Aged Care
Standards and Accreditation Agency Ltd

# Margriet Manor

RACS ID 3585
722 Mount Dandenong Road
KILSYTH VIC 3137

## Approved provider: DutchCare Ltd

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 09 October 2016.

We made our decision on 27 August 2013.

The audit was conducted on 23 July 2013 to 24 July 2013. The assessment team's report is attached.

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

**Most recent decision concerning performance against the Accreditation Standards**

**Standard 1: Management systems, staffing and organisational development**

**Principle:**

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

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

**Standard 2: Health and personal care**

**Principle:**

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

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

**Standard 3: Resident lifestyle**

**Principle:**

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

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

**Standard 4: Physical environment and safe systems**

**Principle:**

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

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

Aged Care
Standards and Accreditation Agency Ltd

# Audit Report

**Margriet Manor 3585**

**Approved provider: DutchCare Ltd**

## Introduction

This is the report of a re-accreditation audit from 23 July 2013 to 24 July 2013 submitted to the Accreditation Agency.

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

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

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

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

### Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

# Audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 23 July 2013 to 24 July 2013.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 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: | Tamela Dray |
| Team member: | Jenny Salmond |

## Approved provider details

| | |
|---|---|
| Approved provider: | DutchCare Ltd |

## Details of home

| | |
|---|---|
| Name of home: | Margriet Manor |
| RACS ID: | 3585 |

| | |
|---|---|
| Total number of allocated places: | 45 |
| Number of residents during audit: | 43 |
| Number of high care residents during audit: | 41 |
| Special needs catered for: | Secured unit for elders living with dementia related illness. |

| | | | |
|---|---|---|---|
| Street: | 722 Mount Dandenong Road | State: | Victoria |
| City: | Kilsyth | Postcode: | 3137 |
| Phone number: | 03 9728 5299 | Facsimile: | 03 9761 9124 |
| E-mail address: | jokev@dutchcare.com.au | | |

## Audit trail

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

## Interviews

| | Number | | Number |
|---|---|---|---|
| Management | 4 | Elders | 9 |
| Board representative and corporate management | 2 | Representatives | 4 |
| Nursing and care staff | 10 | Homemaker and maintenance staff | 4 |
| Lifestyle staff | 2 | Education and admission officers | 2 |
| Allied health and medical staff | 2 | Volunteers | 1 |

## Sampled documents

| | Number | | Number |
|---|---|---|---|
| Elders' clinical files | 6 | Medication charts | 6 |
| Summary care plans | 6 | Elders' administration files | 5 |
| Elders' lifestyle related documentation | 6 | Personnel files | 8 |

## Other documents reviewed

The team also reviewed:

- Activities program and activity evaluations
- Agency staff file
- Annual essential safety measures report (current)
- Audit schedule by Standards for 2013, audit tools and results
- Certificate of the registration of food premises
- Chief fire warden's resource manual
- Cleaning and laundry documentation
- Clinical documents including medical directives for monitoring of blood pressure and diabetes, wound charts and daily forms
- Comments and complaints related documentation
- Communication diaries
- Comprehensive bushfire plan
- Continuous improvement register and related documentation
- Corrective and preventative maintenance documentation
- Education documentation
- Elders' dietary profiles and records of elders' needs and preferences
- Elders' evacuation list (current)
- Employee, agency, volunteer, elder and family and contractor orientation checklists

- Equipment, essential safety and building proactive maintenance schedules
- External contracts
- Fire, security and emergency policy
- Food and temperature monitoring records
- Food safety documentation including third party and Council audit certificates (current)
- Handover sheets
- Incident reporting process and associated analysis
- Infection control manual
- Job descriptions
- Mandatory training attendance records
- Material safety data sheets
- Meeting minutes
- Memoranda
- Newsletter
- Nursing registration register
- Occupational health and safety system
- Organisational chart
- Pest control documentation
- Plan for continuous improvement
- Police certificate registration and monitoring process
- Polices, procedures and care pathways
- Position descriptions
- Register of hazardous substances and dangerous goods
- Religion register
- Reportable register
- Resident handbook and information package
- Elders' information handbook
- Elders' information package and surveys
- Risk assessments
- Self assessment
- Staff handbook
- Staff roster
- Statutory declaration documentation process
- Vaccination records
- Value system and mission, ethos and vision statements (also displayed)
- Verbal complaints register and record of 'Bouquets' (compliments).

## Observations

The team observed the following:

- Activities in progress
- Archive process
- Administration and reception areas
- Availability of 'Opportunity for improvement' form (in Dutch and English)
- Bed poles in use
- Call bell system
- Chemical storage
- Cleaners' room
- Contractors on site replacing decking
- Delivery of personal laundry
- Elders using mobility aids
- Equipment and supply storage areas
- Evacuation plans
- External complaints and advocacy information
- Fire panel, fire detection, containment, alarms and fire fighting equipment
- Illuminated exit signs and unobstructed exit doors and egress paths
- Interactions between elders and staff
- Internal and external living environment
- Kitchenettes and food storage areas
- Laundry
- Lifestyle resources
- Lunch and refreshment services and staff assisting elders with meals
- Medication administration and storage
- Memorial table and tree
- Menu displayed
- Notice board documenting the chief warden on duty
- Noticeboards and information displays
- Notification of Agency visit (on display)
- Opportunity for improvement form availability and suggestion/mail boxes
- Outbreak kit
- Personal protective equipment
- Pet therapy (fish, birds, cat and visiting dog)
- Photograph displays
- Selected elders' rooms
- Sensory resources in the dementia specific house

- Shop and café
- Spa room with television
- Spill kit
- Staff stations and staff room
- Swipe pad door security and door lock monitoring panel
- The Charter of Residents' Rights and Responsibilities (displayed)
- Waste management processes.

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

## Standard 1 – Management systems, staffing and organisational development
**Principle:** Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

### 1.1 Continuous improvement
*This expected outcome requires that "the organisation actively pursues continuous improvement".*

**Team's findings**
The home meets this expected outcome

Management ensures the quality system supports the active pursuit of continuous improvement across the Standards. A schedule of audits identifies the service's level of performance in relation to management systems, meeting the needs of elders and the effectiveness of environmental and safety systems. Informal and formal feedback, planned meetings and quality/talking circles, observation and the regular analysis of key performance indicators add insight into potential improvements. The documentation of a plan for continuous improvement enables monitoring of progress towards satisfactory outcomes. Evaluations of improvements occur through a system of formal and informal processes and management communicates outcomes to key stakeholders via established communication channels. Staff, elders and representatives confirmed they are encouraged to provide input and are aware of improvements occurring in the home.

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

- As a result of organisational recognition of the limitations of the electronic care documentation system a new system was implemented in March 2013. Based on a commonly used software package, staff report the staged implementation is proceeding smoothly. To date all assessments and care plans, progress notes and some charting has been moved to the new system. Management will continue to monitor progress and are confident the new system will provide improved documentation and access to current care related information.
- Management has increased lifestyle staff hours by four hours, until 8 pm, every evening of the week in the dementia care house. Commencing this week, the additional lifestyle staff will free clinical staff to provide clinical care by occupying those elders living with dementia who are exhibiting behaviours. Management report ongoing evaluation will enhance the success of this initiative and stated lifestyle staff appointed to this expanded service will undertake specific dementia management training. Staff are enthusiastic about the potential to develop a more relaxed care environment for elders living with dementia during the evenings.
- Management have supported the provision of education and training through the facilitation of external trainers on site four days per week. Implemented a fortnight ago, staff have been supported to develop a greater understanding of the accreditation process. The development of a training program followed a survey of learning needs of each staff member. We observed schedules for the following month to include a range of documentation skills, team work and computer skill training. Management and staff are enthusiastic about the benefits of this enhanced education program. Evaluation is ongoing.

- To enhance the availability of medications after hours the organisation successfully sought a licence to establish a medication imprest on site. The independent pharmacist supported management in the application process and development of a contents list. Located in a locked cupboard in the treatment room, the use of the medication imprest is guided by a relevant procedure and documentation process. Management and staff report the presence of the imprest has ensured more timely access to medications prescribed by general practitioners after hours.

### 1.2 Regulatory compliance

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

**Team's findings**

The home meets this expected outcome

The organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. Senior management remain aware of legislative changes through a professional advisory service, memberships of peak body organisations and notifications from government and professional bodies. Established documentation and communication processes disseminate changes to all relevant staff. An auditing process, observations, incident analysis and mandatory training and competency testing forms a framework for monitoring regulatory compliance. Management demonstrates compliance through monitoring and data analysis of incident reporting, surveys, competency testing and observation of staff practice. Staff confirmed management informs them when changes occur. Elders and representatives are satisfied with the information provided to them by the home.

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

- A process ensures all current staff, volunteers and contractors comply with the requirement to have a current police certificate and have provided a statutory declaration.
- A range of policies, procedures and flow charts reflect professional and regulatory guidelines.
- Confidential documents are stored and destroyed securely.
- Management ensures the notification of all stakeholders of Accreditation audits.
- Management ensures the availability of information about internal and external complaints mechanisms and advocacy services.
- Management has a system in place to monitor the currency of professional registrations.
- The orientation program provided to new staff includes the policy and procedure system and key compliance information.

### 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 systems in place to ensure that management and staff have the ongoing knowledge and skills to perform their roles effectively. DutchCare has a philosophy of life long education for its staff and supports and promotes opportunities for them to attend outside education deemed of benefit to the home. A staff handbook and orientation program supports staff knowledge and skills when first entering their role and the education program ensures knowledge is ongoing. There is a mandatory education program in place. Management seeks staff input when planning the education calendar and utilises a variety of delivery methods including external educators, internal staff and DVDs. There are planned and impromptu education sessions provided for all staff disciplines on a range of issues relevant to their area of work in the home across the Standards. Sessions are evaluated and management records attendance. Competency testing and appraisals ensure staff have ongoing skills and knowledge.

Examples of education provided for Standard 1 Management systems, staffing and organisational development include:

- Accreditation overview
- Communicating with customers
- Language and literacy skills through the WELL program
- Understanding and applying policies.

### 1.4 Comments and complaints

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

**Team's findings**

The home meets this expected outcome

Management has systems to ensure each resident, their representative and other interested parties have access to internal and external complaints mechanisms. Through a variety of communication strategies stakeholders are encouraged to raise their concerns with management and staff or to use the facility's feedback form. Information about the internal and external feedback process is included in the elders' and staff handbooks, via pamphlets and during staff orientation. Processes support the communication of feedback by elders for whom English is not their first language or who may have communication difficulties. The use of the quality, or talking circle, model permits discussion of issues within the home in a constructive atmosphere. Complainants receive timely acknowledgement and appropriate action and monitoring occurs as a result. Staff demonstrated their commitment to facilitating positive outcomes for elders. Elders and representatives feel very comfortable approaching management and staff with feedback and are satisfied with their responsiveness.

### 1.5 Planning and leadership

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

**Team's findings**

The home meets this expected outcome

The home has a documented value system and mission, ethos and vision statements which are founded in the organisation's commitment to the Dutch community. These are included in elder and staff handbooks, displayed throughout the home and underpin the orientation of new staff. The home's commitment to quality is evident through systems and processes that facilitate and encourage active participation by all stakeholders.

### 1.6 Human resource management

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

**Team's findings**

The home meets this expected outcome

Management systems support the recruitment of sufficient appropriately skilled and qualified staff to meet resident care needs in accordance with these standards and the service's value system and mission, ethos and vision statements. Established procedures underpin the recruitment process and guide the management of planned and unplanned leave and adjustment of staff levels to meet elder care needs. Position descriptions guide staff and staff knowledge is supported though an orientation process, policies and procedures, handbooks and ongoing education. Management maintains records of qualifications, professional registrations, police certificates and statutory declarations. Processes to monitor staff performance include observation, a regular performance monitoring process and competency testing. Staff reported they usually have sufficient time to perform their roles and are satisfied with current staffing levels. Elders and representatives expressed confidence in the abilities of staff and their responsiveness to requests for personal assistance.

### 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

Management oversees stock management and with key staff ensures sufficient stocks of appropriate goods and equipment are available for quality service delivery. The home maintains a preferred suppliers' list and follows central office processes for identifying preferred equipment, trialling and evaluating new equipment as applicable. Specific staff check stock levels and ensure clinical and other stock are replenished in a timely manner with expiry dates monitored as applicable. A maintenance officer attends to corrective maintenance in a timely manner. Electrical equipment is tested and tagged as required and we observed stock and equipment storage areas to be clean, sufficiently stocked and secure where required. Staff and elders confirmed sufficient supplies of quality stock and said equipment is appropriate and well maintained.

### 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

The home has effective information management systems in place to support the care of elders and the support of management and staff roles. Established processes provide elders and representatives with comprehensive information on entry to the home and on an ongoing basis. Processes to keep staff informed include handover, care consultations, education, access to current policies and procedures, meetings and the use of notice boards. Staff and management said the electronic clinical documentation system provides current and relevant information to support care provision. The outcome of regular analysis of key performance data, discussed at relevant stake holder meetings, is linked to the continuous improvement system as necessary. Confidential information is stored securely and electronic information is password protected. Computerised information is regularly backed up and archived material is stored securely pending destruction. Elders, their representatives and staff confirm their satisfaction with access to information and with the communication and feedback mechanisms in operation at the home.

### 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

Management has a system to ensure externally sourced service provision occurs in a way that meets the home's needs and service quality goals. Management keeps a list of approved providers and reviews the contracts as required with input from staff and elders to ensure the provision of optimum service. There is a system to ensure contractors meet legislative requirements such as providing a police certificate and statutory declaration. Contractors receive an orientation and a handbook to ensure familiarity with the home and its processes. Elders, their representatives and staff said they are satisfied with the services provided by contractors in the home.

## Standard 2 – Health and personal care

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

### 2.1 Continuous improvement

*This expected outcome requires that "the organisation actively pursues continuous improvement".*

**Team's findings**

The home meets this expected outcome

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

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

- A physiotherapist review of all elders using bed poles followed the coroner's recommendations relating to the risk of bed pole use. In consultation with elders and their representatives, the risks of continued use of bed poles were correlated with the perceived benefit to the mobility and independence of each elder. As a result most bed poles were removed from service and appropriate risk documentation supports the continued use of the remainder. Elders and their representatives stated they were pleased with the involvement of the elders in this evaluation process. Management and staff confirm evaluation of the safe use of bed poles is ongoing.
- As a result of a recognised need a multidisciplinary palliative care group was developed and meets monthly. Including a representative from lifestyle and a local health service's palliative care service, the group discusses all aspects of palliative care. This includes the documentation of elders' end of life wishes, support of families and required staff education. Staff are positive about the benefits this initiative has had on the quality of palliative care proved to elders and their families.
- Two elders wear 'headsavers' as a result of staff identification of the benefit of this head wear to those who have frequent falls. We observed the protective head wear to be unobtrusive and an elder stated it is comfortable to wear. Staff are pleased with the enhanced safety this affords elders with a high falls risk. Ongoing evaluation of the use of this aid occurs.

### 2.2 Regulatory compliance

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

**Team's findings**

The home meets this expected outcome

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

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

- Management ensures at least one registered nurse is either rostered on site or on-call on each shift to oversee resident care and the medication system and to provide guidance to staff.
- Management have policies and procedures in place and staff are aware of their responsibilities in relation to unexplained absences of elders.
- Registered nurses plan and supervise the delivery of specialised nursing care and ensure clinical guidance and support for staff is always available.
- Staff demonstrates compliance with policy and legislative requirements in relation to medication storage and 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

For details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development.

Examples of education provided under Standard 2 Health and personal care include the following:

- Care pathways refresher
- Nutrition and wound healing
- Palliative care
- Parkinson's disease.

### 2.4 Clinical care

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

**Team's findings**

The home meets this expected outcome

Staff and management ensure elders receive appropriate clinical care. Prior to entry, the assessment officer liaises with the elder and their representatives gathering information and providing an overview of care provided at the home. An initial care plan, developed by the registered nurse, guides staff in caring for an elder when they first move into the home. After a settling in period, staff complete comprehensive assessments for all aspects of care needs in consultation with elders, representatives, medical practitioners and other allied health professionals. The clinical care coordinator and registered nurses complete the care plans and review them on a regular basis. Care plan reviews include care mapping, where applicable, involving a multidisciplinary approach in consultation with the elders and their representatives. Staff confirm they are aware of elders' needs and state appropriately qualified staff provide care within their relevant scope of practice. Elders and representatives stated their satisfaction with the clinical care provided to the elders.

## 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

Registered nurses plan, manage and review specialised nursing care needs. Registered nurses develop care plans and together with enrolled nurses deliver specialised nursing care such as complex wound management, diabetes management and catheter care. Staff receive education to help them manage any specialised nursing care needs. Additional specialised nursing care occurs in consultation with specialist nurses from outside the home if required for such things as wound management or pain management in the palliative care phase. Monitoring of specialised nursing care needs occurs through care plan reviews, the formal audit schedule and feedback from elders and representatives**.** Elders and representatives interviewed are satisfied with specialised nursing care services provided.

## 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

Staff ensure the referral of elders to specialists and other health services as required and preferred. Medical practitioners visit the home regularly and elders can choose to retain their own doctor if they desire. The physiotherapist assesses elders and reviews them according to schedule, following a fall, or if their health status changes. A podiatrist and dietitian visit regularly and referral to the speech pathologist occurs as needed. Referrals are made in consultation with elders, their representatives and medical officers. External specialist services visit elders in the home or assistance is provided for elders to attend outside providers. Elders confirmed their satisfaction with access to other health and related services.

## 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

Registered nurses manage and oversee medication administration. We observed competency tested care staff and nurses administer medication safely and correctly from dose administration aids. Photographs on medication charts identify elders and the home has a policy for assessing and managing elders who wish to self-administer any medication. Pharmacy reviews of medication occur regularly and external pharmacist audits occur. A medication advisory committee discusses any medication issues at regular meetings. We observed general medications stored securely and controlled drugs are stored with additional security in line with legislative requirements. The home has a poisons license and access to medication outside of hours through its imprest system. Elders and representatives confirm that medication administration occurs in a safe and timely manner.

## 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

Staff ensure elders' pain management occurs effectively. Assessment of elders for previous and current pain occurs on entry to home. Regular review of elders' pain occurs as part of the elder of the day program, the nursing reviews and as changes in pain status indicate. The home implements a variety of pain management strategies with and without the use of medication. Pressure area care and pressure relieving equipment such as cushions and mattresses are utilised to reduce and manage pain. Liaison with doctors and physiotherapists ensures pain management is optimal. Additional pain consultation occurs during the palliative phase and involves input from outreach programs as appropriate. Elders said staff respond appropriately whenever they have pain.

## 2.9 Palliative care

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

**Team's findings**

The home meets this expected outcome

The home accesses medical care for elders as necessary during the palliative care phase and seeks support from outreach services as needed. Additional nursing care, spiritual and complementary care is available to elders and support is accessible to families at this time. Families are encouraged to contact staff at any time during the final phase of an elder's life and visitors have access to assistance and support to stay at their loved one's side for extended hours. On entry to the home elders and representatives are offered an opportunity to provide information regarding end of life wishes and advanced care directives if they wish and these wishes are revisited as an elder's health indicates. Review of documentation indicates palliative care delivery occurs through appropriately qualified staff in consultation with the elder's medical practitioner and family.

## 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

Staff ensure the adequate management of elders' nutrition and hydration needs. On entry to the home, staff assess the elders' nutrition and hydration needs and care plans ensure the delivery of these needs. When assessing nutrition and hydration, staff consider allergies, preferences, clinical, religious and cultural needs. Consultation with the dietitian ensures optimal nutrition management. Weighing of elders occurs regularly in line with their individual weight management plan. A dietitian and speech pathologist help manage any nutrition and hydration concerns. Nutrition and hydration care plans manage medical needs such as diabetes as well as control any losses and gains in weight. The menu is season and rotating. Staff are aware of elders' requirements for texture-modified diets and thickened fluids and provide these as required. Elders said they are happy with the food provided and state they have enough to eat and drink.

### 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

Staff assess and care for elders in a way that promotes optimal skin integrity. Skin integrity is assessed on entry to the home, when care plans are reviewed and as health needs change. Promotion of skin integrity occurs through the application of a barrier cream as well as attendance to good pressure area care as needed. Further enhancement of skin integrity occurs through the provision of pressure relieving devices such as furniture, mattresses and cushions. Assistance for elders to maintain their skin, hair and nails in a healthy state is given and a visiting podiatrist and hairdresser help them maintain their nails and hair. Monitoring of skin tears and wounds occurs, with records of care provided reflected on appropriate charts. Specialised consultation is available from wound care specialists if further advice is required. To ensure good pressure area maintenance, elders can attend common areas during the day in the comfort of their own bed ensuring they are not isolated in their rooms. Elders are satisfied with the home's approach to maintaining their skin integrity.

### 2.12 Continence management

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

**Team's findings**

The home meets this expected outcome

Staff ensure the effective and dignified management of elders' continence needs. Staff assess elders' continence needs on entry to the home and as their needs change. The home has a dedicated person responsible for the continence portfolio that provides information on continence and orders continence aids. Assessments take into consideration the staff assistance levels required by the elder and any continence aids needed. The home's approach to continence management encourages promotion of elder independence and dignity. Staff discreetly attend to elders' continence care and verify they have access to sufficient continence aids for elders' needs. Staff collect and monitor data related to continence such as incidence of urinary tract infections. Elders are satisfied with their continence care and the promotion of their independence in this area where safely possible.

### 2.13 Behavioural management

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

**Team's findings**

The home meets this expected outcome

The needs of elders with challenging behaviours are managed effectively through initial and ongoing assessment in consultation with their representatives and medical practitioners. Staff refer elders to external services such as behavioural management specialists including the mental health team when needed. Care plans are developed and implemented and include documented triggers for behaviours and strategies for care staff to use to manage elders. Staff are aware of underlying causes for elders' behaviours including physical and emotional discomfort, pain and infection. Elders are generally satisfied with the management of elders' behaviours.

## 2.14 Mobility, dexterity and rehabilitation

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

**Team's findings**

The home meets this expected outcome

Staff ensure the achievement of optimum levels of mobility and dexterity for all elders. Registered nurses assess the mobility and dexterity needs of all elders when they move into the home and include such things as falls risks monitoring tools. The assessments guide care and provide instructions for staff on elders' individual manual handling and transfer requirements. A physiotherapist attends the home regularly to review elders and provides treatments where appropriate. The physiotherapist also develops individual exercise programs for each resident. The home's lifestyle program includes a variety of activities aimed at maintaining or improving mobility and dexterity, including exercise sessions, craft activities and physical games. Elders interviewed stated they are happy with the assistance they get with mobilising in wheelchairs and walking frames and staff help them to get around. We observed elders being prompted and assisted to ambulate safely where necessary.

## 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

Staff assistance ensures the maintenance of optimal oral and dental health for elders. Assessments for oral and dental needs and preferences occur on entry and development of plans of care occur around these assessed needs. Care planning and provision considers the assistance required for daily care of teeth, mouth and dentures as appropriate. A visiting dental technician service is accessed for denture care and referral and assistance to attend outside specialist services is available. Staff assist and prompt elders with daily dental hygiene and observe and document any relevant dental issues. During the palliative phase, staff ensure the provision of extra oral and dental assistance. Formulation of specific management strategies for elders with swallowing difficulties occurs and may include the provision of texture modified diets and staff assistance with meals. Elders confirm staff provide assistance with their oral and dental hygiene.

## 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 ensures the effective assessment and management of elders' sensory losses across all five senses. Assessment for sensory deficits occur upon entry to the home and as changes in care needs require. Formal assessments occur for hearing and vision and taste considerations given as part of nutrition and hydration screening. Assessment of the senses of touch and smell occur less formally via the lifestyle program through aromatherapy, massage and tactile activities. The home accesses specialist providers for such things as hearing and vision assessments. Staff assist elders with their sensory aids including hearing aids and glasses. The home is uncluttered, has good lighting, adequate handrails, large print books and accessible signage. Staff are aware of individual needs and assist elders who

require help with care, maintenance, fitting and cleaning of aids and devices. Elders' state staff assist with their sensory loss needs.

### 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

Staff assist elders to sleep in a natural and non-invasive way. Staff assess normal sleep and wake patterns for the individual elders on entry to the home and support these as much as practically possible through the care planning process. The home use a variety of methods to promote sleep and consults with medical practitioners if medication is required. Review of documentation confirms staff respect elders' wishes regarding sleep. Elders state the home is quiet at night, staff respect their preferred rising and sleep times where practical and they generally sleep well.

## Standard 3 – Resident lifestyle

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

### 3.1 Continuous improvement

*This expected outcome requires that "the organisation actively pursues continuous improvement".*

**Team's findings**

The home meets this expected outcome

Management actively pursue continuous improvement activities in relation to all aspects of elders' lifestyle. Elders and representatives express satisfaction with the support provided to elders to enhance control of their lives. Refer to Expected outcome 1.1 Continuous improvement for details of the service's continuous improvement systems.

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

- Following a suggestion by a staff member, the spa room was enhanced by the installation of a large screen television. Purchased and installed by the family of an elder, this equipment permits the screening of photographs, scenery and music to enhance the ambiance of the spa treatments. Staff and elders confirm an increased enjoyment of spa treatments as a result.
- Following recognition of the increased cultural diversity of elders living at the home, the diversity of cultural based celebrations was expanded. In addition to celebrating culturally specific days for those of a Dutch and Australian background, celebration of Polish and Italian cultural days have occurred this year and a Spanish cultural day celebration is planned for later in the year. Decorations and staff dress reflects the national colours of the culture being celebrated, the chef provides culturally specific food and families and elders are actively involved in the range of activities scheduled. These include a display of the map of the country concerned together with country specific memorabilia and music. Staff report elders proudly introduce other elders and visitors to their culture and all enjoy the festivities. This program will continue to develop over time.
- In response to a suggestion made by elders in a lifestyle survey, lifestyle staff have facilitated full day outings. Where previously bus trips had been limited to drives in the surrounding area, appropriate staff support is now available to enable outings to include a meal break. A trip to a tulip farm was enjoyed by all attendees and the success of a visit to morning melodies will ensure this is a regular event. Volunteers and family members assist with elder support on these outings and lifestyle staff continue to seek feedback from elders as to their preference for future outings.
- Lifestyle staff responded to the recognition of the benefits of providing safe diversional activities throughout the entire day for elders living with dementia. As a result, staff have developed a variety of sensory activity stations. These include a sensory table, sensory boards hung on a wall in the dementia specific house and a board containing a variety of pockets elders can fill. Staff report these offer a positive diversion for elders who enjoy interactions with these textural elements and undertaking activities such as folding a range of laundry and placing items of various size in the pockets. A sensory book is in development to support individual activities with elders and consideration is being given to the development of a sensory garden. Staff are enthusiastic about the potential enhancements for engaging those elders living with dementia.

### 3.2 Regulatory compliance

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

**Team's findings**

The home meets this expected outcome

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

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

- At the time of entry to the home each elder or their representative receives a comprehensive information package and residential serviced agreement. These documents specify elders' rights and responsibilities, care and services, fees and charges, complaints mechanisms and reflect security of tenure.
- Management has processes in place to manage compulsory reporting requirements and to educate all staff in recognising and responding appropriately to situations that may require candatory reporting.
- Policies and procedures guide staff practice in maintaining elders' privacy and confidentiality.
- Staff receive information to ensure elders' rights to privacy and confidentiality are respected.

### 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

For details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development.

Examples of education provided under Standard 3 Resident lifestyle include the following:

- Cultural differences and perceptions
- Mandatory reporting
- Supporting a staff member to complete Certificate IV in Lifestyle
- The Eden Philosophy.

### 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

The home has systems in place to ensure elders are warmly welcomed when they enter the home and supported to adjust to their new life on an ongoing basis. On entry to the home lifestyle staff orientate elders and representatives to the new environment and introduce other elders and key care and lifestyle staff. Assessment of an elder's emotional needs, in collaboration with the elder and their representatives, forms the basis of the care plan which is regularly evaluated and updated. Lifestyle staff actively support elders and their representatives throughout their stay in the home and specialist support is available to support the emotional needs of elders when necessary. Interactions with other elders and staff and visits from family and friends are encouraged and elders are encouraged to personalise their rooms with favourite items. Staff demonstrate their awareness of elders' emotional needs and preferences and describe how they provide support to elders and their families. Elders and representatives confirm their satisfaction with the level of emotional support provided by staff.

### 3.5 Independence

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

**Team's findings**

The home meets this expected outcome

Elders are encouraged and supported to achieve and maintain independence in their daily living and social lives. Staff provide support and encouragement to maintain existing friendships, establish new ones and participate in social and recreation activities within and outside the home. On entry to the home nursing, lifestyle and allied health staff assess elders' needs and preferences for maintaining an independent lifestyle. Development of a care plan occurs in consultation with the elder and their representative and regular evaluation ensures the maintenance of optimal physical and social independence. Elders have access to and use mobility and other aids to optimise their independence and access is available to well maintained courtyard areas. For those not able to shop outside the home, shopping options and a café are available onsite and voting is facilitated, Elders stated they are encouraged and supported to maintain their independence and are very appreciative of the assistance received from staff.

### 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

Elders' rights to privacy, dignity and confidentiality are recognised and respected. Elders' information is stored securely and information on privacy is included in the elders' entry information and staff orientation. We observed staff addressing elders with courtesy, using their preferred name, to knock before entering an elder's room and to ensure privacy when undertaking personal care. Internal and external areas are available for the use of

elders wishing quiet time with family and friends. Elders' administrative and clinical files are stored securely. Elders confirm their privacy and dignity is recognised and respected.

### 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

Management and staff actively support and encourage elders to participate in a wide range of interests and activities of interest to them. Following entry to the home, the assessment process undertaken in consultation with the resident and representatives identifies individual elders' interests. The activities program, based on the identified interests of elders, is regularly evaluated ensures responsiveness of program content. The leisure and lifestyle program is prominently displayed and includes special events, celebratory and cultural occasions undertaken as individual and group sessions. Staff ensure elders with mobility, cognitive and sensory limitations can participate. We observed elders enjoying social interactions with staff throughout the day and a range of organised activities. Elders expressed satisfaction with the lifestyle program and the various activities on offer.

### 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 home ensures individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered particularly in relation to those with a Dutch heritage. In consultation with the elder and their representatives a care plan, which is regularly evaluated, is developed to meet the elders' individual needs and preferences relating to their cultural and spiritual life. Documented communications are posted in English and Dutch and staff demonstrate Dutch language skills and acknowledge and respect the cultural diversity of all elders in the home. Catering supports the cultural celebrations included in the lifestyle program. Regular church services meet the needs of elders. Elders and representatives are pleased with the support provided on a day to day basis to meet elders' cultural and spiritual needs.

### 3.9 Choice and decision-making

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

**Team's findings**

The home meets this expected outcome

Central to lifestyle and care plan development at the home is the participation in choice and decision making exercised by elders and representatives. Elders and representatives receive the Charter of residents' rights and responsibilities on entry to the home and it is displayed in the home. In consultation with each elder and their representative, staff document the elder's preferences in relation to lifestyle and all aspects of daily living. Evaluation of the resultant care plan occurs regularly to ensure the capturing of any changes in preferences. Elders are

supported in their choice of doctor and other health professionals and are encouraged to actively provide feedback and attend communication forums. Staff confirm the home has processes to identify authorised representatives and follows appropriate recording and reporting protocols when elders are unable to make decisions. We observed a special rapport between elders and representatives, staff and management. Elders and representatives confirm their satisfaction with the culture of the home that supports elders' involvement in making personal choices and decisions.

### 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

Elders have secure tenure within the home and there are processes to ensure they understand their rights and responsibilities. Management provides information about elders' rights and responsibilities, complaints mechanisms, privacy and confidentiality and specified care and services on entry and it is contained in the residential agreements and information packs. Residential agreements are reflective of respite, low and high care funding arrangements. Management consult with elders and their authorised representative regarding the need for a room change or transfer to another home. Management inform all stakeholders about residents' rights and responsibilities through orientation, information packs, handbooks, poster displays and policies and procedures. Elders and representatives confirm they are informed of any changes to care and services and feel secure in their home.

## Standard 4 – Physical environment and safe systems

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

### 4.1 Continuous improvement

*This expected outcome requires that "the organisation actively pursues continuous improvement".*

**Team's findings**

The home meets this expected outcome

Management actively pursues continuous improvement activities related to all aspects of the physical environment and safe systems. Elders and representatives are satisfied with the comfort of the living environment and the quality of the catering, laundry and environmental services provided at the home. Refer to Expected outcome 1.1 Continuous improvement for details of the service's continuous improvement systems.

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

- To enhance standard precautions management replaced the range of hand washing products throughout the home with standardised soap dispensers. Management are satisfied that this standardisation of hand washing products has enhanced infection control practices at the home.
- Following a staff suggestion, a busy multi purpose room was re-developed for use as a place able to support small group meetings, provide an area of quiet reflection and a place where children can be entertained. A variety of books and toys are available and a booking system is in place for use by student groups. Staff report elders have provided positive feedback, noting the room is more inviting.
- Management and staff recognised the garden bed in front of the lounge in one of the three houses, made it difficult to manoeuvre wheelchairs into the courtyard. To facilitate increased use of the area by elders during pleasant weather the garden bed was removed, the path surfaced smoothed and the courtyard repainted. Elders and staff are pleased with the results and report increased enjoyment of the courtyard.

### 4.2 Regulatory compliance

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

**Team's findings**

The home meets this expected outcome

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

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

- A food safety program is in place and the catering service has current third party and Council food safety certificates.

- Chemicals are stored safely in secure areas and current material safety data sheets are available.
- Key clinical staff monitor and maintain infection control standards.
- Management ensures all staff completes annual mandatory training in fire and emergency procedures.
- Management ensures the availability of sufficient and well maintained lifting equipment.
- Management has an occupational health and safety system in place and actively promotes occupational health and safety.
- Regular monitoring and maintenance of fire and safety systems occurs and the home has a current 'Annual essential safety measures report'.

### 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

For details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively please refer to expected outcome 1.3 Education and staff development.

Examples of education provided under Standard 4 physical environment and safe systems include the following:

- Chemicals – understanding your responsibility
- Fire and safety
- Occupational health and safety refresher
- Stress management.

### 4.4 Living environment

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

**Team's findings**

The home meets this expected outcome

Management at Margriet Manor are actively working to provide a safe and comfortable environment consistent with elders' care needs. There are policies and procedures in relation to maintaining the physical environment, asset replacement, security and restraint. Elders are accommodated in single rooms with ensuite facilities and the home can accommodate couples in shared rooms if the elders desire. There is a secured unit devoted to managing elders with dementia related care needs. Shared living spaces are decorated with Dutch memorabilia reflecting the heritage of the home. There are established lock up processes and regular visitors who attend the home when the reception area is unmanned outside hours, receive allocated swipe cards to allow them to access the home. Maintenance staff ensure preventative and corrective maintenance occurs as needed. The home uses auditing and benchmarking processes to monitor the physical environment. Elders

interviewed are happy at the home and said the home is quiet, clean and comfortable and they feel safe.

### 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 is actively working to provide a safe working environment that meets regulatory requirements. Policies and care plans underpin incident analysis, hazard identification, equipment maintenance and planning for emergencies. The occupational health and safety representative receives appropriate training and information regarding occupation health and safety is included in the home's orientation, annual mandatory education program and staff meetings. Management provides equipment and supplies to ensure the maintenance of safe work practices. Management uses incident reporting and environmental assessments to identify and minimise the impact of workplace hazards. A system of corrective and preventative maintenance is in place to ensure the safety of equipment and furnishings. Chemicals are stored securely, staff receive training in their safe handling and current material safety data sheets are readily available. Staff demonstrate an understanding of occupational health and safety principles and safe work practices.

### 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

With organisational support, management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Management have established processes to enable staff respond to interruptions to essential services and other external emergencies. Appropriate fire detection, alarm systems, fire containment and fire fighting equipment are in place and records confirm external contractors and maintenance staff undertake regular inspections and maintenance. Emergency and evacuation plans are in place and a current elder evacuation list specifying elder mobility status is located centrally. Emergency exits are clearly signed and free of obstruction and fire and evacuation training is mandatory and occurs regularly. Swipe card door security assists staff monitor and maintain the home's security. Staff demonstrated appropriate knowledge of fire, security and other emergencies procedures. Elders and residents expressed their satisfaction with the safety of the home and are confident in the ability of staff to respond appropriately to an emergency.

### 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 has an effective infection control program. There are established infection control processes in all areas of the home, including clinical, catering, cleaning and laundry areas. Processes include the use of personal protective equipment, access to hand-washing and

sanitising stations, food storage and temperature monitoring processes, coloured coded cleaning equipment and the flow of clean and dirty items in the kitchenettes and laundry. The home has a sharps management system and uses disposable products to help manage known infections. An external contractor who visits regularly manages pest control. Staff participate in mandatory infection control training relevant to their roles and practices are monitored through internal audits and containment of infection outbreaks. Staff interviewed are aware of their roles in relation to infection control.

### 4.8 Catering, cleaning and laundry services

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

**Team's findings**

The home meets this expected outcome

The home has systems and processes to enable the provision of hospitality services that enhance elders' quality of life and the working environment for staff. Meals are prepared offsite by the group's commercial kitchen and delivered cook/chilled several times a week. Elders are given a choice of meals and supplies of food are available for elders who are hungry in the evening or overnight. Homemaker staff are multi-skilled and work across a number of areas in the home with job schedules directing cleaning and laundry roles. The risk of cross infection between soiled and clean linen is minimised by the laundry size, positioning of equipment and workflow processes. Staff stated they are satisfied with their work environments and they have sufficient supplies of equipment and materials to perform their roles. Management monitors hospitality services through regular surveys and internal and external audits with regular education provided for staff such as chemical training and infection control. Elders, their representatives and staff said they are satisfied with the home's catering, cleaning and laundry services.