



The **Aged Care**
Standards and Accreditation Agency Ltd

Decision to Accredite Milpara Aged Care Facility

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

The Agency has also decided that the period of accreditation of Milpara Aged Care Facility is 3 years, until 29 March 2011.

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

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

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

Virginia Matthews
Acting Assessment Manager
SA and NT

Information considered in making an accreditation decision

The Agency has taken into account the following matters, as required, by the *Accreditation Grant Principles 1999*:

- The desk audit report and site audit report received from the assessment team created for the purpose of conducting the audits; and
- Information (if any) received from the Secretary (of Department of Health and Ageing) about matters that must be considered, under Division 38 of the *Aged Care Act 1997*, for certification of the service; and
- Other information (if any) received from the Secretary; and
- Information (if any) received from the applicant in response to the statement of major findings that was presented to the applicant at the conclusion of the site audit. This may include information that indicates the service rectified deficiencies identified by the assessment team at the time of the audit; and
- Whether it is satisfied that the residential care service will undertake continuous improvement, measured against the Accreditation Standards, if it is accredited.

Service and Approved Provider Details

Service Details

Service Name: Milpara Aged Care Facility
RACS ID: 6930X
Number of beds: 87 Number of High Care Residents: 45
Special Needs Group catered for: People with dementia or related disorders.

Street: 147 St Bernard's Road
City: Rostrevor State: SA Postcode: 5073
Phone: 08 8366 8000 Facsimile: 08 8366 8099
Email address: jboylan@ach.org.au

Approved Provider

Approved Provider: Aged Care & Housing Group Incorporated

Assessment Team

Team Leader: Jane Anderson
Team Member: Paul Glaze

Dates of audit: 21/01/2008 to 23/01/2008

Executive summary of Assessment Team’s Report

Accreditation Decision

Standard 1: Management Systems, Staffing and Organisational Development

Expected Outcome	Assessment Team Recommendations
1.1 Continuous improvement	Compliant
1.2 Regulatory compliance	Compliant
1.3 Education and staff development	Compliant
1.4 Comments and complaints	Compliant
1.5 Planning and leadership	Compliant
1.6 Human resource management	Compliant
1.7 Inventory and equipment	Compliant
1.8 Information systems	Compliant
1.9 External services	Compliant

Agency Findings

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Standard 2: Health and Personal Care

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

Agency Findings

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Executive summary of Assessment Team's Report

Accreditation Decision

Standard 3: Resident Lifestyle

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

Agency Findings
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant

Standard 4: Physical Environment and Safe Systems

Expected Outcome	Assessment Team Recommendations
4.1 Continuous improvement	Compliant
4.2 Regulatory compliance	Compliant
4.3 Education and staff development	Compliant
4.4 Living environment	Compliant
4.5 Occupational health and safety	Compliant
4.6 Fire, security and other emergencies	Compliant
4.7 Infection control	Compliant
4.8 Catering, cleaning and laundry services	Compliant

Agency Findings
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant

Assessment team's reasons for recommendations to the Agency

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



The **Aged Care**
Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of Home	Milpara Aged Care Facility
RACS ID	6930X

Executive summary

This is the report of a site audit of Milpara Aged Care Facility 6930X, 147 St Bernard's Road, ROSTREVOR SA 5073 from 21 January 2008 to 23 January 2008 submitted to the Aged Care Standards and Accreditation Agency Ltd on 6 February 2008.

Assessment team's recommendation regarding compliance

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

44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends that the Aged Care Standards and Accreditation Agency Ltd accredit Milpara Aged Care Facility.

The assessment team recommends that the period of accreditation be three years.

Assessment team's recommendation regarding support contacts

The assessment team recommends that there should be three support contacts during the period of accreditation and the first should be within 12 months.

Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and believes the home complies with 44 of the 44 expected outcomes of the Accreditation Standards.

Site Audit Report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 21 January 2008 to 23 January 2008.

The audit was conducted in accordance with the *Accreditation Grant Principles 1999* and the *Accountability Principles 1998*. The assessment team consisted of 2 registered aged care quality assessors.

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

Assessment team

Team Leader:	Jane Anderson
Team Member:	Paul Glaze

Approved provider details

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

Name of home:	Milpara Aged Care Facility
RACS ID:	6930X

Total number of allocated places:	87
Number of residents during site audit:	70
Number of high care residents during site audit:	60
Special needs catered for:	People with dementia or related disorders People from culturally and linguistically diverse backgrounds

Street:	147 St Bernard's Road	State:	SA
City/Town:	ROSTREVOR	Postcode:	5073

Phone number:	08 8366 8000	Facsimile:	08 8366 8099
E-mail address:	jboylan@ach.org.au		

Assessment team's recommendation regarding accreditation

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Assessment team's recommendation regarding support contacts

The assessment team recommends that there should be three support contacts during the period of accreditation and the first should be within 12 months.

Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and believes the home complies with 44 of the 44 expected outcomes of the Accreditation Standards.

Audit trail

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

Interviews

	Number		Number
Chief executive officer	1	Residents	12
General manager residential services	1	Representatives	7
Site manager	1	Volunteers	3
Clinical nurse manager	1	Maintenance staff	1
Clinical case coordinator	1	Lifestyle staff	2
Registered nurses	1	Care staff	6
Enrolled nurse	2	Physiotherapist	1

Sampled documents

	Number		Number
Residents' files	9	Medication charts	5
Summary/quick reference care plans	9	Personnel files	7
Lifestyle plans and assessments	8		

Other documents reviewed

The team also reviewed:

- Vision, mission and values statements, policy and procedure documents, flow charts, organisation and site strategic and business plans
- Improvement log, continuous improvement register, corporate and site quality meeting minutes, action plans, audit schedules and documentation, surveys and focus group information, including general practitioner, masseuse service, staff, resident and representative, and environmental, external audits and reports
- Commonwealth and state legislation lists, police check information, memoranda to staff about legislation requirements and changes, staff legislation questionnaires, meeting minutes, fire Triennial certificate, certification information, S4 and S8 licences
- Education and competency folders and individual competency forms and outcomes, competency evaluations, surveys and results, resident competency survey, education planner, training needs analysis, attendance sheets and evaluations, education flyers
- Complaints log, correspondence, comment and complaint action plans
- Rosters, leave spreadsheets, reflective practice forms, performance appraisals, contracts, job descriptions and work tasks, laminated work schedule cards
- Handover sheets, care plan change and alert sheets, shift reports, diaries, meeting minutes, memoranda, notices and posters, staff newsletter
- Resident admission information package
- Resident handover list with diagnosis and health concerns highlighted
- Resident admission checklist and assessment flow chart, assessment tools, clinical observation records, allied health treatment schedules and records, pharmacy reports, Schedule 8 drug administration register, medication crush referrals to pharmacy
- Bowel and bladder charts and evaluations of residents' continence status
- Behaviour monitoring records
- Care plan suggestions for change forms
- Lifestyle folders and information, lifestyle assessments and forms, activity descriptions and process instructions, resident surveys about activities and suggestions, action plans, volunteer information and guides, code of conduct, newsletters, activity project information ('better life', 'dare to dream'), resident handbook
- Safe operating procedures register including details of emergency procedures relevant to cleaning, laundry and kitchen
- Manual handling information, training records and risk assessments
- Maintenance log and preventative maintenance schedule, electrical testing and tagging records
- Infection control resource manuals, posters, food safety and temperature monitoring records, local government food safety report, infection control statistics, pathology reports, surveillance swabbing information, immunisation information
- Menus and various dietary information, guidelines for preparation of fluids and supplements.

Observations

The team observed the following:

- Internal and external living environments
- Activity planning and activities in progress
- Interactions between staff, residents, representatives and volunteers
- Residents at meal times including meal assistance and support with the use of eating aids
- Storage of medications, medication trolley, medication rounds and administration, dressing trolley, medical and continence supplies
- Storage boxes for responding to residents' palliation needs and gastroenteritis
- Equipment available for resident and staff use, storage areas, hand-washing facilities
- Resident and staff noticeboards, photographs of residents and lifestyle activities and general information
- Kitchen and laundry work environments and general stores areas, cleaners' trolleys and supplies including chemicals
- Sluice rooms and cleaners rooms
- Resident welcome kit, notices, dietary photograph album
- Fire and emergency equipment around the home, emergency evacuation and assembly points
- Nurses' station, documentation and noticeboards
- Archive areas and corporate directions
- Club room
- Walking and sitting aids, back and hip support devices.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team’s recommendation

Does comply

Milpara Aged Care Facility uses organisation and site specific processes to identify opportunities for improvement and monitor compliance with the Accreditation Standards. While the site manager has overall responsibility for the quality system she is assisted by the management team and the quality focus group. The quality focus group meets each month and is responsible for monitoring the actions and results of quality activities, recommending additional actions and projects, monitoring for trends and generally steering improvement processes in the home. Scheduled and responsive audits and surveys, focus groups, comment and complaint mechanisms, clinical indicators, formal and informal meeting processes, corporate projects and quality programs guide quality processes in the home. Staff, residents, representatives and other stakeholders input into the continuous improvement system through formal and informal meetings, general discussions, suggestions and change and complaint forms.

Examples of continuous improvement activities and achievements in management systems, staffing and organisational development in the last 12 months include:

- implementing corporate central and residential quality meetings to facilitate quality networking, standardise quality processes and improve systems and results
- improving resident outcomes by implementing care and service competencies for all staff. This includes staff answering a range of questions about their roles and responsibilities and observing staff in their allocated areas for extended time periods.
- establishing formal human resource processes to monitor and improve staff outcomes by introducing simple performance assessments and linking this with ‘reflective practice’ processes to guide staff in understanding inappropriate actions and guiding them into positive corrective actions
- employing a workplace trainer to facilitate training sessions within the home.

1.2 Regulatory compliance

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

Team’s recommendation

Does comply

Changes to legislation, regulations and guidelines are identified and information disseminated through corporate and site specific processes. A newly developed flow chart guides staff with organisational processes. The home refers to state and Commonwealth legislation lists and Intranet resources to identify current information about legislation and updates. The quality project officer, site manager and management team review the effect of the changes on their services and responsibilities. Policy and procedure reviews occur at scheduled periods and where

changes impact on the home's processes. External resources, such as business and professional associations, seminars, training sessions and corporate committees provide additional information relevant to legislation. Surveys, questionnaires, competencies, audits and observation monitor staff legislative knowledge and observance.

1.3 Education and staff development

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

Team's recommendation

Does comply

Site specific and corporate recruiting, orientation and induction processes are used by the home to identify, select and train appropriate staff. While orientation and induction processes guide staff when they commence at the home, competencies and scheduled training provide staff with ongoing opportunities to build onto their skills. Management use competency processes to guide and provide staff with information and practical understanding of their roles and responsibilities. These are repeated where non-compliance is not attained. Scheduled site and corporate education sessions are provided throughout the year, which includes mandatory, interest, development and staff requested topics. Additional information in the staff newsletter, journals and other information is provided for staff. Surveys, questionnaires, comment and complaint mechanisms and observation monitor staff practice.

1.4 Comments and complaints

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

Team's recommendation

Does comply

Residents and representatives are informed about the internal and external comment and complaint mechanisms through site specific and corporate processes when they enter the home. This includes written information within the resident handbook and agreement and brochures about external mechanisms. The resident meeting is a forum to discuss group issues and provide feedback about ongoing concerns or projects where appropriate. Residents are encouraged through the newsletter, resident meetings and informal discussions to voice their concerns. The site manager maintains comment and complaint information confidentially and provides and requests feedback about the actions taken and outcomes. Data is reviewed each month and reported to the quality focus group. Staff are provided information about comment and complaint mechanisms and their role through informal discussions, memoranda and information sheets. Residents and representatives are generally satisfied their comments and complaints are listened to and actioned to their satisfaction.

1.5 Planning and leadership

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

Team's recommendation

Does comply

The organisation's vision, mission and values statements is displayed in the home and documented in the resident and staff handbooks. The corporate strategic plan has been used to underpin the home's current strategy, business and quality plans. The organisation has implemented the central quality and residential services quality meetings to further facilitate and enhance quality management and improvement processes.

1.6 Human resource management

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

Team's recommendation

Does comply

The home selects appropriate staff through corporate and site specific recruitment, selection, orientation and induction processes. Mandatory competencies are undertaken each year by staff to maintain their skills and knowledge about their roles and responsibilities. Rostering processes, including establishing appropriate skill mix, allocation of duties, evaluating workloads and ensuring staff coverage across all shifts is provided and reviewed by the site manager and registered nurse. Staff, residents and representatives provide feedback about rostering effectiveness through informal and formal meetings, surveys and observation. Clinical indicators and shift reports provide management with information about residents' care needs and changing resident outcomes that may be due to staffing levels, skill mix or staff knowledge. Temporary staff are provided information about their roles and task descriptions with timeframes are now provided on laminated cards that can be worn, to maintain staff awareness of the daily shift needs. Performance assessments, 'reflective practice' processes, feedback mechanisms and quality indicators are used to monitor staff practice.

1.7 Inventory and equipment

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

The home has a system to monitor the supply of stock, useable goods and equipment. The home uses its processes for ordering, storage, rotation and replacement of equipment and useable goods. The home uses preventative and routine maintenance schedules to service equipment and provide staff and residents with equipment that is safe and appropriate for use. Maintenance requests are received and completed by the maintenance officer. Specialised maintenance is provided by external suppliers who are accredited by the corporate body. Testing and tagging of electrical equipment is undertaken. Staff are aware of suppliers they can contact when immediate supplies are required. Staff are also able to make requests for specific items to be purchased to aid them in delivering care to residents. These are added to the annual budget. Examples

of recent purchases include ultra low beds, air flow mattresses and limb protectors. Residents and staff are satisfied they have an adequate supply of equipment and goods to meet their needs.

1.8 Information systems

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

Team's recommendation

Does comply

The home has undergone extensive information system changes in the last 18 months. This includes care and lifestyle documentation processes to improve the level of information about residents' needs, preferences and strategies. Communication mechanisms have been revised, such as handover sheets, care plan change and alert forms, diaries and memoranda to provide accurate and current information to all staff. Surveys, focus groups, meetings and clinical indicators, provide feedback mechanisms and are used to evaluate the effectiveness of actions. Resident information is securely stored in locked nurses' stations and carry boxes that are maintained by staff while conducting their duties. Handovers are conducted in private. Archiving processes have been revised and follow organisational directives for destruction. Computer access and backup procedures are provided through organisational processes, which include authorised access and passwords.

1.9 External services

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

Team's recommendation

Does comply

The home uses its organisation's system to maintain the standard of service provided by external contractors. Contracts between the home, corporate body and external providers detail the type and quality of service to be delivered. The home inspects the work for quality and efficiency and require immediate rectification if work does not meet a required standard. Changes have been made to the list of external suppliers in line with corporate requirements. Residents and staff are satisfied with the quality and delivery of contracted services provided.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's recommendation

Does comply

Audits, surveys, comment and complaint mechanisms, clinical indicators and communication processes are used to monitor compliance with the Accreditation Standards and identify opportunities for improvement. Action plans are used to record and monitor a variety of continuous improvement activities through different meeting groups. While informal education processes are provided about continuous improvement during induction and on a day-to-day basis, formal education is being implemented for 2008. Residents and representatives input into continuous improvement systems through case conferences, meetings, comment and complaint mechanisms and general discussions. Surveys, focus groups and feedback mechanisms are used to evaluate resident outcomes.

Examples of continuous improvement activities and achievements in health and personal care in the last 12 months include:

- implementing the Medical Advisory Committee to improve clinical systems and processes, advise about better practice and provide direction in medication management
- improving palliative care processes through staff training, the development of a palliative care kit and care plans
- improving wound care outcomes by reviewing processes, sourcing expert advice and services, developing a skin care matrix and wound flow chart, repositioning chart, assessments and treatment forms
- implementing medication management initiatives to improve resident outcomes, such as initiating 'as required' stickers to record medication administration and effectiveness, developing diabetic insulin site rotation forms and guides, implementing 'patch' rotation processes, introducing the 'Nursing times' (staff newsletter) to provide information about better practice initiatives and information sourced from the Medical Advisory Committee.

2.2 Regulatory compliance

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

Team's recommendation

Does comply

Site specific and organisational processes are used to identify, action, monitor and disseminate information about legislation, regulations and guideline changes. Professional associations and business groups provide additional information where appropriate and legislation access is provided through the Intranet and hard copies kept at the home. Management monitor changes and review the home's information, policy and procedure documents where appropriate. State and Commonwealth legislation lists are used as guides to indicate where reviews may be necessary. Staff are informed about changes to legislation through memoranda, notices and feedback mechanisms.

2.3 Education and staff development

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

Team's recommendation

Does comply

Organisational and site specific processes provide staff with information about their roles and responsibilities when they commence at the home. Competency and performance management processes, scheduled training sessions, observation, resident feedback and requests from staff are used to identify training needs of staff. An education planner is developed and added to where necessary to maintain staff and management skills and knowledge. The home and organisation encourage and support staff to pursue development education. Internal and external trainers, with appropriate skills and experience facilitate training sessions. Staff are satisfied they are provided the opportunity to participate in training sessions to perform their roles effectively.

2.4 Clinical care

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

Team's recommendation

Does comply

The home has effective systems to assess, identify, plan, action, evaluate and monitor appropriate clinical care for residents. The clinical nurse manager and clinical case coordinator work alongside each other to provide support to staff in all clinical matters. The clinical care coordinator has the primary task of reviewing care documentation, which includes completing assessments, developing care plans and evaluating care interventions. The clinical case coordinator reviews care practice and supports the direct care of residents. A primary care model has been introduced to direct care staff to a specific group of residents. The 'resident admission checklist' guides staff by identifying the various processes that are required to be completed on resident entry. A data base is being developed containing the relevant forms to complete this process. An initial assessment is completed on entry to the home and an interim care plan developed. A further assessment period is completed, with an in-depth care plan being generated from these assessments. Care plan change forms are used to communicate suggested changes to care plans by all care staff. These are endorsed by the registered nurse who makes the changes to care plans if appropriate. Adverse events are recorded and summarised each month. These are then reviewed to consider any required changes in care practice for residents. Case conferences are instigated on a regular basis for all care staff to review the currency and effectiveness of care plans. Staff competency checks are used to monitor staff practices. Handover and exceptional reporting notes are used to monitor and communicate information about residents'

changing needs and preferences. Residents and representatives are satisfied with the clinical 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 recommendation

Does comply

The home has effective systems to provide appropriately qualified nursing staff to meet residents’ specialised nursing care needs, which includes documented policies and procedures to guide and direct staff. Registered nurses complete assessments, develop care plans and evaluate the effectiveness of care interventions. Shift patterns indicate that nursing staff are available to respond to residents’ needs throughout all shifts. A nursing care plan, medication charts, observation charts and treatment plans record residents’ specialised nursing needs and suitable management strategies where appropriate. Staff practices are monitored through regular audits of specialised nursing needs, staff qualifications, competency checks and supervision, informal meetings and observation. Additional training has been provided for nursing staff to extend their skills in delivering nursing care to residents. Handover and exceptional reporting notes are used to monitor and communicate information about residents’ changing needs and preferences. Staff confirm they have appropriate and adequate equipment and supplies to provide specialised nursing. Residents and representatives are satisfied with the specialised nursing care provided.

2.6 Other health and related services

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

Team’s recommendation

Does comply

The home has systems to identify residents’ needs and preferences for specific allied health and medical specialists. A schedule of allied health services has been established to manage the ongoing health care needs of residents. The clinical case coordinator completes assessments and generates referrals to general practitioners and allied health professionals, including dietitian, speech pathologist, physiotherapist, massage therapist, psycho-geriatrician, podiatrist, hearing services, dental and optometry services. The physiotherapist, podiatrist and speech pathologist complete assessments, develop care and treatment strategies and evaluate interventions. Processes enable residents to continue using their chosen health providers in the community if they prefer. Handover and exceptional reporting are used to monitor and communicate information about residents’ changing needs and preferences. Residents and representatives are satisfied with the home’s referral processes to internal and external allied health professionals.

2.7 Medication management

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

Team’s recommendation

Does comply

The home has effective medication management systems, which includes documented policies and procedures to guide and direct staff. The pharmacist’s medication review report is provided to the home and reviewed by residents’ general practitioners for recommended changes. Medication practices are monitored through observation and supervision of staff, regular audits, incident analysis and trending, and implementation of the medication action plan. A ‘Medication Advisory Committee’ has been established and is attended by pharmacy and medical staff to advise the home about ongoing medication practices and review the medication action plan. ‘As required’ medications are highlighted in progress notes by recently implemented coloured stickers and monitored by nursing staff. A small imprest stock of nurse-administered medication is maintained to facilitate emergency and after-hours supply if required. Nursing staff who administer medications complete an annual credentialling program. Nursing and medical staff review resident capacity to self-administer medications safely. Residents are provided lockable drawers in their rooms to store their medications. Scheduled drugs are administered and checked as required and a current licence for the management of scheduled medication is in place and up-to-date. Residents are satisfied with the home’s medication management.

2.8 Pain management

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

Team’s recommendation

Does comply

A pain protocol ‘flow chart’ has been established to guide staff in the management of residents in pain. This encourages a consultative approach between staff, residents and their representatives to assess and establish how residents manage their pain and comfort. Care plans reflect residents’ individualised assessed needs, regular case conferences reviews and evaluations of the overall effectiveness of the pain management provided. Individualised strategies used across the home include pain-relieving medications, suitable positioning, remedial massage and local application of heat. Care staff are knowledgeable about how to manage residents’ comfort and advise the registered or enrolled nurse if pain relieving interventions have not been effective. The registered nurse assesses the resident and records their assessment and the effect of the pain relief medication using coloured stickers in the exceptional reporting notes. All ‘as required’ pain-relieving medications are administered following consultation between the registered nurse and care staff. Where residents have required complex pain relief measures they have been monitored by medical practitioners; this has included the use of ‘Schedule 8’ pain relief. Scheduled pain management audits are completed by the clinical nurse manager. Nursing staff have attended training sessions on chronic pain management delivered at a local university and by pharmacy staff. Residents and representatives are satisfied with how staff assist them to manage their pain.

2.9 Palliative care

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

Team’s recommendation

Does comply

The home has processes for discussing and recording individual end-of-life care wishes with residents and representatives when they enter the home. Residents’ end-of-life wishes or advance directives identify their choices and preferences. Accommodation of residents in single rooms facilitates privacy and comfort. Residents’ cultural, spiritual, physical and emotional comfort needs are assessed and a newly established palliative care plan guide staff practice. A symptom management checklist guides staff regarding specific interventions which may support residents. External health service professionals are consulted regarding complex health and ongoing pain relief needs. The home has clinical procedures established and specialised equipment to meet residents’ needs during palliation. The home has developed and implemented a palliative care kit with various resources and equipment, which is readily available for use. Staff are satisfied they have access to appropriate equipment necessary to provide palliative care.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Assessment processes identify each resident’s known dietary requirements, likes and dislikes and any supervision or support the resident may require to maintain an adequate intake of food and fluids. Residents’ individual needs and preferences are documented and provided to the kitchen, which is located off site. Dietary plans available for catering staff who prepare food and assist residents with their meals, reflect residents’ assessed preferences and support needs. A three stage management guide for residents nutritionally ‘at risk’ is provided to staff for nutritional interventions to support residents. Referrals for speech pathology and dietitian assessments are evident in resident files. Nutrition and hydration audit results prompted an action plan, which is currently guiding the development of improved nutritional and hydration services for the residents. Copies of the treatment plans recommended to assist and maintain safe dietary intake are included in resident care plans. Staff are familiar with residents’ dietary requirements and any additional support or supervision required too encourage individual residents to eat or drink. Staff are supported to attend training sessions, such as dysphasia to support residents’ nutritional needs. Dietary supplements are available and are used when residents’ dietary intake is inadequate. Residents’ hydration needs are met with the provision of jugs of fluid in their rooms, as well as morning and afternoon tea and drinks with each meal. Surveys have indicated a high level of satisfaction amongst residents regarding the home’s menu and its nutritional benefits to residents. The home regularly monitors residents’ weight. Residents and representatives are satisfied with the quality and quantity of the food and fluids provided.

2.11 Skin care

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

Team’s recommendation

Does comply

The home has systems to maintain residents’ skin integrity consistent with their general wellbeing. The home has implemented a project, ‘preserving the skin you’re in’ considering all aspects of skin care. Skin risk assessments are completed for all residents on entry. Care plans are developed and care interventions evaluated for all skin tears and complex wounds. Individual skin care protocols are placed in each residents’ wardrobe to guide staff practice. Wound specialists are consulted to consider specific interventions for residents and to support staff with ongoing training. This has included an extensive training program for care staff on wound management. Photography is regularly taken of wounds to facilitate accurate measurement, assessments and monitoring of healing progress. Pressure relieving devices are used to support residents, including the recent purchase of air mattresses. Staff practices are monitored by the competency development system and ongoing observation and supervision of staff. Handover, exceptional reporting notes wound assessment charts and management plans are used to monitor and communicate information about residents’ changing needs and preferences. Residents and representatives are satisfied with the skin care provided.

2.12 Continence management

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

Team’s recommendation

Does comply

The home has an effective continence management system that identifies individual resident needs, plans appropriate care and evaluates the effectiveness of care interventions. Information about each resident’s bladder and bowel habits, continence history and current support needs is gathered when they first enter the home. A two stage approach to assessing residents’ continence is adopted. This system allows nursing staff to identify voiding patterns and establish timely toileting programs for individual residents. Additional assessments are completed when specific continence issues are identified during an initial observation period. Care plans include strategies to promote or regain social and functional continence. Dietary strategies and medications are used to promote regular bowel habits. Regular case conferences and documentation processes allow the monitoring of changes in the use of continence products and evaluates the effectiveness of planned continence strategies. Care staff are familiar with strategies to reduce the incidence of urinary tract infections and to promote continence and regular bowel habits. The home regularly monitors infection performance indicators to monitor staff practice and reduce the incidence of urinary tract infections. Residents and representatives are satisfied with the continence management strategies implemented by the home.

2.13 Behavioural management

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

Team’s recommendation

Does comply

The home has developed systems and processes to respond to residents’ individual behaviours. This includes a behaviour assessment when they enter the home and ongoing review and consultation processes that include residents, representatives and other health professionals as required. ‘Behavioural flow charts’ guide care staff in the interventions they can adopt to support residents’ behaviours. The home monitors residents’ behaviours identifying triggers and adopting intervention strategies appropriate to resident and representative needs and preferences. Processes are in place to review behavioural management strategies. The clinical case coordinator reviews exceptional reporting notes and incident data to monitor the effectiveness of individual interventions. The home has developed policies for the management of residents’ behaviour. These include policies for restraint minimisation creating an environment with minimal restraint. Psycho-geriatricians and mental health services advice is used to support residents with behaviours of concern. Lifestyle staff provide activity programs, which address the behavioural needs of individuals who have specific communicative and dementia disorders. Residents and representatives indicate they feel safe in the home environment and are satisfied with the support offered to them by care staff.

2.14 Mobility, dexterity and rehabilitation

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

Team’s recommendation

Does comply

The home has effective systems to assess, identify, plan and evaluate residents’ mobility, dexterity and rehabilitation needs. The home has adopted a restorative philosophy to support residents to maintain and improve their mobility and dexterity. This philosophy is supported by a physiotherapist who visits the home two days each week. The physiotherapist completes in-depth assessments on all residents, develops mobility care plans and exercise and walking programs for residents as appropriate. Care plans provide information on each resident’s mobility support needs. Regular audits, competency development and supervision are used to monitor staff practice. Residents who are identified at increased risk of falling are encouraged to wear protective devices to reduce the potential for fractures. Strategies are in place to support residents who may be susceptible to increasing contractures. This includes using mechanical supportive aids to help the rehabilitation of residents with contractures. The home analyses and trends data on falls, and uses this data to review strategies supporting specific residents. Case conferences are used to monitor and communicate information about residents’ changing needs and preferences. Residents and representatives are satisfied with the home’s approach to optimising mobility, dexterity and rehabilitation.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

The home has systems to identify and monitor residents’ oral and dental health. The clinical case coordinator completes assessments, develops care plans and evaluates the effectiveness of care interventions. Care plans indicate individual interventions to support residents to maintain optimal oral hygiene. Dental services are scheduled and provided in the home. Alternatively, residents are supported to attend the local dental service of their choice. Denture cups are provided for residents when they come into the home, and tooth brushes are changed seasonally. Regular audits, observation and supervision of staff are used to monitor staff practices. Handover and exceptional reporting notes are used to monitor and communicate information about residents’ changing needs and preferences. Residents are satisfied with the oral and dental care provided for them by the home.

2.16 Sensory loss

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

Team’s recommendation

Does comply

The home assesses, identifies, plans and evaluates care for sensory loss including hearing, vision, taste, touch and smell. Information is incorporated into care plans to maintain residents’ ability to participate in daily activities and leisure interests, with strategies to compensate for identified losses. Aids are provided to help residents maintain their daily routines and continue their leisure interests in a safe environment. These include magnification aids, large print and audio books. Residents are supported to attend ophthalmologist and optician appointments. Hearing services are provided in the home if required, otherwise residents are supported to attend appointments at their preferred practitioner. Where residents choose to visit external care suppliers they are generally supported by their family or representatives. The home provides aromatherapy and the services of a masseuse who considers the needs of residents with respect to their sensory loss. Regular audits, observation and supervision of staff are used to monitor staff practices. Handover and exceptional reporting notes are used to monitor and communicate information about residents’ changing needs and preferences. Residents and representatives are satisfied with the home’s management of sensory loss.

2.17 Sleep

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

Team’s recommendation

Does comply

Initial consultation processes and formal sleep assessments are used to identify resident's usual sleep pattern and routines that promote restful sleep. Care plans describe emotional, environmental and physical support strategies that assist residents to sleep without the use of sedation. Non-pharmacological strategies are promoted, which include warm drinks, repositioning and individual support from care staff when a resident may be distressed or anxious. Residents are encouraged to reduce napping during the day to allow them to gain a full night's sleep. Where sedation is required regular case conferences monitor that this remains appropriate to the resident's needs. Accommodation of residents in single rooms minimises sleep disturbances. Residents and representatives are satisfied with the level of noise at night and the assistance provided to help them to sleep well.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

Surveys, focus groups, comment and complaint mechanisms, meetings and informal discussions are used to identify opportunities for improvement and to monitor compliance with the Accreditation Standards in resident lifestyle. Action plans are used to record and monitor progress of continuous improvement activities. Surveys, focus groups and other communication mechanisms provide feedback about the effectiveness of activities.

Examples of continuous improvement achievements in resident lifestyle in the last 12 months include:

- improving the range of information about residents’ needs and preferences by implementing new resident assessment forms to enable staff to support residents effectively
- improving the quality of lifestyle activities and identifying residents’ specific interests, such as the ‘dare to dream’ project and Luisa’s kitchen, through resident surveys and general discussion
- improving the range of information available in the resident newsletter in response to residents’ requests
- implementing specific activities designed for residents with dementia or related disorders to engage their attention and stimulate conversation or reaction.

3.2 Regulatory compliance

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

Team’s recommendation

Does comply

Site specific and organisational processes are used to identify, action, monitor and disseminate information about legislation, regulations and guideline changes. Professional associations, business groups and network meetings provide additional information where appropriate. Access to legislation is provided through the Intranet and hard copies maintained at the home. Management monitor changes and review the home’s information, policy and procedure documents where appropriate. State and Commonwealth legislation lists are used as guides to indicate where relevant reviews may be necessary. Staff are informed about changes to legislation through memoranda, notices and feedback mechanisms.

3.3 Education and staff development

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

Team's recommendation

Does comply

Organisation and site specific processes provide staff with information about their roles and responsibilities when they commence at the home. Performance management processes, scheduled training sessions, observation, resident feedback and requests from staff are used to identify training needs of staff. An education planner is developed and added to where necessary, to maintain staff skills and knowledge. The home and organisation encourage and support staff to pursue development education, including lifestyle certificates. Internal and external trainers, with appropriate skills and experience facilitate training sessions. Staff are satisfied they are provided the opportunity to participate in training sessions to perform their roles effectively.

3.4 Emotional support

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

Team's recommendation

Does comply

Residents and representatives are provided information about the home prior to entry. The home has reviewed their entry processes to improve resident outcomes, such as standard entry times, to ensure staff are available to assist them. Care and lifestyle assessments, reviews and feedback mechanisms identify residents' ongoing individual emotional needs. Strategies which are regularly reviewed, are developed by appropriate staff or external consultants. Staff support residents' needs through care plan directions and inform nursing staff when residents' needs change. Staff education is provided through specialised topics, such as dementia care and cultural awareness and practices are monitored by resident outcomes and observation. Residents and their representatives are satisfied their emotional needs and preferences are identified, supported and effective in meeting their individual needs.

3.5 Independence

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

Team's recommendation

Does comply

Residents are encouraged and supported to maintain their independence through specific strategies and activities for each resident, in consideration of the level of risk involved. This may include participation in exercise classes to maintain mobility, community visits to maintain previous friendships, voting in recent elections and choosing to go on holiday or visiting with family overnight. Staff follow care plans, which indicate the level of support required during activities of daily living and how they can encourage them where required. Internet and phone connections provide access to family, friends and outside information. Aids and strategies, such as plate guards, positioning of food and beverages, hip protectors and large-print books are used to

enable independence in their daily life. Residents and representatives are satisfied their independence needs are identified and supported.

3.6 Privacy and dignity

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

Team's recommendation

Does comply

Corporate and site specific processes are used to maintain staff and volunteer awareness about privacy, dignity and confidentiality needs of residents and the home. This includes education sessions and competency assessments. Residents and representatives are provided information about the home's privacy responsibilities. Single room accommodation facilitates private areas for residents and visitors. Specific strategies are designed around residents' privacy and dignity needs. Surveys, care reviews and general discussions identify changes to these needs or inappropriate staff practices. Handover and informal meetings provide information about changes to residents' needs and how staff can support residents. Resident information is maintained in locked nurses' stations and care plans are contained in closed containers when being used by care staff.

3.7 Leisure interests and activities

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

Team's recommendation

Does comply

The activity planner is developed through review of residents' choices and preferences, links to social and personal histories, requests from residents and representatives and activity surveys. Volunteers, who assist in the facilitation of activities, undergo a formal induction program, which is used to identify links to specific residents and their preferences and provide information about the home and their responsibilities. Specific needs of residents are reviewed and activity programs developed for these needs, such as dementia, maintenance of mobility and cultural preferences. Participation in community events and areas of interest are regularly scheduled. Resident activity suggestions are initiated and trialled, such as the 'dare to dream' project and formal afternoon teas with piano recital. Surveys and discussions are used to evaluate the value of activities for residents. Residents and representatives are generally satisfied with the current activity program and the support they receive from staff.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

Care and lifestyle assessments identify residents' cultural and religious preferences and choices. The home supports religious services each week and individual visits by religious ministers. The home has introduced special 'cultural' days that focus on specific cultures' food, music, and clothes to entertain and inform residents, representatives and staff. A staff language register identifies staff with language skills to assist residents and staff to understand each other. Staff have undertaken cultural awareness training to understand residents' needs and cultural diversity. Nutrition sheets provide cultural or religious food and beverage information relevant to individual needs. Cultural activities are regularly provided to enhance residents' lives, such as cooking and dining experiences and community interaction. Residents and representatives are satisfied their cultural, spiritual and religious preferences are identified, respected and supported.

3.9 Choice and decision-making

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

Team's recommendation

Does comply

Care and lifestyle assessments identify specific choices, preferences, likes and dislikes of all residents. Regular care reviews, care plan change sheets and informal discussions alert staff to the changing needs and preferences of residents. The resident meeting, comment and complaint mechanisms, focus groups and surveys provide avenues for residents and their representatives to voice their opinions and choices. Staff are guided how to promote choice and decision-making for residents through care plan strategies and non-verbal triggers. Authorised representatives are identified where residents are not able to make their own decisions. Staff use key language word lists and other staff with language skills to promote effective communication and delivery of choices between residents with culturally and linguistically diverse backgrounds and staff. Residents and representatives are satisfied their choices and preferences are respected and supported.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

Information is provided to residents and representatives about security of tenure, their rights and responsibilities, comment and complaint mechanisms and levels of fees and services. This is provided at corporate and site levels. The home encourages and supports social leave and advises residents about hospital leave. Residents and representatives are advised and consulted about room moves. Resident meetings and informal conversations provide forums to discuss concerns and issues. Authorised representatives are identified and appropriate forms located in resident notes. Corporate processes review agreement information and format as needs arise. Residents and representatives are satisfied their tenure is secure and generally understand their 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 recommendation

Does comply

Internal and external audits, internal and corporate surveys, questionnaires, formal and informal meetings are used to identify opportunities to improve and monitor compliance with the Accreditation Standards. Information collected from these sources is actioned through formal committees such as occupational health and safety and quality focus group. Action plans are developed and progress followed until resolved. Surveys, audits and focus groups are used to evaluate the effectiveness of the actions.

Examples of continuous improvement activities and achievements in physical environment and safe systems in last 12 months include:

- reducing restraint use and improving staff awareness of restraint in the home through education sessions and providing equipment to support residents’ safety and independence
- improving catering services by implementing a menu database to collect information and provide accurate numbers of meals to reduce wastage and incorrect menu provision
- providing additional resident communal space in one area by removing a wall between two rooms, to form one large lounge
- commencing a building project to enlarge and enhance resident accommodation, communal and management areas.

4.2 Regulatory compliance

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

Team’s recommendation

Does comply

Corporate and site specific processes, such as Intranet, State and Commonwealth legislation lists, information from industry bodies and professional associations provide management and staff with avenues to identify legislation relevant to the home. The residential services project officer identifies and interprets changes to provide up to date information. The site manager and corporate officers review policy and procedure documents to identify the impact on the home’s services. Staff are informed about any changes through formal and informal meeting processes, memoranda and information sheets, attached to their payslips. Staff practices are monitored through audits, surveys, competency sessions and observation. Performance management processes are used to manage staff practice non-compliance.

4.3 Education and staff development

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

Team's recommendation

Does comply

The education planner is developed through information from training needs analysis, staff requests, results from surveys, audits, questionnaires and observation, changes in staff practice and interest topics. Mandatory sessions, such as manual handling and fire and safety are offered throughout the year to facilitate attendance compliance. Questionnaires completed by staff following a session, indicates their level of understanding and where programs could be improved. Staff undertake competency sessions to maintain their required skills and knowledge, such as food safety and chemical handling. Corporate training and development sessions are also provided throughout the year. Staff are satisfied they are provided and have the opportunity to participate in training sessions relevant to their 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 residents' care needs".

Team's recommendation

Does comply

The home has processes in place for regularly assessing the individual and communal living environment and planning improvements to provide a safe and comfortable resident environment. Internal processes for maintaining a safe living environment include visual inspections, hazard reporting mechanisms, and systematic cleaning and maintenance programs. All resident rooms are single with en-suites and air conditioning. They are generally furnished with residents' own belongings and other appropriate equipment suited to their individual needs. Residents can secure their room during their absence from the home. While the home has a philosophy of restraint minimisation, bed rails are used with residents' and representatives' agreement for safety reasons. The home maintains a routine and preventative maintenance schedule, as well as a corrective maintenance request book. Environmental audits, incidents and hazard forms are used to monitor the home's environment and maintain the safety of residents and staff. The home is currently under going a major rebuilding project, which is having a minimal effect on the residents' living environment. A security focus group has been established to maintain resident and staff security during the building project. Residents and representatives are satisfied the home provides an environment suitable for their needs.

4.5 Occupational health and safety

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

Team's recommendation

Does comply

Occupational health and safety processes are in place to monitor and maintain a safe living and working environment. There are designated occupational health and safety representatives across the home who attend the home's Occupational Health and Safety Committee to action and evaluate occupational health and safety concerns. Safety issues are standard agenda item at resident meetings. Staff attend mandatory occupational health and safety training, including manual handling and fire and emergency each year. Information regarding occupational health and safety issues are communicated to staff by memoranda and at various meetings. Policies are available to guide staff practice across all areas of the home. Hazard reporting, a hazard log, incidents and audits are used to identify areas for improvement. Hazardous supplies, chemicals and equipment are stored in secure areas. Staff are aware of reporting and monitoring procedures to maintain 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 recommendation

Does comply

The home has established systems, processes and procedures to detect and take action to minimise the risks of fire, security and other emergencies. The home provides regular training to staff and has appropriate equipment for use in the event of fire, a security issue or other emergency. Fire drills are conducted regularly and are scheduled throughout the coming year. Audits completed on staff emergency practice during fire drills indicate appropriate responses. The registered nurse on duty is the designated fire marshall if the need arises. Evacuation maps and emergency procedures are found throughout the home. External contractors maintain fire suppression equipment and systems to allocated schedules, which are monitored by the maintenance officer. The home meets the safety requirements of the 1999 Certification instrument.

4.7 Infection control

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

Team's recommendation

Does comply

The home has a system and processes for identifying, containing and preventing infections. There is an effective monitoring system, including identifying, recording, collating and trending resident infections. Infection statistics are gathered and collated every month. Statistical summaries are provided to relevant meetings and committees for further discussions. These statistics provide opportunities to carry out trend analysis to identify any emerging infection control concerns. Staff receive training on infection control at induction and through regular updates. Hand-washing audits and environmental swabbing is undertaken regularly to monitor hygiene practices. A member of the nursing staff is currently taking the lead on infection control issues. Nursing staff follow infection control procedures in providing personal and clinical care, including managing residents' skin integrity, wound care and dressings, continence management, and providing personal care. Guidelines for pandemic influenza and gastroenteritis are available. An influenza vaccination program for staff and residents has been instigated. There are regular assessments of residents' clinical needs,

including responses to infections, and the prevention of infections. Staff have access to personal protective equipment, including gowns, gloves, and masks. The home recently completed a 'hand-washing' project for staff. There are hand-washing facilities for staff throughout the home. Temperature monitoring of fridges, cold storage areas, prepared and delivered food is implemented. Residents and representatives are satisfied with the cleanliness of the home and the hygiene practices of the staff.

4.8 Catering, cleaning and laundry services

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

Team's recommendation

Does comply

The systems coordinator monitors and maintains the ordering and supply processes necessary to provide catering, cleaning and laundry services for residents. Catering, cleaning and laundry services have procedures and schedules to guide staff practice in these areas. A four week rotating menu provides residents with variety and choice consistent with their assessed needs and individual preferences. Reviews of menus have been conducted which have taken into account resident feedback. Meal preferences and individual requirements, including allergies are reported to the kitchen and are updated as required. Communal dining areas provide a social atmosphere for residents' meals. Residents have individualised dietary plans and are complimentary about the quality and quantity of the food provided. Residents' personal clothing is laundered on site during the week. Residents and staff are satisfied with the quality and timeliness of the laundry service. Cleaning schedules provide regular cleaning of residents' rooms, soft furnishings and communal areas. Residents and representatives are satisfied with the domestic services provided and the general standards of cleanliness maintained in the home. Staff are satisfied with their work environment and have sufficient equipment available to safely and effectively complete their tasks.