



Australian Government

Australian Aged Care Quality Agency

Homewood Nursing Home

RACS ID 2549
64 Iliffe Street
BEXLEY NSW 2207

Approved provider: Homewood Care Pty Limited

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 27 May 2017.

We made our decision on 24 April 2014.

The audit was conducted on 11 March 2014 to 13 March 2014. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

Expected outcome	Quality Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2: Health and personal care

Principle:

Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (or his or her representative) and the health care team.

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

Standard 3: Resident lifestyle

Principle:

Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.

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

Standard 4: Physical environment and safe systems

Principle:

Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

Expected outcome	Quality Agency decision
4.1 Continuous improvement	Met
4.2 Regulatory compliance	Met
4.3 Education and staff development	Met
4.4 Living environment	Met
4.5 Occupational health and safety	Met
4.6 Fire, security and other emergencies	Met
4.7 Infection control	Met
4.8 Catering, cleaning and laundry services	Met



Australian Government

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Audit Report

Homewood Nursing Home 2549

Approved provider: Homewood Care Pty Limited

Introduction

This is the report of a re-accreditation audit from 11 March 2014 to 13 March 2014 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Quality Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 11 March 2014 to 13 March 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

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

Assessment team

Team leader:	Toby Hammerman
Team member/s:	Margaret Williamson

Approved provider details

Approved provider:	Homewood Care Pty Limited
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Details of home

Name of home:	Homewood Nursing Home
RACS ID:	2549

Total number of allocated places:	82
Number of residents during audit:	80
Number of high care residents during audit:	80
Special needs catered for:	N/A

Street/PO Box:	64 Iliffe Street
City/Town:	BEXLEY
State:	NSW
Postcode:	2207
Phone number:	02 9503 1800
Facsimile:	02 9503 1899
E-mail address:	kalford@homewoodcare.com.au

Audit trail

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

Interviews

Category	Number
Chief executive officer/registered nurse (CEO)	1
Operations manager/educator	1
Director of care	1
Clinical coordinator	1
Registered nurses	3
Team leaders	2
Continence link nurse	1
Assistants in nursing Certificate III and IV	11
Physiotherapist (contract)	1
Physiotherapist (private)	1
Physiotherapy aide	1
Residents	9
Representatives	10
Diversional therapist and recreation officers	3
Catering staff: cook , kitchen and servery aides	4
Laundry staff	1
Cleaning/ Maintenance staff (contractors)	2
Cleaning/Maintenance contractor	1
Members of the work health and safety/continuous improvement committee	6
Fire safety officer and warden	2
Administration assistants and personal assistant to CEO	3

Sampled documents

Category	Number
Residents' files	9
Maintenance requests	12
Wound charts	4
Medication charts	9
Personnel files	6
Resident agreements	6

Other documents reviewed

The team also reviewed:

- Allied health request forms
- Catering – NSW Food Authority licence, diet summary sheet, special diet requests, food preferences; dietary information lists; meal choices, menus – seasonal and four week rotating, daily menu preference lists, kitchen communication book, order book, food safety manual, delivery monitoring records, temperature monitoring records, audits and results, kitchen cleaning schedule, duty lists, daily menu
- Cleaning and laundry – room and task cleaning schedules, work procedures, rosters, protocols for infection control and other specialised procedures, training records.
- Clinical care documentation including communication diary, residents' weight documentation, behaviour monitoring charts and blood glucose monitoring
- Comments ,complaints folder and register
- Communication systems – notices, memorandums, handover sheets, diaries and communication lists
- Complex care information including diabetic care documentation and catheter management documentation
- Continence management documentation including bowel charts
- Continuous improvement logs, register and action plans
- Education - orientation checklist, calendar 2013 and 2014, attendance records mandatory education, staff records for internal and external courses completed, education needs list for 2014
- Fire safety – certification of fire safety measures, training attendance records, equipment inspection and testing reports, fire panel inspection and maintenance records, list of residents, emergency evacuation backpack and contingency plan (updated 2013).

- Human resource documentation including recruitment policies and procedures, job descriptions & duty lists, rosters, staff employment kit
- Incident and accident reports
- Information booklet for residents and relatives
- Information processes :Meeting minutes and meeting schedules- residents, memo folder, feedback folder, communication books for medical officers, physiotherapist, staff and residents' handbooks, residents' information package and satisfaction surveys
- Inventory and equipment and External services : approved supplier lists, service provider agreements, stock monitoring and delivery systems, planned maintenance program and routine maintenance request and implementation records
- List of cultural requirements and religious representative contacts
- Maintenance records : routine and preventative work orders and completion acknowledgements (faxed)
- Mandatory consolidated reporting registers for alleged or suspected elder abuse and missing persons incidents and attached incident forms
- Medical officers' communication sheets
- Medication management documentation including drugs of addiction register, staff specimen signature registers, medication care plans, medication advisory committee agenda
- Pain assessments and palliative care symptom assessment form
- Physiotherapy documentation including residents' physiotherapy assessments, care plans, manual handling instructions charts, treatment sheets
- Plans for continuous improvement in each expected outcome of the Accreditation Standards
- Policies and procedures
- Recreational activities documentation including resident activity assessments and care plans, activity evaluations, weekly activity calendar, schedule of special events, photographs of activities
- Resident incidents, medication incidents
- Residents admission pack including resident information booklet, care agreement, privacy statements and personal information authority
- Residents list
- Restraint authorisations and restraint release charts
- Self-assessment report and associated documentation in each Accreditation Standard
- Staff handbook

- Staff police checks
- Work health and safety – policies, identified hazard register and risk assessment processes

Observations

The team observed the following:

- Activity program on display; activities in progress and activity resources
- Charter of residents' rights and responsibilities on display
- Communication systems including diaries, memos and language communication sheets
- Daily menu and servery list of resident menu choice
- Equipment and supply storage rooms including clinical, medication and linen stock in sufficient quantities and equipment available and in use for manual handling such as hand rails, ramps, walk belts, mobile walkers and walking sticks
- Hairdressing salon in adjacent Homewood Gardens (hostel)
- Hand washing sinks, hand hygiene dispensers around the home and staff personal dispensers
- Infection control resources, facilities and equipment, waste management including clinical waste, outbreak management kit, spill kits, sharps waste disposal containers, personal protective equipment, colour coded equipment, infection control resource information
- Information brochures on display for residents, visitors and staff
- Interactions between staff, residents and representatives
- Internal/external complaints mechanisms and advocacy brochures
- Key pad locks, nurse call bell system
- Lifting equipment, manual handling and mobility aids in use
- Living environment – internal and external
- Material safety data sheets, spill kits, sharps containers, waste disposal systems, out of order tags
- Notices of impending Accreditation site audit on display throughout the home
- NSW Food Authority Certificate displayed
- Nurse call system and response by staff
- Pressure relieving equipment

- Quality Agency re-accreditation audit notices on display
- Residents utilising pressure relieving mattresses, bed rail protectors, hip and limb protection equipment
- Secure storage of confidential resident and staff information
- Secure storage of medications, locked medication trolleys, medication refrigerators and medication rounds, emergency medications
- Shift handover
- Staff work areas including nurses' stations, treatment/utility rooms, staff room, reception and offices
- The dining environments during lunch and beverage services with staff assistance, morning and afternoon tea, including resident seating, staff serving/supervising, use of assistive devices for meals and residents being assisted with meals in their rooms
- Wound trolley and equipment

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home is actively pursuing continuous improvement. Homewood Nursing Home and the adjacent low care facility, Homewood Gardens have a combined quality management and work, health and safety framework allowing oversight of shared services and exchange of improvement innovations. Areas for improvement are identified through mechanisms that include: improvement logs, regular meetings, feedback from stakeholders, a program of audits, surveys and analysis of monitoring data. Selected opportunities for improvement are recorded on a continuous improvement action plan that enables the planning, implementation and evaluation of some improvements. Other identified improvements are noted on a periodic review of strategies currently in place to meet each expected outcome of the Accreditation Standards. Results of actions needed to be implemented to meet each expected outcomes are found in various meeting minutes and other documents. A continuous improvement committee report is prepared monthly and submitted together with reports from all departments to the combined committee. Residents/representatives and staff are encouraged to actively contribute to this process and those interviewed report they are aware of the ways they can make suggestions for improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard One and recent examples of this are listed below:

- The self-assessment process conducted prior to the accreditation site audit noted complaints are logged on the electronic care program, but are not being tracked for resolution or trends. In response the minutes of the quality/WHS committee now contain a monthly analysis of complaints and a record of changes made to individual care or the home's systems or processes as a result of complaints. To further enhance the effectiveness of the home's complaints mechanisms the newly appointed educator has included “dealing with complaints” and “customer service” in the 2014 education calendar.
- The expansion of the home's functions to include the adjacent low care facility made scrutiny by the chief executive officer of hospitality, external contracts and other duties impractical to be performed by one person. To meet the increased demands, the home recruited in December 2013, an operations manager with extensive commercial, hospitality and aged care experience to oversee those functions. The new appointee has

also assumed responsibility for identification of staff education needs and the implementation of the 2014 education program.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home’s management identifies all relevant legislation, regulatory requirements, professional standards and guidelines through subscription to a regulatory publishing service and information forwarded by government departments, peak industry bodies and other aged care and health industry organisations. This information is disseminated to staff through updated policies and procedures, notices, regular meetings and ongoing training. Minutes of meetings include legislative changes as a standard agenda item. Relevant information is disseminated to residents/representatives through residents’ meetings, notices on display in the home and personal correspondence. Adherence to these requirements is monitored through the home’s continuous improvement system, which includes audits conducted internally and by external bodies. Staff practices are monitored regularly to ensure compliance with regulatory requirements.

The home was able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard One.

- A register is maintained to ensure criminal history record checks have been carried out for all staff. Records demonstrate all staff have signed a statutory declaration identifying if they were a citizen or permanent resident of a country other than Australia and if so, had no criminal history during that time.
- The home’s policy on the prevention and reporting of elder abuse has been updated to reflect current legislation. A register of reportable assaults has been established and training has been provided for staff on the mandatory reporting of elder abuse. A recent review of the consolidated register, by the CEO, resulted in the addition of information about the timing of care plan updates as recommended in the Australian Government’s Guidelines.
- A system is in place for the secure storage, archiving and destruction of personal information in accordance with the NSW Privacy and Personal Information Protection Act and regulations for residents’ records.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

The home has a system, overseen by the newly appointed operation/education manager, to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. The recruitment process identifies the knowledge, skills and education

required for each position. There is a comprehensive orientation program for all new staff and up to a week-long buddy system to support the new staff during their first days of employment. The education program, including topics covering the four Accreditation Standards, is developed with reference to resident needs, staff surveys, performance appraisals, and management assessments. Records of attendance at training are maintained, the training is evaluated and the effectiveness of the training is monitored through questionnaires, competency assessments and performance appraisals.

Management and staff interviewed report they are supported to attend relevant internal and external education and training. Residents/representatives interviewed are of the view staff have the skills and knowledge to perform their roles effectively.

Recent education and training that management and staff attended relating to Accreditation Standard One include:

- The orientation program covering such topics as: policies and procedures, the philosophy of the home, the communication system and the complaints process.
- The in-service program which included such topics as: protecting the older person from abuse, customer service and accreditation and policies and procedures.
- External provided course, delivered on site for nine staff to complete the requirements of the Certificate IV course in aged care.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Residents are informed of internal and external complaint mechanisms through: the resident handbook, resident agreement, orientation to the home, notices and at residents' meetings. Quality improvement forms for comments and complaints are available in the home and brochures about an external complaint mechanism are also available in English and other languages reflective of the current resident mix. Management maintains a log of all comments on the electronic system and these are all responded to in a timely manner.

Residents/representatives can also raise concerns and identify opportunities for improvement through resident meetings, satisfaction surveys and other designated forums. Residents interviewed say they are aware of how to make a comment or complaint and feel confident that concerns are addressed appropriately.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The vision, values, philosophy and commitment to quality are documented and during our visit were placed on display in the home. We noted they are also available to all residents/representatives, staff and other stakeholders in information handbooks used in the home. Vision, mission and values are included in the orientation program to ensure staff are fully aware of their responsibility to uphold the rights of residents and the home's objectives and commitment to quality.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

Resident representatives interviewed told the team staff who provide care to the residents are skilled and competent. There is a system to manage human resources that includes policies and procedures, staff appraisals, job descriptions, selection and recruitment processes, appropriate rostering and an education program. Replacement staff come from a permanent and casual pool. Rosters reviewed demonstrated appropriate replacement of staff. Residents/representatives are generally satisfied with the level and competency of staff and their ability to meet residents' care and service needs. Staffing levels and rostering is set and monitored to meet the demands of residents, taking into consideration regulatory requirements, occupancy levels, resident needs, and the changing environment in which the home operates.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home demonstrated it has a system to ensure the availability of stocks of appropriate goods and equipment for quality service delivery. There are processes to identify the need to re-order goods, address concerns about poor quality goods, maintain equipment in safe working order and replace equipment. The home uses a list of approved suppliers and enters into service agreements to guarantee the availability of stocks of appropriate goods and equipment for quality service delivery. Maintenance records show that equipment is serviced by arrangement with the contract cleaning/maintenance company. The contractor uses a planned schedule which shows preventative and reactive tasks are completed in a timely manner. Cleaning personnel's job description includes handyman duties within their capability

and training. External tradesmen are engaged when necessary. The system is monitored by the home's management through regular audits, surveys, meetings and the feedback mechanisms of the home. We observed adequate supplies of goods and equipment available for the provision of care, to support residents' lifestyle choices and for all hospitality services. Staff confirm they have sufficient stocks of appropriate goods and equipment to care for residents and are aware of procedures to obtain additional supplies when needed.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

There are information management systems to provide management and staff with information to perform their roles effectively and keep residents/representatives well informed. The care coordinator, who is a registered nurse, is responsible for the implementation, monitoring and effectiveness of the clinical documentation systems including the assessment, care plan development and evaluation. Recently reviewed policy and procedure manuals and job descriptions outline correct work practices and responsibilities for staff.

Residents/representatives receive information when they come to the home and through a welcome package, meetings and case conferencing. Mechanisms used to facilitate communication between and amongst management and staff are meetings, memos, communication books, handover sheets, feedback and reporting forms. Noticeboards are used sparingly to enhance the home-like environment. All personal information is collected and stored securely and there are procedures for archiving and disposing of documents in accordance with privacy legislation. Staff and residents/representatives interviewed report they are kept informed and consulted about matters that impact on them.

1.9 External services

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

Team's findings

The home meets this expected outcome

The system to ensure all externally sourced services are provided in a way that meets the home's needs and service quality goals, will now be overseen by the newly appointed operations manager, from February 2014. Service agreements with contractors have formerly been negotiated by the CEO, for regular provision of services and there is a list of approved service providers who are used on a needs basis. There are schedules for all routine work to be undertaken by contractors and a contact list is in place to enable staff working outside business hours to access contractors in an emergency. Some services provided are monitored by the maintenance contractor and now also the operations manager through regular evaluations, audits and the feedback mechanisms of the home. The team reviewed examples demonstrating the system for managing non-conformance of suppliers and their replacement with new suppliers. Service agreements are reviewed annually or as stated in the contract.

Standard 2 – Health and personal care

Principle: Residents' physical and mental health will be promoted and achieved at the optimum level, in partnership between each resident (or his or her representative) and the health care team.

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Two and recent examples of this are listed below:

- In response to information gained in responding to a complaint, management identified a potential systems gap in the way referrals were being made for speech pathology or dieticians' assessments. Where residents had swallowing difficulties or continued weight loss, staff were previously reliant on the resident's doctor to initiate and implement the referral. This sometimes caused delays in implementing or activating appropriate nutrition and hydration strategies. As a first step, a dietitian was invited to deliver a series of education sessions to care staff to enhance their skills in identifying needs and how to correctly administer the various recommendations. The same dietitian was also invited to review the four week rotating menu to ensure it meets residents' nutritional requirements. The next step was to engage the dietitian on a monthly basis to attend the home and consult on individual residents' needs. The visit of the dietitian is timed to follow one day after the monthly registered nurses' meeting, so that needs can be considered in that forum and referred to the dietitian in a timely manner. An initial result of this initiative is the recommendation of the dietitian to change the nutritional supplement product being used to a new product with a range of flavours, increased protein content and higher acceptance rate by residents who previously rejected its use.
- A review of accidents and incidents involving falls, indicated a high number occurring in residents' rooms as they are getting out of bed. To address this issue and to provide a safe environment, the home purchased and installed 10 bed sensors in residents' rooms identified as high risk. The January and February 2014 falls statistics show 10 fewer falls compared to the previous period. While it is too early to definitively say the reduction is due to the bed sensor purchases, the CEO states, it is certainly a possibility.
- A review of specialised nursing care practices, in preparation for the forthcoming accreditation audit, indicated the home has 21 residents with diabetes, some of whom are insulin dependent. However, there was no system to ensure staff were aware of their specific needs. In response the home's list of residents was amended to include (in red) if a resident is diabetic and the prescribed frequency of their blood glucose level (BGL) monitoring. Associated with this improvement, the home developed a new “resident BGL entry” form to record all necessary information to appropriately manage that aspect of residents' care. Evaluation of this improvement shows staff have a better awareness of the needs of residents with diabetes.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home’s regulatory compliance system is referred to in expected outcome 1.2 Regulatory compliance. The home uses those processes to identify and implement a range of compliance measures relevant to Standard Two Health and Personal Care. These include:

- Implementing a system to ensure registered nurses and other health care professional registrations are maintained.
- Registered nurses and staff assisting with medications are monitored to ensure they comply with the relevant policies that reflect the Health (Drugs and Poisons) Regulations 1996 and Best Practice Guidelines in Medication Management.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to Expected Outcome 1.3 Education and staff development for information about the home’s system to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. We verified through discussions with staff and management and documentation review that the home delivers education relevant to Standard Two that will promote residents’ physical and mental health. Examples of education provided specific to Standard Two include oral care, pain management, falls prevention, continence care and nutrition and hydration.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has a system to assess, document and review care needs. Assessments are completed on admission and a plan of care developed. Residents’ health monitoring is undertaken on a monthly basis or more often if required including measurement of weight and general observations. Clinical reassessments are completed if a resident’s condition or care needs change; referrals are arranged if required and care plans are updated regularly. The resident’s medical practitioner is contacted if there is any significant change in resident condition. Clinical performance is monitored through regular audits and there is a system for recording and reviewing accidents and incidents. Care staff interviewed demonstrate a sound knowledge of individual residents care needs. Residents/representatives expressed satisfaction with the timely and appropriate assistance given to residents by care staff.

2.5 Specialised nursing care needs

This expected outcome requires that “residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s findings

The home meets this expected outcome

The home ensures residents specialised nursing needs are identified and met by suitably qualified staff or specialists. The registered nurse assesses the residents’ need for specialised nursing care and oversees any specialised nursing treatments. Current specialised care needs are limited to diabetic management, wound care and catheter management. Staff consult external nursing specialists when required including for behaviour management and palliative care. Residents interviewed are satisfied with the care they receive in relation to their specialised nursing needs.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Residents are assisted to access external medical specialists and allied health professionals. Referrals are arranged to specialists some of whom will visit the home including a physiotherapist, podiatrist and dietician. Progress notes are reflective of specialist health care practitioners’ recommendations and ongoing care interventions. Residents have pathology testing when ordered by their medical officer including checks for therapeutic medication levels. Residents/representatives confirmed referral to specialists is undertaken and that they are provided with assistance to access them if needed.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

There are systems and processes to ensure residents’ medication is managed safely and correctly. The home uses a pre-packed system of medications supplied by the pharmacy. Staff administering medications have undertaken training. Observation identified staff undertook to administer medications safely and correctly. A pharmacist conducts regular medication reviews with results provided to the resident’s doctor and registered nurses for review. Audits of the medication system are undertaken to ensure safe and correct administration. Medications were in a medication trolley kept in a locked cupboard when not in use. There is a medication incident reporting system and staff are aware of when and how to use it. Residents interviewed said they are satisfied with the way their medications are being managed.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

The home has a system for assessing, monitoring and treating resident’s pain, when entering the home and as needed. Care plans are formulated with individual pain management strategies. A multidisciplinary approach involving nursing and physiotherapy supports a resident’s pain management program. Staff are knowledgeable about the many ways of identifying residents who are experiencing pain. Pain management strategies include regular repositioning, the administration of pain relieving medications, the use of slow release narcotic patches, gentle exercises heat and massage. Residents say the care provided at the home relieves their pain or it is managed so they are comfortable.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The comfort, dignity and wishes of terminally ill residents at the home are respected and implemented in a caring way by staff. The home has access to the local palliative care team who will liaise with the home, the family and the medical practitioner. Families are encouraged to stay with the resident and the home can organise a visit by religious clergy if this is the resident’s request. End of life wishes are discussed with residents and representatives as appropriate. Staff were able to describe a range of additional comfort measures such as air mattresses, sheepskins and oral hygiene swabs, that may be used during end of life care.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

There are systems and procedures to ensure residents receive adequate nutrition and hydration. Special dietary needs, allergies, likes and preferences are identified on entry and updated as and when required. Weights are recorded monthly and monitored by the director of care. A dietician is scheduled to visit on a monthly basis and documentation identifies resident referral to the dietician. Nutritional supplements are available for residents who require extra nutritional support. Specialised eating equipment is used on an individual basis to help promote resident independence. Residents were observed being served and assisted with meals and drinks and staff could discuss individual residents nutritional and hydration requirements. Residents say they like the meals and there is always plenty to eat.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has systems to assess and monitor residents’ skin integrity. Assessments are completed on admission and residents’ skin integrity is monitored by care staff on an ongoing basis. Incidents such as skin tears are monitored to enable follow up and implementation of prevention strategies. Care staff advised of strategies they practice for maintaining residents’ skin integrity such as applying emollient creams, providing fluids and repositioning residents. The home has equipment to minimise the risk of skin trauma for residents such as pressure relieving chairs, air flow mattresses, bedrail guards and manual handling equipment. A hairdresser and a podiatrist visit the home on a regular basis. Residents’ wound care is documented and registered nurses review wounds of concern and attend to complex wound care. Residents say they are satisfied with the manner in which skin care is attended.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The continence management system promotes the dignity, comfort and well-being of residents. Residents are assessed on admission and on an ongoing basis by care staff, and a plan of care developed. The effectiveness of continence programs is monitored on a daily basis by care staff who report any changes. The home supplies continence products for high care residents and assists low care residents to purchase if necessary. Staff confirmed there are adequate supplies of continence aids available. The continence product supplier provides ongoing education and support. Urinary tract infections are monitored. During the visit, all areas of the home were free of odour. Residents say they are happy with the assistance received in managing their continence needs.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

There are systems to ensure the needs of residents with challenging behaviours are managed effectively. This includes initial and ongoing assessment of residents’ behavioural needs and the development of a care plan that includes strategies to address residents’ specific needs. Specialist consultations are arranged as needed and staff have access to the local mental health team when required to assist with the management of residents with challenging behaviours. Staff could discuss individual residents, any triggers for behaviours and strategies used to manage these behaviours. Observation of resident and staff interaction shows a patient and gentle approach to behaviour management.

Residents/representatives say the needs of residents with challenging behaviour are effectively managed.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that “optimum levels of mobility and dexterity are achieved for all residents”.

Team’s findings

The home meets this expected outcome

The home assists residents to maintain their mobility, dexterity and independence for as long as possible. Clinical assessments on admission identify the assistance required by residents for transferring and mobility. A physiotherapist visits the home on a weekly basis and assesses new residents and reviews residents whose condition has changed. A physiotherapy aide works four days a week and implements the program developed by the physiotherapist. Individual treatments include massage, heat treatments and exercises.

Falls prevention strategies include the completion of risk assessments and interventions noted include group exercises and the provision of specialised equipment such as mobility aids, bed sensors, ramps and handrails. Staff were able to discuss individual residents needs and were seen to be assisting residents mobilise within the facility. Residents said they were satisfied with the program and assistance they receive from staff.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

The oral and dental needs and preferences of residents are identified through assessment and consultation when they first move into the home. Staff assist residents to maintain their oral and dental routine including set up assistance, cleaning of teeth or dentures and soaking of dentures according to resident preference. Texture modified diets are available for those residents who experience difficulty chewing food. Residents are supported to access external

appointments with dentists and a mobile dental service visits the home. Staff demonstrate knowledge in relation to the cleaning of teeth and general mouth care.

Residents/representatives say they are satisfied with the assistance given in managing residents oral and dental care.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

The home implements assessments which identify communication difficulties including vision or hearing loss when residents first move into the home. Consultation with residents/representatives provides additional information for care planning to effectively manage any sensory losses such as the use of glasses or hearing aids. There is evidence of residents being referred to external health professionals such as optometrists and audiologists. The activity program incorporates activities that promote stimulation of the senses such as cooking and garden walks. Staff demonstrated an understanding of individual residents’ sensory needs. Residents/representatives say they are happy with the assistance from staff in managing any assistive aids.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

The home assists residents to maintain their natural sleep patterns. On entry to the home a sleep assessment is undertaken and a plan of care developed. Residents are encouraged to maintain their usual bed time and to have rest breaks through the day if they choose.

Residents who are unable to sleep are offered a warm drink to help them settle. Medications to assist with sleeping are prescribed at the discretion of the resident’s medical officers. The home ensures residents who are accommodated in shared rooms are able to achieve natural sleep patterns by the use of bed screens and effective management of all residents in the shared room. Residents say the home is quiet at night and they are able to achieve restful sleep.

Standard 3 – Resident lifestyle

Principle: Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvements for information about the home’s system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Three and recent examples of this are listed below.

- An annual survey of residents conducted May 2013, asked the question “are you happy with the amount of time provided to you for activities?”. The response to the question showed a reduction in the satisfaction rate compared to the same question in the 2012 survey. It was decided to address this concern in two ways. Firstly the hours of the activity program was extended to cover the majority of the day with recreation activity officers (RAO’s) staggering their commencing and starting times to ensure coverage from 8:30am to 6pm, six days a week. The second improvement was to allocate an RAO to be located, most of the time, in each of the two main lounge areas (upstairs and downstairs). The spread of hours has resulted in a greater variety of leisure activities on offer, higher participation in group activities and heightened attention to the needs of residents with dementia and sun-downing related behaviours. The location of RAO’s in allocated lounge areas has increased their visibility and reduced residents or their representatives’ perception of staff “not being around”.
- A small group of four residents commenced a tradition of sharing a take-away pizza, brought in by a staff member. This has now been expanded to a monthly “take-away” night, where residents can select from popular pizza, fried chicken or hamburger outlets and staff arrange for delivery. Approximately 20 residents now enjoy this monthly takeaway treat.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for details about the home’s system for ensuring regulatory compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

The home was able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard Three.

- Information is provided to residents/representatives in the resident handbook regarding their rights and responsibilities including security of tenure and the care and services to be provided to them.
- The resident agreement offered to all residents ensures residents’ rights are protected.
- The Charter of Residents’ Rights and Responsibilities is displayed in the home.
- Staff and volunteers are trained in residents’ rights and responsibilities in their orientation program and sign a privacy/confidentiality agreement to ensure compliance with privacy legislation.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details about the home’s system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Recent education and training that management and staff attended relating to Accreditation Standard Three is listed below.

- The orientation program covering such topics as resident rights and customer service.
- The in-service program covering such topics as: dementia and communication, emotional, spiritual and cultural support.
- Recreation activity officers have completed the Certificate III and IV in Leisure and 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 findings

The home meets this expected outcome

Residents and their representatives are provided with information prior to and on arrival at the home to assist in adjusting to life in the home. Staff ensure residents are introduced to each other and other staff and explain daily happenings at the home. Staff encourage residents to join in with social activities as they feel comfortable. Residents are encouraged to bring in personal items to decorate their rooms. Family members are encouraged to visit whenever they wish and say they feel welcome by staff. Ongoing support for existing residents includes management and staff support, contact with volunteers and visits by religious representatives by resident choice. Residents say they are happy living at the home and the staff are kind and caring. Observations of staff interactions with residents during the re-accreditation audit showed warmth, respect and laughter.

3.5 Independence

This expected outcome requires that "residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".

Team's findings

The home meets this expected outcome

Homewood Nursing Home provides a welcome environment for visiting resident representatives with residents being encouraged to participate in life outside the home as their condition allows. A range of individual and general strategies are implemented to promote independence, including the provision of services and equipment for resident use, a leisure activity program and regular mobility and exercise regimen. Participation in the local community is promoted through outings and visiting entertainers and school groups.

Residents' independence is fostered through newspaper deliveries and/or newspaper readings. Residents can have radios and televisions in their rooms. Residents say they are encouraged to maintain their independence and contact with the local community.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Management and staff of the home protect the privacy and dignity of residents and ensure the confidentiality of residents' personal information. Residents sign consent forms for release of information to appropriate parties and staff sign confidentiality agreements which are stored in personnel files. Confidentiality of personal information is maintained through password protected computers and locked offices where appropriate. Shift handovers are conducted away from the hearing of residents and visitors to the home. Staff demonstrate an awareness

of practices which promote the privacy and dignity of residents. These include closing resident doors, window curtains and bed screens when providing personal care.

Residents say staff are polite, respect their privacy, knock on doors prior to entering and close doors during care provision.

3.7 Leisure interests and activities

This expected outcome requires that "residents are encouraged and supported to participate in a wide range of interests and activities of interest to them".

Team's findings

The home meets this expected outcome

The home has systems to ensure residents are encouraged and supported to participate in interests and activities of their choice. The individual interests and preferred activities of residents are identified on admission. Each resident has an individualised care plan that identifies specific resident care needs. Information obtained from resident meetings and one-on-one discussions is also used to plan suitable group and individual activities. A weekly activity program is displayed and includes a wide range of activities. Activities include physical exercise, mental stimulation and general social interaction. Residents told us there are a variety of activities provided and whilst they are encouraged to participate their decision not to do so is respected.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The cultural and spiritual lives of residents are acknowledged and celebrated by the home. The home identifies information related to residents' cultural and spiritual background when they first move into the home which is incorporated into care planning where appropriate.

Church services are held by religious representatives from a range of denominations. Residents choose whether to participate in celebrations of significant cultural days. Staff plan special theme days to recognise different cultures from around the world and individual birthdays are celebrated. Lifestyle staff multi-lingual volunteers attend the home. Care staff advised they have learnt a few useful words to assist with their communication with the residents who do not speak English and communication cards were available.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home encourages residents to exercise choice and control over their lifestyle through participation in decisions about the services each resident receives. Residents are able to describe many examples of where they are encouraged by staff to make their own decisions. This includes use of preferred name, personal care regimes and diet preferences, bed times and whether to participate in activities. Staff were observed providing residents with choice in a range of activities of daily living. Survey completion, the comments system and meetings provide opportunities for residents/representatives to be involved in the running of the home. Where residents are unable to make choices for themselves, management said an authorised decision maker is identified for the resident. Residents/representatives say they speak up without hesitation and the home enables residents to make choices of importance to them.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home provides information for residents/representatives on security of tenure and their rights and responsibilities in residents' agreements and the residents' handbook. The resident agreement includes information for residents about their rights and responsibilities, complaints handling, fees and charges and the process for the termination of the agreement. Management interviewed stated any movement of residents' accommodation is fully discussed with the resident and their representatives and each resident is supported in their transfer. Residents and representatives told us they are kept informed about matters of importance to them and indicated awareness of residents' 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 findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s system for actively pursuing continuous improvement.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard Four and recent examples of this are listed below.

- We were informed the home is planning to submit a development application to amalgamate with the adjacent low care facility. This would entail upgrading access routes between the two buildings, dividing four bedded rooms in the nursing home into two bedded rooms and converting outside pathways to provide extra bathrooms. However, in the meantime prior to the commencement of renovations, the CEO wants to ensure the nursing home remains fresh looking and aesthetically pleasing. Photos of old and worn furniture was submitted to the approved provider, together with a proposal to engage the interior decorator who contributed to the attractive interiors of the low care home. Following budgetary approval the home commenced a consultation process with residents to help choose colours and styles. An agreed colour scheme for different areas has been introduced and a twelve months rollout of new lounge and resident furniture commenced. Observation and resident feedback indicates the progressive upgrading of the living environment is substantially contributing to the change from an “institutional” to a “homelike” look.
- A routine environmental audit (January 2014) for submission to the combined quality/work, health and safety committee identified approximately 300 issues requiring attention, education or rectification. For example call bell chords wrapped around bed rails or privacy curtains requiring laundering. Presentation of the report coincided with the appointment of the new operations manager who immediately conducted a detailed environmental assessment of every room and all public areas. An action program has addressed all identified issues and the February 2014 environmental audit lists only 10 items still requiring rectification.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for details about the home’s system for ensuring regulatory compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

The home was able to demonstrate its system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard Four.

- A review of records and observations showed fire safety equipment is being inspected, tested and maintained in accordance with fire safety regulations.
- A review of staff training records and interviews with staff indicates that staff have fulfilled the mandatory fire awareness and evacuation training.
- The home has a NSW Food Authority licence and a food safety program as required by the Vulnerable Persons Food Safety Scheme.
- Chemicals are securely stored and material safety data sheets (MSDS) are displayed adjacent to the chemicals to which they refer in accordance with occupational health and safety legislation.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and Staff Development for details about the home’s system for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Recent education and training that management and staff attended relating to Accreditation Standard Four is listed below.

- The orientation program includes training in; fire safety, infection control, work, health and safety, manual handling, accident/incident reporting, and the maintenance system.
- The in-service program covering topics such as: infection control, fire awareness and evacuation, manual handling, health and safety and risk management.
- All catering staff have attended food safety training.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

Homewood Nursing Home is an older stand-alone building which has a new facility (Homewood Gardens) built alongside. The nursing home is connected to the new building with a covered ramp allowing nursing home residents access to additional facilities such as a cinema, hairdressing salon and additional food choices made possible by "a state of the art" kitchen. While plans are being formulated to upgrade the facilities in the nursing home, by adding bathrooms and dividing four bedded rooms, the home has continued to purchase new lounge and bedroom furniture in order to provide an enhanced aesthetic environment and improved comfort for current residents. We observed the living environment to be clean, well furnished, well lit with heating and cooling systems to maintain a comfortable temperature.

The building and grounds are well maintained with a program of preventative and routine maintenance. The safety and comfort of the living environment is monitored through audits, surveys, meetings, the feedback mechanisms of the home, accident/incident reports, and observation by staff. Management is actively working to provide a safe and comfortable environment consistent with the residents' care needs and the residents/representatives interviewed express their satisfaction with their living environment.

4.5 Occupational health and safety

This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's findings

The home meets this expected outcome

Management has a combined system (across both adjacent facilities) to provide a safe working environment that meets regulatory requirements. The nominated Quality and Work health and safety (WH&S) committee has representatives from all sections of both homes. They meet regularly to discuss issues raised through incident forms, hazard analysis forms and ongoing WH&S initiatives. WH&S policies and procedures and safe work practices manuals are accessible to staff and mandatory education is provided during orientation and on an ongoing basis. The committee's role is to oversee work health and safety at the home and report issues of concern to management and staff at regular meetings. Equipment is available for use by staff to assist with manual handling and personal protective equipment is used for staff safety and for infection control. The staff interviewed show they have a knowledge and understanding of safe work practices and were observed carrying them out.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has a system to provide an environment and safe systems of work that minimise fire, security and emergency risks. A trained fire officer oversees fire safety at the home and all staff take part in mandatory training in fire awareness and evacuation procedures.

Rostering ensures staff trained as fire wardens are present on most shifts, particularly in the evenings and at night. Inspection of the external contractor records and equipment tagging confirms that the firefighting equipment is regularly maintained. Emergency flipcharts and evacuation plans are displayed throughout the home and an emergency evacuation pack is located at the nurse's station in case of evacuation. Security is maintained with a lock-up procedures and appropriate security lighting. The systems to minimise fire, security and emergency risks are monitored through resident surveys, staff meetings and external inspections. Staff interviewed indicate they know what to do in the event of an emergency and residents interviewed state they feel safe in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home demonstrates an effective system of infection control which includes policies and procedures, signage around the workplace, infection prevention strategies, surveillance and reporting processes, hazard risk management, waste management and a food safety program. The infection control coordinator undertakes regular infection control audits.

Ongoing training on effective infection control practice is provided to all staff during their duties. The kitchen, cleaning and laundry systems have effective infection control measures and most staff interviewed demonstrate a strong understanding of the importance of infection control. All work areas provide sufficient and appropriate equipment to minimise infection risk. The home arranges for all residents and staff to be annually vaccinated for influenza if they choose. An effective outbreak program has been implemented and staff have a sound knowledge of outbreak procedures. Residents confirm that they are very satisfied with the level of cleanliness of the home, provided by a contract company. The staff interviewed show they have a knowledge and understanding of infection control and were observed implementing the program.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The hospitality services provided are meeting the needs of the residents and are enhancing their quality of life. All residents are assessed for their dietary preferences and needs when they move into the home. There is a rotating menu that has been prepared by a dietician, caters for special diets and provides choices for residents. The menu takes into account the needs and preferences of residents and is adapted to meet residents' changing dietary needs. The home is cleaned by full time contract cleaners who also operate the home's maintenance services. The cleaning is carried out according to a schedule which includes routine and detailed cleaning. The quality of the cleaning is monitored by the contractor supervisor or management of the home and the team observed the home to be clean.

Personal clothing and linen is laundered externally. Clothing is marked to minimise any losses and there is a system in place for the management of misplaced clothing.

The hospitality services are monitored through audits, surveys, meetings and the newly appointed operations manager. Residents/representatives interviewed say they are satisfied with the hospitality services provided.