



Australian Government
Australian Aged Care Quality Agency

Mary MacKillop Care St Catherine's

RACS ID: 6099

Approved provider: Mary MacKillop Care SA Ltd

Home address: 8-12 Coneybeer Street BERRI SA 5343

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for one year until 12 March 2018.

We made our decision on 01 February 2017.

The audit was conducted on 03 January 2017 to 05 January 2017. The assessment team's report is attached.

The period of accreditation will allow the home the opportunity to demonstrate that the recent improvements in care standards are sustainable, and will mean that the home is subject to another full audit in a relatively short period of time.

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

Important information:

On 09 September 2016 Mary MacKillop Care SA Ltd was notified of a decision of the delegate of the CEO of the Australian Aged Care Quality Agency that a failure to meet one or more expected outcomes in the Accreditation Standards has placed, or may place, the safety, health or wellbeing of a care recipient at serious risk.

The Department of Health has been notified of the risk. The Secretary of the Department of health may impose sanctions on an approved provider that has not complied, or is not complying, with its responsibilities under the Aged Care Act 1997. If applicable, sanctions are published at: <http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-rescare-sanction-sanccur.htm>

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 care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

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

Principles: Care recipients' physical and mental health will be promoted and achieved at the optimum level in partnership between each care recipient (or his or her representative) and the health care team.

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: Care recipient lifestyle

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

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	Care recipient security of tenure and responsibilities	Met

Standard 4: Physical

Principle: Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, staff and visitors

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



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Audit Report

Name of home: Mary MacKillop Care St Catherine's

RACS ID: 6099

Approved provider: Mary MacKillop Care SA Ltd

Introduction

This is the report of a Re-accreditation Audit from 03 January 2017 to 05 January 2017 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients 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, care recipient lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

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

During a home's period of accreditation there may be a review audit where an assessment team visits the home to reassess the quality of care and services and reports its findings about whether the home meets or does not meet the Standards.

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of this document

An assessment team appointed by the Quality Agency conducted the Re-accreditation Audit from 03 January 2017 to 05 January 2017.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. 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 2014.

Details of home

Total number of allocated places: 26

Number of care recipients during audit: 24

Number of care recipients receiving high care during audit: 23

Special needs catered for: Care recipients living with dementia and related disorders

Audit trail

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

Interviews

Position title	Number
Interim Chief Executive Officer	1
Consultant in mission, Sisters of St Joseph	1
Work health and safety consultant	1
Residential site manager	1
Quality officer	1
Clinical and care staff	9
Care recipients/representatives	7
Administration assistant	2
Catering staff	3
Laundry staff	1
Cleaning staff	2
Maintenance staff	1
Allied health staff	2

Sampled documents

Document type	Number
Care recipient assessments, care plans, and progress notes	4
Medication charts	5
Personnel files	2
Residential care service agreements	2

Other documents reviewed

The team also reviewed:

- Call bells response time reports
- Care evaluation list
- Cleaning schedules

- Clinical incident data
- Communication books
- Complaints and compliments documentation
- Continuous improvement plan
- Drug of dependence register
- External contractors' register, induction checklist and handbook
- Fire safety documentation
- Flowchart pathway for monthly weighs
- Food safety audit
- Handover documentation including care recipients' evacuation list
- Human resource documentation
- Imprest medication licence, medication imprest stock and usage records
- 'Key allied health summary' card
- Lifestyle activity planners and documentation
- Mandatory reporting information
- Memoranda
- Menu and food service improvement report by dietitian
- New admission assessment guidelines
- Newsletters
- Nurse initiated medication list
- Pest control documentation
- Police certificate and visa information
- Preventative and corrective maintenance records
- Resident handbook
- Resident satisfaction survey
- Restraint risk assessment
- Roster and supporting documentation
- Safety data sheets
- Staff and agency orientation and induction documentation
- Staff appraisal information
- Staff handbook
- Staff registration and medication competency information
- Temperature records
- Testing and tagging information
- Training documentation
- Various audits

- Various minutes of meetings
- Various policies and procedures
- Wound assessments and records

Observations

The team observed the following:

- Activities in progress
- Advocacy information
- Archive storage
- Charter of care recipients' rights and responsibilities displayed
- Chemical storage and spill kits
- Cleaning in progress
- Equipment and supply storage areas
- External complaints information
- First aid kit
- Infection outbreak equipment
- Interactions between staff and care recipients
- Internal and external living environment
- Internal feedback forms and suggestion box
- Key code access
- Kitchen
- Laundry
- Meal service
- Medication delivery, storage and imprest system
- Noticeboards
- Personal protective equipment
- Re-accreditation notice displayed
- Short group observation in dining room
- Visitor sign in/out book

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 services, management systems are responsive to the needs of care recipients, 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

Mary MacKillop Care St Catherine's is a not-for-profit aged care facility managed by an interim chief executive officer who is responsible to a Board of Directors. The home is co-located on the same site with Mary MacKillop Care St Catherine's Residential Aged Care Service Identification No. 6840. The two homes are managed as one home, with the same systems and processes and staff used across both sites.

The home actively pursues continuous improvement using their established framework. Continuous improvements are identified through complaints, feedback from care recipients, representatives and staff, meetings, audits and verbal communication. Care recipients, representatives and staff use the home's feedback forms to identify suggestions to management. Continuous improvement suggestions are recorded on the home's continuous improvement plan, monitored monthly by management and the quality officer, and discussed at meetings. The home has auditing processes which assist in monitoring the home's performance across the four Accreditation Standards. Incidents are collated and analysed monthly, and discussed at staff and quality meetings. Results indicate that care recipients and representatives are aware of the home's continuous improvement process and have participated in the continuous improvement process by making suggestions which have resulted in improvements being made. Feedback from staff confirms they are provided with opportunities to put forward suggestions and that continuous improvement is discussed at meetings. Care recipients and representatives interviewed said they have opportunities to make suggestions for improvements to management through the use of feedback forms, surveys and feedback at meetings.

Improvements implemented by the home over the past 12 months, or in progress, in relation to Standard 1 Management systems, staffing and organisational development include:

- To assist with the recruitment of staff for the home, the residential site manager and the local TAFE manager are developing a training program for personal care workers which will be tailored for St Catherine's. TAFE are facilitating a 'pre-employment' project which will assist with the recruitment and training of new personal care workers for the home. TAFE will also be involved in the upskilling of personal care staff who currently do not have Certificate III qualifications and providing refresher training for existing personal care staff. The proposed training has been discussed with staff. The proposal has been approved by the Board and will commence in February 2017.
- While the home had an electronic care planning system, the system has been updated with a newer version of the program. Clinical and care staff received training on the changes and enhancements to the system. The residential site manager has administrator status and is able to ensure staff have the appropriate access levels.

Management has commenced using the electronic system to record continuous improvements and feedback. Staff receive messages via the system and these can be monitored by management to confirm staff have read and aware of up-to-date information regarding care recipients. The dietitian has access to the system and is now able to directly input dietary information into the system. As a result staff are utilising the food dietary list based on current information from the dietitian. Management and staff said the upgrading of the electronic system has assisted to improve communication between management, external contractors and staff.

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 systems to identify, implement and monitor relevant legislation, regulations and guidelines. The organisation and the home receive information and updates on changes to legislation, professional standards and guidelines through aged care peak body membership and government departments. Relevant policies and procedures are amended by corporate staff and information disseminated to staff through meetings. Legislative update information is a standing agenda item at staff meetings, and paper copies of relevant information is located in the nurses’ stations and available for staff reference. Staff awareness of legislative changes and updates is monitored through observation by senior staff. Results show there are corporate and site processes to maintain ongoing compliance with regulatory changes. Staff interviewed said they are informed of any changes in legislation or professional guidelines by management. Care recipients and representatives interviewed said they are satisfied they are informed at meetings of legislative information which is relevant to them.

Examples of how the home ensures compliance in relation to Standard 1 Management systems, staffing and organisational development include:

- Care recipients and representatives were notified in writing of the re-accreditation audit and posters were displayed throughout the home.
- Police certificates for staff and volunteers are monitored by corporate and site staff.
- Professional registrations for clinical staff are current and monitored by corporate staff.

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 to ensure management and staff have the appropriate knowledge and skills to perform their roles. The home’s recruitment and selection processes are based on required qualifications and skills for each position. Staff training needs are identified through complaints, changes in care recipients’ needs and feedback from care recipients and representatives. New staff are provided with an orientation program, which includes the completion of mandatory on-line education topics. Staff undertake mandatory education and non-mandatory education either through the home’s electronic on-line education system or face-to-face training provided by external organisations. Management records staff attendance and evaluates the effectiveness of training courses. Staff skills and knowledge are monitored through observations, complaints and feedback from care recipients and

representatives. Results show the home provides relevant education across the Accreditation Standards. Staff interviewed said they are provided with opportunities, and supported by management to access appropriate training and education. Care recipients and representatives interviewed said they are satisfied staff have the appropriate skills and knowledge to provide care and services.

Examples of education conducted over the past 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- Bullying and harassment
- Teamwork - Helping each other
- Understanding accreditation.

1.4 Comments and complaints

This expected outcome requires that "each care recipient (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 has systems to provide care recipients, representatives and staff with access to internal and external complaints mechanisms. Information on internal and external complaints processes are available in the resident handbook and the residential care service agreement. Copies of the home's feedback forms are located throughout the home and suggestion boxes are available for use by care recipients and families. Written and verbal complaints are recorded on the home's complaints log, and allocated to the appropriate staff to investigate, action and report outcomes back to management. Complaints are monitored by management and discussed at quality and staff meetings. The home's resident satisfaction survey results show care recipients and representatives are aware of how to raise complaints. Staff interviewed said they are able to raise a complaint and will assist care recipients in the lodging of verbal complaints. Care recipients and representatives interviewed said they are comfortable lodging complaints and are satisfied with actions taken in response to complaints raised.

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 organisation is managed by a board with the interim chief executive officer responsible for the management of the organisation's aged care services. The chief executive officer reports to the board. A residential site manager is responsible for the day-to-day operation of the home. The organisation has vision, mission and values statements which inform care recipients, representatives and staff of the organisation's commitment to providing a quality aged care service. These statements are documented in the resident handbook and staff handbook.

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 employs sufficiently skilled and qualified staff to provide appropriate care and services for care recipients. Recruitment and selection processes are based on the required qualifications and skills for each position as defined in job descriptions and duty statements. The home has an orientation program and new staff are 'buddied' with experienced staff to familiarise themselves with the home's processes. Permanent, casual and agency staff fill planned and unplanned absences. Staff registrations and clinical competencies are completed annually by registered staff. Staff rosters are regularly reviewed and monitored by management in response to the changing needs of care recipients, feedback from staff, and observation of staff practice. Results show staff satisfaction is monitored through the home's performance appraisal process, feedback from care recipients and representatives, resident satisfaction survey, and meetings. Staff interviewed said they are provided with information outlining their roles and responsibilities and have adequate time to complete their duties. Care recipients and representatives interviewed were complimentary of the care and services provided by all staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has a system for identifying and monitoring goods and equipment required for providing a quality service for care recipients and staff. The home's maintenance officer undertakes preventative and corrective maintenance. Staff notify maintenance staff of corrective maintenance requests via folders located in the nurses' stations. The home completes a pre-purchase checklist prior to the purchase of new equipment in accordance with organisational procedures. New equipment is trialled, risk assessments completed and training provided to staff on the use of the equipment. Regular purchasing and maintaining of stock levels is delegated to appropriate staff and approved by management. Maintenance staff and external contractors regularly maintain equipment. Monitoring processes include observation, audits, and feedback from care recipients and staff. Results show that the corrective maintenance requests are actioned in a timely manner. Staff interviewed confirmed they have adequate stocks of goods and equipment to undertake their duties. Care recipients and representatives interviewed said they are satisfied the home has adequate and appropriate stocks of goods and 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

The home has effective information management systems. Care recipients and representatives have access to information through various meetings, notice boards, newsletters and individual communication. Staff use a range of paper based and electronic

systems to communicate information. Systems include a computerised care and lifestyle documentation system, handbooks, memoranda, emails, rosters, diaries, newsletters, job descriptions and duty statements, meeting minutes and computerised handover forms. Confidential material is stored securely. Electronic information is password protected and there is an electronic back up system managed by an external company. The home has processes in place for document archiving and destruction. Information systems are monitored through verbal and written feedback, surveys, incident analysis, hazards, care reviews, meetings, and care recipient and staff feedback. Staff said they have access to appropriate information to perform their roles and are advised of changes in a timely manner. Care recipients and their representatives are satisfied with information provided to them.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home uses external contract services to assist in meeting the residential care service's needs and service quality goals. Service agreements and contracts are in place for services such as allied health, hairdressing, pharmacy, pest control and fire safety. Other services which are to be undertaken by external contractors are provided on a 'fee for service' basis. Service agreements and contracts are negotiated and reviewed by corporate staff and the residential site manager. The home has a contractor register which records and monitors information on police certificates, insurance, and legislative and registration data. The home has a contractor site orientation checklist and a contractor safety handbook which is provided to all contractors who attend the site. Results are monitored through audits, staff and care recipient feedback and observations. Care recipients, representatives and staff interviewed said they are satisfied with the external services provided.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and process.

In relation to Standard 2 Health and personal care, staff record care recipient falls, skin tears, medication, wound and behaviour incidents and this information is graphed and discussed at meetings. Care recipients and staff interviewed said they are satisfied the home actively promotes and improves care recipients' physical and mental health.

Examples of improvements related to Standard 2 Health and personal care implemented by the home over the last 12 months include:

- The physiotherapist has introduced a 'Key allied health summary' card for care recipients. The cards which are placed in holders behind the doors in care recipients' rooms identify the levels of assistance with activities of daily living, mobility and 'sit to stand' information, including any equipment which may be required by each care recipient. The cards also provide information for personal care staff on pressure area care and massages. While the cards have only recently been introduced, feedback from staff has been positive as personal care staff said they are a quick reference when caring for care recipients. The cards are to be further improved by the introduction of a fall risk identification system and a star system identifying the level of mobility assistance required.
- Following identification of care recipients' unexplained weight loss, all care recipients have been reviewed by the dietitian and the speech pathologist. A menu and food review undertaken by the dietitian recommended that changes be made to the home's hydration and nutrition processes. As a result, the registered nurse monitors each dining room to confirm that the appropriate size and correct texture of meals are being served, and that care recipients are receiving appropriate thickened fluids, in accordance with the dietitian's directives. Feedback from management and the dietitian is that there has been an increase in the weights of care recipients, and an improvement in the healing of wounds.

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

Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance systems and processes.

Examples of how the home ensures compliance in relation to Standard 2 Health and personal care include:

- Assessment and development of care plans is undertaken by qualified staff.
- Medication is stored safely and securely.
- The home has a schedule 8 licence.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development processes.

Examples of education conducted over the past 12 months in relation to Standard 2 Health and personal care include:

- Wound care.
- Continence management.
- Medication management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Care recipients receive clinical care appropriate to their individual needs and preferences. Clinical assessments generally identify individual health and personal care needs, which are completed and entered into the electronic database by qualified staff using assessments, observation charts and information received on entry. Comprehensive care plans are developed and generally reviewed in consultation with care recipients, their representatives, carers, lifestyle and pastoral care staff, and input from allied health professionals. A ‘resident of the day’ care evaluation process is completed two monthly, or earlier to assess any changes and the effectiveness of meeting care recipients’ needs. Medical officers visit and consult regularly with care recipients. Clinical staff contact medical officers or emergency services after hours to review care recipients whose health status changes or who have sustained an injury. The home monitors the effectiveness of clinical care using internal and external audits, care evaluations and observation of staff practice. Clinical incidents are analysed monthly by the residential site manager to ensure that action has been undertaken as required. Results show care recipients’ needs are documented, reviewed and changes to care are implemented as required. Staff interviewed said they provide feedback on a care recipient’s clinical needs and any changes that have occurred. Care recipients and representatives are satisfied with the level of consultation, health and personal care provided to care recipients.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Assessments are documented by registered nursing staff in consultation with care recipients/representatives and health professionals. Staff are

supported to access education relating to specialised nursing care and can contact external specialists to support care delivery. The home monitors specialised nursing care through incidents, care reviews and observation of staff practice. Results show specialised nursing care is assessed, identified and met by appropriately qualified nursing staff. Staff interviewed are knowledgeable on the delivery of specialised nursing services to individual care recipients. Care recipients and representatives interviewed are satisfied care recipients receive specialised nursing care according to their needs and preferences.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Care recipients are referred promptly to appropriate health specialists according to their assessed needs and preferences. A physiotherapist and podiatrist regularly provide services to care recipients. Referrals to other health professionals such as a dietitian, speech pathologist or dentist are initiated in consultation with care recipients and representatives as required. Dietitians and a speech therapist have recently reviewed each care recipient, and made recommendations regarding their care. Referrals and care recommendations are documented and implemented, with reviews as appropriate. The home monitors staff practices and the referral process by consultation with care recipients and families and review of care. Results show care recipients are referred to health specialists in a timely manner and staff are aware of health directives for care recipients. Staff said they appreciated the collaboration of allied health professionals in the provision of care recipient care. Care recipients and representatives are satisfied care recipients are referred to appropriate specialists according to their needs and preference.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has a system to safely and correctly manage care recipients’ medication. Registered and enrolled nurses administer medications safely from a sachet system. Nurse initiated medication orders and ‘as required’ medications are administered with the effectiveness assessed for outcomes. Those care recipients who wish to self-medicate all or some of their medications are assessed, including their ability to maintain the security of their medication in the bedroom. Incident reporting monitors the safe and correct administration and storage of medications. These are reviewed by the clinical nurse and residential site manager, and any concerns or trends reported at the home’s quality and risk management meetings. Results show care recipients receive their medication safely and within acceptable timeframes. Relevant staff said that they feel confident with their knowledge of safe and correct medication practice. Care recipients and representatives are satisfied care recipients’ medications are managed safely and correctly.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

All care recipients are supported to be as free as possible from pain. Clinical staff undertake pain assessments using assessment tools including for care recipients with a noted cognitive

impairment, and document contributing factors and strategies to relieve pain. Alternative approaches and therapies trialled and used in the home include massage, exercise and repositioning. The use of 'as required' pain medication is monitored for effectiveness and documented. A physiotherapist works in the home four days per week to assist with pain management strategies and consults with clinical staff on individual care recipient's needs with directives included in care plans. Monitoring processes include feedback from individual care recipients and representatives, reviews and observation. Results show care recipients' pain needs are generally being assessed and appropriately managed with alternate approaches trialled and explored where appropriate. Staff interviewed are aware of both verbal and non-verbal indicators for pain and provided examples to support care delivery. Care recipients and representatives interviewed said they are satisfied with how care recipients' pain is being managed.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

The comfort and dignity of terminally ill care recipients is maintained and supported. Care recipients' palliative care preferences relating to their emotional, cultural and spiritual needs are captured on entry and updated in line with their wishes. After hours contact details are accessible to staff if required and additional clinical support available through specialist palliative care services. Family members are consulted regarding any decline in health status and their role in the care recipient's care, and are supported by the pastoral carer during illness and the terminal care phases. The home monitors palliative care services by observation of staff practices, review of clinical assessments, care reviews and through feedback processes. Results from feedback processes demonstrate the comfort and dignity of terminally ill care recipients is maintained and respected. Staff interviewed are aware of how to support care recipients in the palliative stage of illness and have undertaken external education to support care delivery. Care recipients and their families valued the ongoing support they receive from all staff and the pastoral carer.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

The home has a system to ensure care recipients receive adequate nourishment and hydration. A nutritional risk assessment tool, monthly weights and consultation with the care recipients and/or representatives identify nutrition risk factors. Dietary needs, portion sizes, food and fluid preferences and requirements for meal assistance are documented and available to all staff that serve or assist with meals or drinks. Nutritional supplements and snacks are provided for care recipients, especially for those identified at risk of malnutrition. All changes are communicated to catering staff. Care recipients are referred to a dietitian for review of any inappropriate weight loss or gain. Referrals are made to a speech pathologist for care recipients with swallowing difficulties, and food and drink consistency is modified as required. Nutrition and hydration is reviewed through observation, two monthly care reviews, and care recipient and representative feedback. The residential site manager and the clinical nurse monitor care recipients' progress. Results show that staff have access to information relating to care recipients' dietary needs, are aware of those at risk and use a range of strategies to encourage care recipients' nourishment and hydration. Care recipients and representatives are satisfied with the home's approach in meeting care recipients' nutrition

and hydration needs, and were complimentary about the recent improvements in the meals provided.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has systems and processes to maintain care recipients’ skin integrity consistent with their general health. The skin assessment includes a risk scale, and care plans outline interventions to prevent skin breakdown, such as moisturisers, massage, protective clothing, pressure relieving devices, repositioning and mobility programs. Registered nurses undertake all wound care, review and evaluate planned skin care strategies and preventative measures. Education is provided on manual handling, wound management and infection control. Incident causes are analysed and monitored to identify opportunities for improvement across the home. Results show that care recipients’ wound care has improved following the introduction of increased protein supplements/drinks recommended by the dietitian. Staff are aware of preventative measures for individual care recipients. Care recipients and representatives are satisfied the home provides appropriate care in relation to maintenance of care recipients’ skin integrity and healing wound care when required.

2.12 Contenance management

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

Team’s findings

The home meets this expected outcome

The home has systems to effectively manage care recipients’ continence needs. Nursing staff assess each care recipient’s continence history, bladder and bowel patterns, mobility and the level of assistance required to promote and maintain effective continence. An individual continence program is initiated for each care recipient including assistance and aids required, and strategies to maintain skin integrity. The home liaises with external specialists for assistance with specialised continence management, and contacts medical officers if care needs change. The use of aperients is monitored by clinical staff in consultation with medical officers as required. Urinary tract infections, bowel management and care recipients’ comfort requirements are monitored by clinical staff through regular care plan reviews, observations of practice, review of progress notes and charts, and staff and care recipient feedback. Results show the home has access to equipment and supplies to ensure care recipients’ individual continence needs are met. Staff interviewed are aware of the home’s processes and individual care recipient’s continence management requirements. Care recipients and representatives interviewed are satisfied with how care recipients’ continence needs are being met.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The needs of care recipients with challenging behaviours are supported and managed effectively. Clinical staff complete assessments to identify the causes and triggers of care recipients’ behaviour, and strategies are documented to support care needs with input from lifestyle staff and the pastoral carer. Referrals are made for specialist advice on managing challenging behaviours. The home maintains a minimal restraint ethos, with consent

obtained for the use of restraints and with trials of alternative approaches documented. Non-pharmacological interventions include emotional support, one-to-one support, walks and provision of drinks and snacks, reduction of noise levels, and access to internal and external areas to reduce agitation. Registered nurses monitor behaviours by review of care documentation, staff feedback and observation of care recipients and staff practices. Results show care recipients' behaviours are managed appropriately with medication being given as a last resort. Staff detailed strategies to manage individual care recipient's behaviour needs and have received training on behaviour management. Care recipients and representatives interviewed said they are satisfied with the home's approach to managing the causes which prompt challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

The home has a system to optimise each care recipient's level of mobility and dexterity. The physiotherapist provides assessment of each care recipient's abilities and risk of falls, and establishes treatment programs and exercise plans for staff to follow, including the use of aids if required. Strategies, such as exercise groups and massage therapy, assist care recipients to maintain or improve their mobility and dexterity. A new 'Key allied health summary' card has been completed for each care recipient and placed on the back of their bedroom door as a one page reference for nursing and care staff. Consultation occurs with the medical officer and families when falls occur. Incidents are documented, actioned and analysed to support improvements. Staff are provided with training to support manual handling precautions. The incidence of falls is monitored by the residential site manager and strategies implemented in consultation with care staff, care recipients and their representatives, medical officers and the physiotherapist. Results show care recipients' mobility, dexterity and rehabilitation needs are documented and reviewed. Care staff said they are aware of each care recipient's needs and manual handling precautions, which has improved by their easy access to the 'Key allied health summary' card in each care recipient's room. Care recipients and representatives interviewed are satisfied with the home's approach to optimising care recipients' mobility and dexterity.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

Care recipients' oral and dental care is maintained and identified through individual assessments to identify care recipients' choice and level of assistance required and oral and dental issues. The oral and dental care plan describes care recipients' needs and preferences with information to guide staff practices. A speech pathologist has recently reviewed each care recipient's oral status. Care recipients are encouraged to attend dental appointments as required. A toothbrush changeover program occurs at the change of each season. Care is monitored by the 'resident of the day' process, care recipient and representative feedback, and through discussion at meetings. Results show staff have been provided with education to support care recipients' oral and dental care needs and staff interviewed are aware of how to manage care recipients' oral and dental health needs. Care recipients and representatives interviewed said they are satisfied with the home's approach to managing care recipients' oral and dental care.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Care recipients’ sensory losses are identified on entry and managed effectively by the home. Sensory deficits are assessed as a component of the home’s entry process and ongoing review program. Strategies are identified and monitored to facilitate greater sensory ability. Care recipients are referred to relevant specialists for review. Staff are trained to assist care recipients with maintaining and fitting aids to assist their sensory function. Monitoring processes include clinical staff observing care practices, care recipient and representative feedback, and the scheduled review process. Results show environmental strategies are in place to ensure the living environment is safe and supportive of care recipients’ needs. Care staff said they are aware of how to manage individual care recipient’s sensory needs. Care recipients and their representatives are satisfied with the home’s approach to managing care recipients’ needs in all five senses.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

The home has systems and work practices to enable care recipients to achieve natural sleep patterns. Current and natural sleep patterns are identified on entry. Sleep assessments are conducted during each two monthly ‘resident of the day’ process and for care recipients who experience sleep disturbance. Sleep patterns are monitored and measures such as pain management, massage, hot drinks, snacks, repositioning and preferred settling routines assist care recipients to settle. Registered nurses use care staff feedback, progress notes, review of sedation and pain medications and consultation with care recipients to evaluate and monitor sleep patterns and adjust care plans if required. Results show non-pharmacological strategies are effective in assisting care recipients to achieve natural sleep patterns. Staff said they are familiar with care recipient’s individual settling routines. Care recipients and representatives are satisfied with the assistance given to enable care recipients to achieve normal sleep patterns.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

In relation to Standard 3 Care recipient lifestyle, resident meetings and surveys processes are used to gather suggestions. Staff interviewed said they are aware of their role in assisting and supporting care recipients and representatives to provide feedback and suggestions.

Examples of completed continuous improvement activities achieved in the last 12 months relating to Standard 3 Care recipient lifestyle include:

- Following a suggestion from a representative, the home has introduced a birthday cake for each care recipient to remember their special day. Kitchen staff bake and decorate a cake and this is served by staff either at morning or afternoon tea. Feedback from staff has been positive as care recipients who have recently had their birthdays were observed to be very happy that the home remembers their birthday.
- Following feedback from staff and volunteers, management has arranged for lounge chairs to be brought into the ‘Raymond’ area to form both a dining area and a lounge area. The area has a large screen television and a piano, and lifestyle staff are now able to use the area for activities. Care recipients were observed using the lounge area and sitting and socialising with each other. Management said that during the Christmas holidays, families and friends sat in the area with care recipients, watched television and spent time together as a family. Feedback from care recipients has been positive as they enjoy having a separate area to meet and talk with other care recipients.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

Examples of how the home ensures compliance in relation to Standard 3 Care recipient lifestyle include:

- Care recipients' consent to release of information.
- Residential care service agreements contain current information.
- Procedures available for reference by staff on the mandatory reporting of elder abuse.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development processes.

Examples of education conducted over the past 12 months in relation to Standard 3 Care recipient lifestyle include:

- Dignity in Care.
- Protecting older people from abuse.
- Spirituality in Practice.

3.4 Emotional support

This expected outcome requires that "each care recipient 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 to support care recipients in adjusting to life in their new environment on entry and on an ongoing basis. Care recipients are welcomed to the home and each care recipient has a social profile completed by the lifestyle coordinator which includes their emotional needs and support networks. Nursing and care staff, the pastoral carer, and lifestyle staff support care recipients and assist them to maintain relationships, recognise significant days and celebrations. Staff also provide additional emotional support during a critical episode and liaise with family or significant others to meet individual care recipient's needs. Visits from family, friends and community groups are encouraged. The home monitors care recipient satisfaction with emotional support through observation, verbal feedback and the 'resident of the day' process. Results show care recipients are provided with personalised emotional support and the pastoral carer provides additional support as needed. Staff described ways they support care recipients' emotional wellbeing. Care recipients and representatives are satisfied care recipients receive emotional support on entry and on an ongoing basis.

3.5 Independence

This expected outcome requires that "care recipients 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

Care recipients are assisted to maintain independence, friendships and participate in the life of the home and community. Care recipients' lifestyle preferences, interests and abilities are identified during initial assessments and are reviewed on a regular basis. Staff assist care recipients to participate in group activities and to maintain links with family, friends and community groups. Care recipients are encouraged and supported to attend social events internally and externally. Lifestyle activities are modified to support independence and participation for care recipients identified with increased needs. Care recipients are provided with various aids to assist independence to support activities of daily living. Independence is

monitored through observation, reviews, meetings and care recipient consultation. Results show the lifestyle program supports care recipients to participate in exercises to improve mobility and care recipients are provided with appropriate mobility aids. Staff described a comprehensive range of approaches they use to assist care recipients to maximise their independence. Care recipients and representatives are satisfied the home provides care recipients with the appropriate supports to maintain independence, and to participate in community activities according to their needs and preferences.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

The home has systems that recognise and respect each care recipient's right to privacy, dignity and confidentiality. All care recipients have single rooms with ensuites, and care recipients and representatives have access to quiet spaces indoors and outdoors. There are private communal areas available to care recipients, representatives and other visitors. Care and lifestyle assessments are used to identify care recipient preferences for dressing, grooming and personal time. Staff maintain privacy and dignity by knocking on doors before entering, closing doors when attending to their personal needs, conducting handover confidentially and storing information securely. The home monitors care recipient satisfaction through observation and care recipient feedback. Results show that staff maintain care recipients' right to privacy, dignity and confidentiality. Staff interviewed said they understand their responsibilities in providing privacy, dignity and confidentiality for care recipients. Care recipients and representatives interviewed said staff and management treat care recipients with privacy, dignity and confidentiality.

3.7 Leisure interests and activities

This expected outcome requires that "care recipients 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

Care recipients are encouraged and supported to participate in a range of activities of interest to them. Care recipients' social history profile and spiritual/cultural assessments, prepared in consultation with care recipients and families, capture a range of information, including their past and current interests, significant events and hobbies. This provides information to develop the group based activities appropriate to the current care recipients' needs and preferences. A monthly calendar is provided to care recipients and is displayed in key areas of the home. Staff support care recipients to attend activities by keeping them informed daily on activities which are taking place. Lifestyle staff and the pastoral carer provide one-to-one time for activities with those care recipients who do not wish to attend the group activities or prefer to stay in their rooms. Lifestyle staff evaluate each care recipient's individual program in consultation with the care recipient, their family and care staff. New activities are added to the program in response to care recipients' changing interests. The effectiveness of the lifestyle program is monitored through participation, verbal feedback, care recipient meetings, lifestyle reviews and surveys. Results show care recipients' leisure interests are identified and activities provided to support these interests. Lifestyle and care staff said they enjoy assisting care recipients to engage in activities of their choice. Care recipients and representatives interviewed said they are satisfied with the amount and types of activities offered to care recipients in the home.

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 has systems to value and foster care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds. Initial social assessments by lifestyle staff, as well as cultural and spiritual assessments by the pastoral carer, identify each care recipient's preferences. Christian church visits are supported and respected. Cultural, religious and significant days and celebrations are held and care recipients are supported to participate. The pastoral carer provides significant support for care recipients and their families. The home monitors and evaluates care recipients' cultural and spiritual needs through individual feedback, care recipient meetings and surveys. Results show care recipients have their cultural and spiritual preferences documented and they enjoy access to a range of services to support their cultural and spiritual choices. Staff interviewed said they have access to resources to support individual interests, customs, beliefs and cultural and ethnic backgrounds of care recipients. Care recipients and their representatives were complimentary about how care recipients' individual interests, religious and cultural needs are identified and fostered.

3.9 Choice and decision-making

This expected outcome requires that "each care recipient (or his or her representative) participates in decisions about the services the care recipient 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

Each care recipient or their representative participates in decisions about the services the care recipient receives, and is enabled to exercise choice and control over their lifestyle while not infringing on the rights of other people. Information collected on entry identifies authorised representatives for care recipients who are unable to make decisions for them, including modes of communication and advocacy services available. Care and lifestyle information identifies care recipients' capability and preferences for activities of daily living, leisure and lifestyle choices, culture, religion and civic interests. The home monitors choice and decision making through verbal feedback from care recipients, complaints, surveys and care recipient meetings. Results show information about care recipients' rights and responsibilities are included in handbooks and residential care service agreements, and care recipients' choices are respected and encouraged. Staff interviewed could describe their responsibilities relating to care recipient choice and decision making. Care recipients and representatives interviewed said they are satisfied they can exercise decision making relating to care recipients' care and leisure choices.

3.10 Care recipient security of tenure and responsibilities

This expected outcome requires that "care recipients 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 systems to assist care recipients to understand their rights and responsibilities and security of tenure. The residential site manager discusses pre-admission information with prospective care recipients and conducts a tour of the home. Prospective care recipients

and/or their representatives are provided with an admission pack, which includes information on fees and charges. The home's residential care service agreement contains information on security of tenure, complaints mechanisms and the Charter of Care Recipients' Rights and Responsibilities. Relocation of care recipients from one room to another or to another aged care home occurs following consultation with care recipients and/or their representative. Satisfaction with the entry process is monitored through the resident satisfaction survey and verbal feedback from care recipients and representatives. Results show residential care service agreements are in line with legislative requirements. Staff interviewed said they are informed on care recipients' rights and responsibilities at induction. Care recipients and representatives interviewed said they are aware of their rights and responsibilities and are satisfied their tenure is secure.

Standard 4 – Physical environment and safe systems

Principle: Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, staff and visitors.

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

In relation to Standard 4 Physical environment and safe systems, regular internal audits are completed to monitor the safety and comfort of the environment. Staff interviewed said they contribute to continuous improvement through suggestions and the hazard and incident reporting processes.

Examples of completed continuous improvement activities achieved in the last 12 months relating to Standard 4 Physical environment and safe systems include:

- A decision was made that the ‘Grace’ dining area which was previously used by care recipients would no longer be used and all care recipients in ‘McIntosh House’ would use the main dining area. Following feedback from care recipients, the home has re-opened the ‘Grace’ dining room. Discussions have been held with staff and duty statements have been amended to reflect the change. Verbal feedback from care recipients has been positive as they no longer have to walk as far for lunch and dinner, and enjoy being back in the original dining area.
- As a result of the numerous complaints being received concerning meals, a review was undertaken of the menu and food service by the dietitian. The dietitian made recommendations regarding the amount of protein in the meals served, the introduction of additional fresh fruit and vegetables, portion sizes, the introduction of protein drinks for some care recipients, and the training of staff on diabetes and weight management. The home has introduced bain maries into each kitchenette and meals are plated in the kitchenettes and served directly to care recipients, which has resulted in care recipients requesting extra vegetables or additional helpings of food. A further progress review report of the menu and food service was provided by the dietitian in December 2016. Feedback from care recipients is there has been an improvement in the quality and temperature of the food. Management said they are continuing to review meal services and will introduce further improvements.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

Examples of how the home ensures compliance in relation to Standard 4 Physical environment and safe systems include:

- Food safety program and food safety audit conducted on 6 October 2016.
- Infection control processes in place for staff.
- Current South Australian Fire Service triennial certificate dated 11 August 2015.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development processes.

Examples of education provided to staff over the past 12 months in relation to Standard 4 Physical environment and safe systems, include:

- Manual handling.
- Fire safety.
- Work health and safety - Roles and responsibilities.

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 care recipients' care needs".

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe and comfortable environment that is consistent with care recipient needs. Care recipients are accommodated in single rooms with ensuites. The home has clean and well-maintained communal, dining and outdoor areas with sufficient and appropriate furniture. Care recipients are encouraged to bring in furniture to personalise their rooms. Care recipients have access to call bells and response times are monitored daily by management. The home monitors and maintains the environment through preventative maintenance processes, audits, observations and feedback from care recipients, representatives and staff. Results show that regular environmental audits are conducted and incident and hazards are reported by staff, recorded and investigated by management to ensure the safety of the environment. Staff interviewed said they are aware of their roles in assisting to maintain a safe and comfortable environment. Care recipients and representatives interviewed said they are satisfied with the safety and comfort of their 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

The organisation and the home are actively working to provide a safe working environment that meets regulatory requirements. The organisation is a member of the Catholic Safety Health & Welfare SA whose policies and procedures guide work health and safety for the home. The site has work, health and safety committee meetings at which staff discuss staff incidents, hazards and audits. Chemicals are securely stored and safety data sheets are available for staff reference. Safe operating procedures guide staff on the use of equipment.

New staff are provided with work health and safety information at orientation and all staff have access to the Catholic Safety Health & Welfare SA's website for up-to-date information. The home monitors work health and safety through environmental audits, incident and hazard data, observations, and feedback from care recipients and staff. Results show staff report incidents and hazards and these are followed up promptly by management. Staff interviewed confirmed they have access to personal protective equipment, and are satisfied management is active in providing a safe working environment.

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

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Orientation and mandatory annual training for staff covers fire and emergency procedures, and evacuation maps and fire equipment are located throughout the home. Contracted external services monitor the fire and emergency systems. External contractors undertake regular electrical testing and tagging of all equipment. The home has key pad access and after hours security is maintained through evening lock down procedures. Monitoring processes include fire drills, incident and hazard reporting, and observations. Results show staff undertake appropriate fire training and fire and emergency systems are monitored in accordance with legislative requirements. Staff interviewed described their responsibilities in the event of an emergency. Care recipients interviewed said they feel secure living 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 a system for co-ordinating and monitoring the home's infection control processes to generally provide an effective infection control program. The home has effective procedures for managing food, linen and waste. Staff receive annual infection control training and instructions on chemical handling and have access to hand washing facilities, hand gel and generally have access to personal protective equipment. There are procedures for informing all relevant staff of care recipients with infections and the requirement for additional precautions. There is a staff vaccination program and medical officers are responsible for care recipients' vaccinations. There is an audited food safety program, a pest control program, and resources for outbreak management. Individual care recipient infection reports are entered into the computerised care documentation system, monitored and reviewed for each care recipient. Infection rates are collated from the home's care documentation database, cross referenced with laboratory reports on a monthly basis and reviewed by the residential site manager. Results show that there is a low incidence of infections. The effectiveness of the home's infection control program is monitored through external audits and staff observation. Staff interviewed are aware of infection control practices and confirm they have access to sufficient information and personal protective equipment.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

The home provides hospitality services that meet the needs of care recipients to enhance their quality of life. The home has a four-week rotating menu which has been reviewed by a dietitian and all meals are prepared and cooked on-site. Care recipients' individual dietary needs and preferences are assessed on entry to the home and this information is communicated to hospitality staff and is available in each of the kitchenettes. Meals and snacks are served according to this information. Flat linen and care recipients' personal clothing is laundered on-site. Cleaning schedules guide cleaning of care recipient rooms, staff and communal areas. Cleaning and laundry services are guided by infection control procedures. The home monitors the effectiveness of hospitality services through audits, meetings, feedback from care recipients and representatives, and observations. Results show care recipients' needs in relation to catering, cleaning and laundry are documented and reviewed. Staff interviewed said they are aware of care recipients' needs and preferences and are satisfied with their working environment. Care recipients and representatives interviewed said there has been improvement with the standard and temperature of the food since the introduction of the kitchenettes. Care recipients interviewed were satisfied with the cleaning of the rooms and with the laundry services provided.