



Aged Care
Standards and Accreditation Agency Ltd

Sir Thomas Mitchell Residential Care Facility

RACS ID 0504

351 Fowler Road

ILLAWONG NSW 2234

Approved provider: Farad Nominees Pty 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 22 May 2016.

We made our decision on 5 April 2013.

The audit was conducted on 5 March 2013 to 7 March 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

Sir Thomas Mitchell Residential Care Facility 0504

Approved provider: Farad Nominees Pty Ltd

Introduction

This is the report of a re-accreditation audit from 5 March 2013 to 7 March 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 5 March 2013 to 7 March 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:	Allison Watson
Team member/s:	Christine Logan

Approved provider details

Approved provider:	Farad Nominees Pty Ltd
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Details of home

Name of home:	Sir Thomas Mitchell Residential Care Facility
RACS ID:	0504

Total number of allocated places:	125
Number of residents during audit:	120
Number of high care residents during audit:	120
Special needs catered for:	Dementia

Street/PO Box:	351 Fowler Road	State:	NSW
City/Town:	ILLAWONG	Postcode:	2234
Phone number:	02 9543 7333	Facsimile:	02 9543 4444
E-mail address:	donstm@tpg.com.au		

Audit trail

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

Interviews

	Number		Number
Director of Nursing	1	Residents/representatives	19
Registered nurses	1	Volunteers	1
Continuous quality improvement coordinator	1	Laundry staff	3
Assistant director of nursing	3	Cleaning staff	2
Catering staff	1	Maintenance officer	1
Resource and medical records manager	1	Medical records officer	1
Chef	1	Care staff	8
Financial administrator	1	Registered nurses	3
Diversional therapy assistant	1	Diversional therapy coordinator	1
Nurse practitioner – ‘Flying squad’	1	Physiotherapist	1
Physiotherapy aide	1	Dietician	1
Clinical nurse consultant/Dementia behaviour management advisory service	1	Speech pathologist	1

Sampled documents

	Number		Number
Residents’ files including residential care agreements, fee schedule, consent	11	Medication charts	12
Summary/quick reference care plans	8	Personnel files including position descriptions, confidentiality agreements, code of conduct, annual appraisals, enterprise agreement	9
Residents’ clinical files	12		

Other documents reviewed

The team also reviewed:

- Accreditation welcome pack
- Activities documentation including how to do activity guild, external activities for residents, spiritual and religious information and other faiths and completed monthly programs
- Admission assessment schedule for new admissions/resident clinical review task list, aged care assessment team and aged care funding instrument assessments (ACFI)

- Aged care resident information packages and handbook
- Audits, schedule and surveys including workplace inspections
- Australian Department of Immigration and Citizenship Information Register
- Bathing guidelines
- Capital expenditure and equipment register
- Catering documentation including NSW Food Authority Licence, food safety plan, communication book, resident preferences, temperature logs, cleaning schedule, food allergies, thickened fluids and pureed food, daily choices, food at service temperature record
- Cleaning manual, records and inspection reports, schedule, communication book
- Clinical indicator audits trends and evaluations, skin tears, falls, medication and infection control
- Comments, complaints and suggestions register
- Continuous improvement plan, forms, log book, feedback and development system
- Disaster management plan
- Education folder including annual training program for 2013, induction program, attendance records, competency assessments
- Emails from peak body
- External service agreements, review and surveys
- Human resource manual
- Immunisation register for staff and residents
- Improvement forms, external complaints forms and other advocacy brochures readily available
- Infection control universal precaution folder, influenza and gastro information folders, hand washing and various infection control signs, infection control data collection
- Internal and external audit schedules and results
- Job descriptions and duty statements
- Letters and cards of appreciation including mention in public death notices
- Maintenance - corrective maintenance records, preventative maintenance schedules and records including pest control, TMV (thermostatic mixing valves)
- Mandatory reporting register and folder
- Material safety data sheets
- Medical practitioners agreements and signatures
- Meeting minutes including work health and safety, medical advisory committee, residents and carers, catering staff, care staff
- Observation folder
- Newsletter 'Snippets'
- Orientation pack for new staff and staff handbook
- Police certificates for staff, volunteers and service providers
- Policy and procedures manual

- Registration of nurses, enrolled nurses, medical practitioners and allied health practitioners
- Residents' information package, handbook and surveys
- Residents' sensory assessments
- Restraints folder
- Roster and staff allocation
- Staff communication including memorandum, newsletter, notice boards
- Staff training and development manual
- Work health and safety documents including preventative maintenance reports, material safety data sheets, safety signage, workplace audits
- Wound folder

Observations

The team observed the following:

- Activities in progress
- Administration and management of schedule 8 medication
- Air conditioners
- Archive storage areas
- Blackout kit with LED headlamps
- Charter of residents' rights and responsibilities on display
- Colour coded trays and stickers indicating residents dietary requirements
- Complaints mechanisms including forms, brochures and locked suggestion box
- Daily menu displayed
- Dining rooms during lunchtimes, morning and afternoon tea, including resident seating, staff serving/supervising, assistive devices for meals and residents being assisted with meals in their rooms
- Electric beds
- Electrical tagging
- Employee of the month nomination forms
- Equipment and supply storage areas
- Equipment available and in use for manual handling include hand rails, ramps, walk belts, mobile walkers and walking sticks
- Evacuation pack including resident evacuation list, lanyards with resident details and mobility stickers, emergency procedures manual, contact list, emergency blankets, radio, first aid kit, fluorescent aprons, whistle
- Fire fighting and safety equipment test records including fire panel, extinguishers, blankets, hose reels, smoke detectors, emergency and exit lighting, current fire safety officer certificates
- First aid kits
- Focus information table with information on palliative care
- Gardening club

- Handover
- Hand sanitisers
- Infection control facilities and equipment, waste management including clinical waste, outbreak management kit, spill kits, sharps containers, disposable plates and cutlery
- Interactions between staff, residents, relatives/representatives and visitors
- International day being celebrated by staff and residents
- Kitchen communication board
- Laundry processes and equipment including spring-loaded trolleys, twin skips, sanitising chemicals, infection control systems, colour-coded bags
- Living environment
- Medication administration
- Night lights
- Notices of impending Accreditation Site Audit on display throughout the home and in newsletters
- Postal vote form for residents
- Resident and staff noticeboards
- Room number plaques made by residents
- Rotating discs representing staff structure
- Sanitised hand cleansers
- Sensory assessment kit
- Staff work areas
- Therapy room
- Visitor sign in/out books
- Wishing tree (wall painting)

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

Sir Thomas Mitchell Residential Care Facility has a framework to actively pursue continuous improvement across all Accreditation Standards. A dedicated staff member is employed as the continuous quality improvement coordinator (CQIC) to monitor the quality of care and services being provided. The CQIC identifies opportunities for improvement through audits, surveys, meetings, improvement logs, comments and complaints and the analysis of incidents and accidents. Areas of improvement and ideas for solutions are discussed at management and committee meetings and input from staff, allied health and residents/representatives is gained via discussion groups, newsletters and continuous improvement forms. Feedback is provided through meetings, notices, newsletters, education and memoranda. Staff and residents/representatives state management are responsive to their comments and suggestions for improvement and this was evident in documentation.

Examples of recent improvements in relation to Accreditation Standard One – Management systems, staffing and organisational development include:

- The CQIC appointed in August 2011 attended the three day accreditation workshop offered by the Agency. Using the information from this training they reviewed the existing system. A new continuous improvement register was created which is formatted in four folders addressing the four Standards. Staff were given education on how to read and understand the register. The improvement log was updated to include the date of the suggested improvement to provide a time-line to monitor the suggestion. The term 'complaint' was thought to be too negative and a deterrent to stakeholders. 'Comment and feedback' is now used to encourage all staff, residents and representatives to put forward their comments, complaints and suggestions. The CQIC attends and minutes all meetings and is responsible for the auditing system and accident and incident analysis. This ensures all aspects of continuous improvement throughout the home are captured, acted on and reviewed. We observed this system to be extremely efficient, robust and effective.
- After reviewing the 'Living Longer Living Better' information from the Department of Health and Ageing, the chief executive officer (CEO) thought it would be beneficial to introduce enterprise agreements for all staff. Staff were sent information letters and schedule. Five education sessions were held to ensure all staff had an opportunity to attend. Union representatives spoke at these sessions and were consulted in the development of the agreement. A secret ballot was conducted a month after the idea was introduced and over one hundred members of staff responded. Enterprise agreements have now been completed by all staff who said they feel more secure and pleased with the contribution they made to the agreements.
- The home has a number of cultural and linguistically diverse members of staff. The resource and medical records manager developed an Australian Department of

Immigration and Citizenship Information Register which includes all staff who were born overseas. The home subscribes to the electronic data-base offered by the Department of Immigration. All staff provide passport details and this can identify their visa rights. This particularly monitors those on student visas who have to supply their certificate of enrolment to ensure they do not work outside the hours allowed. Management is now assured all staff are working within their visa requirements.

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 has a system for identifying relevant legislation, regulatory requirements, professional standards and guidelines and has mechanisms for monitoring compliance. Notifications of directives and changes in policy are received from NSW Health, the Department of Health and Ageing and other related government and non-government agencies through subscriptions and automated e-mailing advice. This includes access to an Australian legislation data base providing changes in legislation and regulations. Relevant information is communicated from the home’s management to staff through meetings, forums, education, memoranda and staff notice boards. Policies and procedures are reviewed and modified in line with legislative changes. Documentation, management and staff confirmed policies, procedures, relevant legislation, regulations and standards are available and easily accessible for staff.

Examples of responsiveness to regulatory compliance relating to Accreditation Standard One Management systems, staffing and organisational development include:

- A system to ensure all staff, volunteers and contractors, as necessary, have national criminal history checks and these are monitored for renewal.
- Residents/representatives were advised of the accreditation site audit visit as per requirements under the Aged Care Act.
- The home maintains records to ensure compliance with the compulsory reporting requirements of the Aged Care Act.

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 to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. All new staff complete an orientation program which includes a ‘buddy’ system to ensure duty of care obligations are met and key information relating to policies, legislation and communication processes are covered. Staff are expected to attend compulsory education sessions covering topics such as fire safety, workplace health and safety, infection control, elder abuse and manual handling. There is a system to follow up non-attendance at these sessions. The deputy director of nursing’s role includes responsibility for education and the approved provider financially supports internal and external education. Staff training needs are reviewed annually and on a needs basis. Staff

stated they are encouraged and supported to attend education and training courses and attendance records are maintained.

Examples of education sessions and activities relating to Accreditation Standard One include:

- All staff participated in workshops and presentations relating to the Accreditation standards and expected outcomes
- Education on new work health and safety regulations
- Ethical and practical issues in obtaining informed consent
- Health supervisors course
- Graphics and publishing
- Diploma of management

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home's complaints management process and external mechanisms for complaints are well documented and communicated for example through the resident handbook and information and displays. Information regarding external complaints processes is also displayed. Improvement forms are used to gather feedback and are widely available and used by residents, representatives and staff. All residents/representatives we interviewed could describe their approach to raising complaints should they have one, usually through direct contact with staff and management. Complaints and comments are logged along with the actions taken and follow up feedback, all of which is regularly reported to management and staff committees. The home demonstrated its responsiveness to any complaints received and its approach to close off of any issues or complaints identified. We noted that feedback had driven several improvement initiatives in the home.

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's philosophy, vision, values and commitment to quality service has been documented. This information is published in the resident and staff handbooks and is reflected in notices placed around the home. This includes an organisational model based on a wheel reflecting the dependence between all staffing areas to provide excellent care to residents.

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

The home has systems to ensure there are appropriately qualified and skilled staff sufficient to provide services in accordance with the Accreditation Standards and the home's mission, vision, philosophy and values. Staff are provided with position descriptions and guidelines to duties that clearly define positions, roles and responsibilities. Staffing requirements are rostered in accordance with resident needs and staff input and are amended as needs change. Staffing at all levels and from all service areas are monitored through meeting outcomes, comments and complaints and workplace inspections. Residents/representatives interviewed reported care was delivered competently in a happy, supportive atmosphere by dedicated, caring staff. Staff expressed satisfaction with their employment and skill development in the home. Comments were made commending management on their acknowledgment and respect for the multicultural heritage of employees. Residents/representatives commented on the positive attitude of staff and several mentioned that staff always greeted them with a smile.

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

Stocks of appropriate goods and equipment are available for the delivery of quality services. The home's system includes effective purchasing and assets management procedures with a maintenance program to ensure equipment is safe for use and a system to ensure appropriate storage and timely use of perishable items to avoid spoilage and/or contamination. New equipment is researched and purchased as required. Staff and residents/representatives stated there are satisfactory stocks of goods and equipment available at all times to enable quality service delivery. Employees appreciate the prompt response from the chief executive officer when requests are made for new equipment.

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. Assessments and clinical care notes, which are regularly reviewed, provide the necessary information for appropriate care. Policy and procedure manuals and job descriptions clearly outline correct work practices and responsibilities for staff. Information is distributed to management and staff through handbooks, memorandums, noticeboards, clinical records, communication books, meetings, forums and associated minutes, education and training and policy and procedure manuals. Residents/representatives receive information when they move into the home and ongoing through meetings and forums,

handbooks, notice boards, case conferencing and newsletters. Resident, staff and archived files are securely stored and in accordance with privacy legislation. Staff and residents/representatives report they are kept well 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

Externally sourced services are provided in a way that meets the home's needs and service quality goals. Contractors are selected according to the needs of the home and in keeping with the organisation's philosophies. Service agreements are entered into with contractors for the provision of services and external service providers are required to have current licences, insurances, professional registrations, and comply with relevant legislation and regulatory requirements. The approved provider supports the home with mechanisms to monitor and ensure compliance with the service agreement. Any non-compliance identified is acted upon. Residents/representatives and staff have opportunities to provide feedback and indicated satisfaction with the quality of external services provided to 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

Information about the home's continuous improvement system is provided under expected outcome 1.1 Continuous improvement. Examples of improvements relating to Standard two include:

- After analysing the June, July and August 2012 incident reports management became concerned at the increase in falls with a significant cluster in the dementia specific unit. Two hourly monitoring was developed to accurately capture the patterns and times of resident falls. Meetings of the falls prevention committee were scheduled three weekly with management, registered nurses, physiotherapist, physiotherapist aides and the continuous improvement coordinator attending. The committee has implemented a number of initiatives including:
 - An orange falls alert form with more comprehensive information including time of day, environmental influences
 - Residents at risk of falls wearing orange wrist-bands.
 - Residents are encouraged to have a rest after lunch. A calm, less stimulated environment is created in the afternoons with a particular focus in the dementia specific area.
 - Fifty-two night lights introduced throughout the home.
 - Medical officers requested to review all residents on medications which cause drowsiness or affect balance and gait.
 - Additional falls prevention education given to staff
 - There has been a significant reduction in falls and the CQIC continues to review the interventions and analyse statistics. Residents wearing the orange wrist-bands said they believe these help staff identify who needs assistance and also reminds the resident to use their mobility aids. Residents also commented they were pleased with the night lights which are very subtle and did not affect their sleep.
- Nursing staff were concerned that it was often difficult to access a doctor for prompt treatment of residents or review of medications. The home now has an agreement with a local medical clinic and a doctor is rostered on 6 days a week. This ensures a doctor is available to treat residents and review medications promptly. Residents are able to request a doctor of their choice if they prefer. Doctor's appointment stickers were introduced and placed in residents' clinical files which include the date the doctor attended and follow-up by staff to ensure doctors requests are reviewed and implemented.
- The home's management recognised advanced care planning is becoming an important and necessary part of the health care industry. Information about advanced care planning has been introduced into the admission pack. During the first case conference which is held approximately four to six weeks after admission the subject is discussed with resident and their family or carers. For existing residents, the subject is discussed at their annual case conference or if there is any deterioration in their health. The form used has

been developed to make it easy to complete and understand. Management said this initiative has been well received by residents and their families.

- The deputy director of nursing (DDON) and diversional therapist identified there was no comprehensive tool for assessing all five senses. A form and kit were developed which includes assessment of taste, smell and touch. The diversional therapist carries out these assessments with new residents when the resident has settled into the home. The activity is conducted in an affable, sometimes amusing manner. The DDON is pleased with the results of these assessments and believes the results identify existing deficits and are an important base-line for resident care if their senses deteriorate.
- Management wished to improve the use of continence aids in the home. A continence nurse team was created to support the management and comfort of resident continence issues and provide education and guidance to other care staff. The team of six assistants in nursing are rostered to assure they cover all shifts. They provide prompt feedback to ADONS and RN which allows for immediate responses to residents' continence needs. The team suggested a 'pad trolley' which delivers continence aids to residents in a dignified and professional manner.

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

Information about the home's system for identifying and ensuring compliance with regulatory requirements is provided under expected outcome 1.2 Regulatory compliance. Examples of the home's monitoring and compliance with regulatory requirements relevant to Accreditation Standard Two are:

- The home has a system to monitor and record registered nurses, allied health professionals and medical practitioners have current authorities to practice.
- Registered nurses are responsible for the care planning and assessment processes and specialised nursing services implemented for high care residents.
- The home ensures residents are provided with services, supplies and equipment as required under the Quality of Care Principles (1997).

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

Information about the home's system for education and staff development is provided under expected outcome 1.3. Education sessions management and staff attended relating to Accreditation Standard Three include:

- Clinical competencies
- Resident care in extreme heat
- Catheter care

- Palliative care
- Pain management
- Dysphagia and nutrition
- Wound care
- Managing challenging behaviour including behaviour release techniques
- Anatomy and physiology related to illness affecting heart, liver and stroke victims
- Certificate three and four in aged care

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Residents receive clinical care appropriate to their individual needs and preferences. On entry to the home residents’ care needs are identified through a series of ongoing clinical and lifestyle assessments. This information is used to develop individualised care plans. A dedicated nurse manages the case conference process, where residents and family members discuss issues regarding the care and facilities available at the home. The home monitors residents’ clinical care outcomes through reviews of care plans, case conference documentation and internal audits. Residents are regularly reviewed by their medical officer. Residents may also be reviewed by the “flying squad” (consisting of a nurse practitioner and a geriatrician from the local hospital) following referral by their medical officer. Any changes in care requirements are communicated between staff through handover and changes in care plans. Residents said they are extremely satisfied with the level of consultation and with the health and personal care provided.

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 has an ongoing review and evaluation system for identifying and managing residents’ specialised nursing care needs. This includes a comprehensive admission process and a range of assessments to ascertain all specialised needs at entry to the home. This information is used to develop care plans. The complex health care allocation spread sheet supports registered nurses who attend to routine specialised care. Staff said they have access to ongoing education and training is provided to address specific care needs and their practices are monitored. Results from audits show residents’ specialised nursing care needs are documented and reviewed and care is delivered consistent with documented care plans by qualified nursing staff. Residents said they are very satisfied with the way staff deliver specialised nursing care.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Residents receive other health and related services appropriate to their individual needs and preferences. Ongoing assessments and regular reviews of residents’ care needs assist to identify residents requiring referral to other health and related services. Some of the services being accessed by the home include optometry, podiatry, speech pathology, dental and dietician. Also a physiotherapist visits the facility for five hours three times per fortnight. Referrals to health specialists and the outcomes of the consultations are documented in residents’ files with appropriate changes made in assessments and care plans. The home assists residents with travel arrangements to external appointments. Residents and representatives said residents are referred to medical and allied health services and staff assist with the care recommended by the health and other 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

Residents’ medication is managed safely and correctly through the home’s medication management policies and procedures. Registered nurses who have completed medication competencies administer medication from original packaging. Residents’ medication charts record current medical officers’ orders with allergy status and instructions for medication administration. The home has a medication incident reporting system and a nurse initiated medication list to guide staff and these are monitored by the registered nurse. All medications are securely stored and schedule eight drugs are checked and administered by two registered nurses. A clinical advisory committee meets quarterly and medication incidents are discussed. Residents’ medical officers and an accredited pharmacist undertake medication reviews on a three monthly basis and on request. Residents said they are satisfied with the way staff provide medication management.

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

Residents receive pain management appropriate to their individual needs and preferences to ensure they are as free from pain as possible. The home has an ongoing review and evaluation system for identifying and managing residents’ pain management needs. This includes initial and ongoing pain assessments using observation, discussion and pain monitoring. The information gathered is used to develop individual care plans and pain management is delivered consistent with documented care plans. A range of pain relieving strategies is used which include massage, attending to clinical and emotional needs, analgesic medication, exercise/physiotherapy programs, distraction through activities and the application of heat packs. Referrals to health professionals are organised as required. Residents said they are very satisfied with the level of consultation and the range of pain management provided.

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

Residents receive palliation appropriate to their individual needs and preferences. This includes processes to ensure the comfort and dignity of terminally ill residents is maintained. Advanced care planning and residents' end of life care pathway are documented where possible on entry to the home or shortly thereafter. Residents are supported to remain at the home during palliation and family/friends are also supported during this stage of the resident's life. Spiritual support is available for those residents who request it. Staff said they are adequately supported in issues of grief and loss and advised they receive education relating to palliative care. Residents said they are comfortable with the home's approach to maintaining their comfort and dignity, and the knowledge their wishes would be considered and respected.

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

Residents receive nutrition and hydration care adequate for their individual needs and preferences. This includes the assessment and consultation processes to identify residents' individual nutritional and hydration needs and preferences on entry to the home. The nutrition and hygiene assessment contains information identifying allergies, special requirements and individual preferences. Residents' nutritional status is monitored through staff observation and documentation of eating patterns and all residents are weighed according to their care plan. Residents are referred to allied health specialists such as speech pathologist and dietician for assessment and advice. Special diets and nutritional supplements are provided when required and staff interviewed were aware of individual residents' nutritional and hydration requirements. Residents interviewed said they have a choice of meals and they enjoy the meals provided.

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

Residents receive skin care appropriate to their individual needs, preferences and general health. The home has processes to ensure residents' skin integrity is consistent with their general health. Assessments are completed on entry and residents' skin integrity is monitored by care staff on an ongoing basis. The home has an incident reporting system and skin tears rates are monitored, analysed and trended monthly. Trained nursing staff ensure wound care delivery is consistent with residents' care plans. Staff review and document residents' skin care and wound evaluations. The home also has access to a wound consultant for advice and education and staff said they attend training on the maintenance and promotion of skin integrity. A podiatrist treats residents regularly and a hair dresser also

visits weekly. Residents said they are very satisfied with the level of consultation regarding skin care and the products provided to them by the home.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Residents receive continence management appropriate to their individual needs and preferences. The home has processes to ensure residents’ continence is managed effectively, including assessment on entry to the home and on an ongoing basis. The home has a ‘continence nurse team’ who support the management and comfort of resident continence issues and also provide education and guidance to other care staff. The local hospital’s continence team review residents at the home when necessary and provide supporting education for staff. Bowel management programs including the provision of high fibre diets, encouragement with fluids and monitoring via daily recording and reporting by care staff. Urinary tract infections are monitored, analysed and preventive strategies are implemented as indicated. Residents said they are very satisfied with the level of consultation and the home’s approach to continence management.

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

Residents receive behavioural management appropriate to their individual needs and preferences. There are processes including assessments, observations and behaviour logs to ascertain all behaviour needs. This information is used to develop individual care plans which include strategies to address residents’ specific needs. Episodes of challenging behaviour are recorded, monitored closely and evaluated regularly, with care conferences conducted as required. Care treatments and routines are flexible to minimise verbal and physical aggression. Staff said residents are referred to the Dementia behaviour management advisory service (DBMAS) when necessary. Residents and representatives expressed satisfaction with the care provided including the manner in which residents with challenging behaviours are 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

Residents receive mobility, dexterity and rehabilitation care appropriate to their individual needs and preferences. There are processes including assessments undertaken on entry and whenever there is a change in resident’s mobility, dexterity or rehabilitation care needs. An external physiotherapist and two trained physiotherapy aides engage in providing residents with comprehensive mobility, dexterity and rehabilitation programs. The home’s programs include group exercises five day per week in addition to the individual exercise programs. The home monitors residents’ mobility, dexterity and rehabilitation outcomes

through review of care plans and internal audits of all reporting processes. In response to this process the home's falls prevention program has been reviewed and as a result new strategies and falls specific forms have been developed, with a resultant decrease in falls. Residents said they are very satisfied with the mobility program and the level of 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

Residents receive oral and dental care appropriate to their individual needs and preferences. This is achieved by ongoing assessments and the development of care plans to address oral hygiene. Two dental technicians are available to visit residents at the home. When required, residents are assisted to access dental and oral care services of their choice outside the home. Care staff assist or prompt residents with teeth and denture cleaning and report any changes in oral health to the registered nurse on duty and this is documented in the care planning system. Residents said they are satisfied with the care provided to ensure their oral and dental health is maintained.

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

Residents receive sensory care appropriate to their individual needs and preferences. This is achieved by ongoing assessments of residents' sensory losses and care plans which identify strategies to manage these losses including the use of any aids. Residents are referred to external health professionals such as audiologists and optometrists when required. The activities program further enhances sensory stimulation through activities such as cooking, massage and music. Residents said they are very satisfied with the level of assistance provided by staff in the management of 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

Residents achieve natural sleep patterns appropriate to their individual needs and preferences. This is achieved by conducting a sleep assessment over several days from which a plan of care is developed. Residents mainly reside in multi-bed rooms with privacy curtaining to facilitate sleeping. Medications to assist with sleeping are prescribed at the discretion of the resident's medical officers. Staff are able to discuss non pharmacological strategies used such as offering drinks, extra blankets and pillows and toileting residents. Residents interviewed said that the home is generally quiet and they sleep well at night.

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

Information about the home’s continuous improvement system is provided under expected outcome 1.1 Continuous improvement. Examples of improvements relating to Standard three include:

- The director of nursing (DON) conducts monthly morning teas with residents which are informal gatherings. The information shared is minuted as the DON said many suggestions and comments are captured at these gatherings. A resident said room numbers were difficult to see from the corridors. The DON asked for suggestions. The gardening club, which is organised by a volunteer, thought painted wooden signs would be useful and also an attractive visual addition. Wooden templates were sourced and residents painted and decorated the signs. Residents are very pleased with the result and we observed the signs to enhance the appearance of the corridors.
- Staff reported it was often difficult to maintain residents’ privacy and dignity in the shared bathrooms. This was a particular problem in the dementia specific unit where some residents became anxious if the toilet door was closed. Privacy screens were purchased. Staff said this has greatly improved residents’ privacy and reduced anxiety for some residents.
- The diversional therapy team and management wanted to improve staff’s knowledge of residents’ life stories. A ‘My life story’ template is completed by consenting residents and their families which is laminated and placed near residents’ beds. We observed an attractive sign informing staff a resident liked to be sung to when having a shower. A representative commented they hear staff talking to residents about their life in the dementia specific unit (DSU) based on the information and photos displayed. Staff believe this information has helped them to make residents feel comfortable and has improved their communication with residents.

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

Information about the home’s system for identifying and ensuring compliance with regulatory requirements is provided under expected outcome 1.2 Regulatory compliance. Examples of the home’s monitoring and compliance with regulatory requirements relevant to Accreditation Standard Three are:

- All residents are offered a resident agreement which complies with legislative requirements.

- Information is provided to residents/representatives in the resident handbook and other material regarding their rights and responsibilities including security of tenure and the care and services to be provided to them.
- The Charter of residents' rights and responsibilities is displayed in the home and is documented in the resident agreement and handbook.

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

Information about the home's system for education and staff development is provided under expected outcome 1.3. Education sessions management and staff attended relating to Accreditation Standard Three include:

- Dementia care
- Care of the confused, hospitalised older person
- TARS for advocacy
- Feldenkrais therapy
- Grief and loss

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 receive support in adjusting to life in the home and on an ongoing basis. Pre entry and entry interviews are conducted to obtain information about each resident from the resident themselves and from their representative. Residents' emotional needs are assessed on an individual basis with consideration for their background, family dynamics, physical and mental health. The care staff and diversional therapy team reported ways in which they provide residents with emotional support after arrival. These include scheduling one-to-one sessions to introduce and support the residents' integration into activities and assisting them as they transition into the home. Residents and representatives said they were very satisfied with the way staff support residents making them feel welcome to the home.

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

Residents are assisted to achieve maximum personal independence, maintain friendships and participate in community life within and outside the home. This process is undertaken through a multi-disciplinary approach including lifestyle, physiotherapy, and nursing care.

Residents are able to make choices for themselves in the attendance of social and spiritual events and in regard to the preference of meals, showering and sleep times. The lifestyle program is designed to facilitate independence and community participation within the community such as bus trips. A range of individual and general strategies are implemented to promote independence including the provision of services and equipment for resident use. Residents are encouraged to be as independent with personal care and grooming as they are able. Residents said staff encourage them to be independent and they are able to participate in the community as they wish.

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

Residents' privacy is maintained and respected and individual needs and preferences identified with the information retained in a confidential manner. Through assessments and discussions residents' personal preferences and needs for privacy are identified and documented on care plans. The home monitors privacy outcomes through internal audits of all processes and satisfaction surveys. Observations of staff and resident interaction show staff respect the privacy and dignity of residents. Personal information was stored securely and residents' clinical records are stored in locked cupboards. Residents said staff speak to them in a respectful manner and they are satisfied with the level of privacy provided.

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

Residents participate in leisure interests and activities appropriate to their individual needs and preferences. Residents' diversional therapy assessments are conducted by the diversional therapist on entry to the home. The registered nurse reviews this information and individual care plans are developed, evaluated and changed according to the wishes of the resident. The activity schedule operates from 7.30am to 7.00pm, seven days a week in both the mainstream and dementia specific areas of the home. The activities program is reviewed through feedback from resident meetings, surveys and resident satisfaction at the end of the activity. Residents said they are very satisfied with the variety of activities on offer, are asked for their ideas and can choose whether or not to participate.

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

Residents receive cultural and spiritual care appropriate to their individual needs and preferences. The home has an ongoing review and evaluation system for identifying and managing residents' cultural and spiritual needs. Residents said their individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Regular

religious services are held within the home by ministers from different denominations. Provision is made for the celebration of special national, cultural and religious days, for example, ANZAC Day, Remembrance Day, birthdays, Christmas, Easter and Mothers and Fathers days. Other cultures are respected when identified and the needs of these residents are met where appropriate. Residents said they are satisfied with the way staff actively encourage them to maintain their cultural and spiritual links ensuring their backgrounds are valued and fostered.

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

Residents care is discussed with each resident and/or their representative at entry and at intervals during their stay to ensure choice and decision is maintained and individual needs and preferences are identified. Resident surveys and case conferences document the evidence of personal choice as well as individual assessments and care plans which document individual care needs, wants and choice in care interventions. Handbooks detail services available to all residents. Residents wishing to maintain their civil duties are assisted to vote at election times. A monthly newsletter informs residents and representatives of activities within the home. Staff consult residents about their day-to-day wishes and preferences. Residents and representatives said they are provided with sufficient up to date information to assist with the choice and decision regarding resident care and lifestyle at the home.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has processes to ensure residents have secure tenure within the home and understand their rights and responsibilities. Relevant information about security of tenure, fees, care, services and residents' rights is discussed with residents and/or their representative prior to, when possible, and on entering the home. All residents are offered a resident agreement and handbook which outline care and services, residents' rights and complaints resolution processes. Room moves only occur with prior consultation and consent from the residents and/or their representative. The Charter of Residents' Rights and Responsibilities is on display in the home. The home has an 'open-door' policy and ongoing communication with residents/representatives is encouraged through scheduled meetings, forums, individual meetings and notices. Residents/representatives indicated satisfaction with residents' security of tenure at the home and their 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

Information about the home’s continuous improvement system is provided under expected outcome 1.1 Continuous improvement. Recent improvements relevant to Accreditation Standard Four are:

- After a power outage at night it was recognised staff needed to use both hands to conduct their duties but were unable to while carrying torches. The deputy director of nursing developed a blackout kit containing ten light emitting diode (LED), water resistant head lamps, thirty batteries and an instruction card. A policy and procedure on blackouts was written and added to the emergency procedures. An audit to ensure they are all operational is being developed. The lights were demonstrated during the visit and appeared to be very effective. The lights are stored near the evacuation kit so can also be used in an emergency.
- Following complaints and audits regarding the appearance and odours in the resident bathrooms all bathroom floors were refurbished with non-slip, anti-fungal hospital grade linoleum. While removing the existing tiles the floor was re-graded to create a floor line which improves drainage. Cleaning staff are delighted with the new floor and feel satisfied they can clean it efficiently which improves hygiene for residents. A resident commented that they thought the new bathroom floors were ‘beautiful.’
- To assist laundry and catering staff the CQIC sourced and introduced new labelling systems. An improved labelling machine was purchased for the laundry and a system introduced to maximise the use of labels on clothes. Resident identification stickers with large typeface are now used on the laundry containers and catering trays. The CQIC generates these labels when a new resident arrives and as needed. The CQIC also creates stickers for all delivered goods with the date they were received which the maintenance officer places on dry goods and kitchen staff use for produce needing refrigeration. Staff believe these new initiatives have improved their work systems and provide improved outcomes for residents. All residents/representatives interviewed said their laundry is returned promptly with no lost items.

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

Information about the home’s system for identifying and ensuring compliance with regulatory requirements is provided under expected outcome 1.2 Regulatory compliance. Examples of the home’s monitoring and compliance with regulatory requirements relevant to Accreditation Standard Four include:

- A review of records and observations showed fire safety equipment is being inspected, tested and maintained in accordance with fire safety regulations and the annual fire safety statement is displayed.
- A review of staff training records and interviews with staff indicate staff have fulfilled the mandatory fire awareness and evacuation training.
- The current NSW Food Authority licence is displayed in and a food safety program has been implemented as required by the NSW Food Safety Authority.

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

Information about the home's system for education and staff development is provided under expected outcome 1.3 Education and staff development. Education sessions management and staff attended recently relating to Accreditation Standard Four include:

- Work health and safety training including use of mobility equipment, hand washing, safety first, avoiding slips, trips and falls
- Infection control
- Food handling and safe work practices

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

Sir Thomas Mitchell Care Facility is a single level building with a basement car-park. One section is kept secure for the safety of residents at risk of wandering. There is a mixture of one, two, three and four bedded rooms with shared bathrooms. Communal areas are attractively furnished and there are landscaped gardens and courtyards with paved walkways. The living environment is clean, well-lit, free of clutter and malodour and there are regular inspections to identify safety risks. Call bells are installed in rooms and living areas. Management is actively working to provide a safe and comfortable environment consistent with residents' care needs. Maintenance requests are responded to promptly and a routine maintenance program is implemented. Residents and visitors were seen to be enjoying the internal and external communal areas and expressed enthusiastic satisfaction with the 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 is actively working to provide a safe working environment that meets regulatory requirements. A Work Health and Safety Committee meets regularly to assist in developing, monitoring and reviewing work health and safety (WH&S) procedures to ensure safe environments and work practices. All staff receive WH&S training. WH&S issues are identified through audits or incident and hazard reports and are addressed through maintenance or risk management processes. Equipment and supplies are available to support safe work practices. Workplace incidents are reported and actioned and a trained staff member is available to support injured staff return to work. Staff said management are responsive to staff suggestions and requests relating to WH&S.

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 fire and safety systems are maintained and monitored to provide an environment and safe systems that minimise fire, security and emergency risks. The system includes regular testing of fire and other emergency equipment and compulsory training at orientation and annually for staff on fire safety procedures, use of equipment and evacuation drills. There are two trained fire safety officers on site. Emergency information flip charts are easily accessible and include fire and other emergencies such as bomb threats, medical emergency, internal and external emergencies. Emergency exits are clearly marked, well lit and kept free from obstruction. Evacuation plans are appropriately positioned. Exit doors are secure with key pad entry/exit and the home is securely locked at night. There are nurse call activators in each resident's room and in communal areas, which are regularly checked by the maintenance staff. Staff demonstrated knowledge of the location of emergency equipment and emergency procedures and residents said they feel safe and secure 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 has an effective and efficient infection control program in place. The program includes surveillance and reporting processes, hazard risk management, waste management and a food safety program. Preventative measures include orientation and ongoing training, audits and competencies for staff and the provision of protective personal equipment. Cleaning, food safety and vaccination/immunisation programs are in place. Infection control indicators are collected and results are monitored for trends then systems and practices reviewed as necessary. The main laundry and residents' laundries have sanitisers incorporated in the supplied chemicals. An outbreak kit is available and emergency supplies available on-site and sharps and other contaminated waste are disposed of appropriately. Documentation, observations and staff confirm the home has an effective infection control 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

Hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment. The home offers a four-week rotating menu of fresh meals cooked in the home. Residents' dietary information and likes and dislikes are recorded on moving into the home and updated regularly. Residents/representatives praised the variety, flavour and high standard of food provided by the home. Cleaners follow a set daily schedule which ensures all residents' rooms and common areas are cleaned regularly. All laundry is undertaken in the home's laundry with clear definition of clean and dirty separation. Labelling of residents' clothing is undertaken by the home. Staff are trained in the use and storage of equipment and chemicals and there are procedures for cleaning and laundry management if an outbreak should occur. Residents/representatives said the home is always clean, their personal requests are addressed promptly and laundry services are satisfactory.