms. Following an investigation, the site manager arranged for plastic covers to be fitted on all fire alarm boxes. Management feedback was positive, stating the covers have considerably reduced false alarms being triggered, resulting in less inconvenience to residents and emergency resources called. Monitoring of this recent initiative will be ongoing.

4.2 Regulatory compliance

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

Team’s recommendation

Does comply

The home’s corporate and site specific systems and processes identify and respond to legislation, regulations, standards and guidelines impacting on physical environment and safe systems. The site manager receives information relating to environmental changes affecting the home from corporate office, as well as links from industry bodies. The site manager records updates in a regulatory compliance log, and disseminates information to relevant parties as appropriate. The site manager monitors compliance with legislation through various audit processes, risk assessments and corporate office notifications. Staff confirm receiving updates and relevant training, and their understanding of regulatory compliance relating to physical environment and safe systems. Examples of regulatory compliance include fire regulations, infection control guidelines and food safety programs.

4.3 Education and staff development

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

Team’s recommendation

Does comply

Residents are satisfied that staff display necessary skills when delivering individual care and service needs. The home has systems and processes to capture, plan and review staff education and development in physical environment and safe systems. The site manager oversees the education program and uses a training needs analysis to capture annual internal and external requirements. Examples of training sessions include emergency evacuation, infection control and food handling in aged care. Staff are provided training through in-house workplace training/assessors, a corporate ‘people health and development’ management team, and external providers. Residents’ changing acuity, as well as staff appraisals, evaluations and audit outcomes, assist the site manager to monitor and update the training program as required. Staff confirm their satisfaction with support provided to develop skills and knowledge in physical environment and safe systems.

4.4 Living environment

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

Team’s recommendation

Does comply

Residents and their families are satisfied that the home provides a safe and comfortable living environment to meet their needs. Residents are accommodated in individual, temperature controlled rooms with access to lounge areas, conversation nooks and external balconies and courtyards. The facility is physically divided into themed 'houses' with distinct décor consistent with the theme. Each 'house' has secure exit doors enabling residents to wander freely within their immediate living area. The home has a minimal restraint policy and negotiates risk management plans with residents and their families to facilitate resident independence. Call bell access and individual pendant alarms assist residents to call for staff attention. The home monitors the living environment through regular audits, preventive and corrective maintenance programs and incident and hazard reporting. Staff induction, code of conduct and ongoing training supports residents' rights to safety and comfort.

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

Corporate and site specific management systems and plans provide for a safe working environment. Staff confirm they are aware of their occupational health and safety responsibilities and receive relevant, assessed training. There is on-line and hard copy access to occupational health and safety procedures. Monitoring of occupational health and safety systems and planned improvements is conducted at regular heads of department meetings which includes representatives from a related home. Potential risks are identified from incident, hazard and accident reports and occupational health and safety audits. The home is progressively developing individual task risk assessments.

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

There are management systems to minimise the risks of fire, security and other emergencies. Staff are aware of their responsibilities in the event of a fire and residents generally understand their action when hearing a fire alarm. Staff have access to fire and emergency procedures and are instructed and assessed in fire response actions. Evacuation plans are displayed and resident transfer lists available. Contracted services and the home's maintenance officer regularly monitor and maintain fire management systems. The home has a smoking policy which restricts smoking to an external designated area. Security is monitored via closed circuit television and there is key pad operated secure perimeter fencing, supported by external sensor lighting and after hours lock up procedures. The home is subject to the corporate disaster plan and meets the requirements of the 1999 certification instrument.

4.7 Infection control

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

Team's recommendation

Does comply

The home has a monitored infection control program managed by an infection control coordinator. Infection control guidelines and the home's policies and procedures guide staff practice and reporting processes. Induction and ongoing training and assessment also assist staff to understand their responsibilities and there is access to personal protective equipment, regular hand gel stations and hand washing facilities. Information about preventing infections is displayed around the home for staff, residents and visitors and vaccination programs are provided for both staff and residents. Outbreak management resources and plans have been prepared for prompt staff access. Specific infection control care plans are documented for relevant residents and a 'butterfly' is placed on the residents' door to alert staff. There are guidelines for additional precautions to assist cleaning, catering and laundry staff. The home has an audited food safety plan.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

Residents and staff are satisfied that hospitality services meet their needs and enhance their enjoyment of living and working in the home. Entry processes identify residents' service needs and meal preferences which are communicated to the hospitality services manager. Meals are prepared in the ACH central kitchen and heated and served from individual kitchenettes adjacent to dining areas in each 'house', according to documented diet requirements. Residents have input to the seasonal rotating menu. Personal laundry services are provided over seven days, supported by a naming, sorting and personal delivery service. Linen is supplied and laundered by contracted services. Cleaning services are provided according to cleaning schedules and to meet residents' privacy preferences. Scheduled audits monitor hospitality service processes and resident and staff feedback provided through established feedback processes and personally to hospitality services staff.