Bankstown (Multicultural) Aged Care Facility
Approved provider: Kenna Investments Pty Ltd

This home was assessed as meeting 44 of the 44 expected outcomes of the Accreditation Standards and accredited for three years until 30 October 2014. We made the decision on 15 September 2011.

The audit was conducted on 16 August 2011 to 18 August 2011. The assessment team’s report is attached.

We will continue to monitor the performance of the home including through unannounced visits.
## Home and approved provider details

### Details of the home

<table>
<thead>
<tr>
<th>Home’s name:</th>
<th>Bankstown (Multicultural) Aged Care Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>RACS ID:</td>
<td>0538</td>
</tr>
<tr>
<td>Number of beds:</td>
<td>150</td>
</tr>
<tr>
<td>Number of high care residents:</td>
<td>104</td>
</tr>
<tr>
<td>Special needs group catered for:</td>
<td>Arabic and Polish clusters 22 bed dementia special care area</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Street/PO Box:</th>
<th>74 Chiswick Road</th>
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<td>Facsimile:</td>
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</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:bankstown@kennedyhealthcare.com.au">bankstown@kennedyhealthcare.com.au</a></td>
</tr>
</tbody>
</table>

### Approved provider

| Approved provider: | Kenna Investments Pty Ltd |

### Assessment team

<table>
<thead>
<tr>
<th>Team leader:</th>
<th>Richard Hanssens</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team member/s:</td>
<td>Jose Rigor</td>
</tr>
<tr>
<td>Date/s of audit:</td>
<td>16 August 2011 to 18 August 2011</td>
</tr>
</tbody>
</table>
**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.

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Accreditation Agency decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Continuous improvement</td>
<td>Met</td>
</tr>
<tr>
<td>1.2 Regulatory compliance</td>
<td>Met</td>
</tr>
<tr>
<td>1.3 Education and staff development</td>
<td>Met</td>
</tr>
<tr>
<td>1.4 Comments and complaints</td>
<td>Met</td>
</tr>
<tr>
<td>1.5 Planning and leadership</td>
<td>Met</td>
</tr>
<tr>
<td>1.6 Human resource management</td>
<td>Met</td>
</tr>
<tr>
<td>1.7 Inventory and equipment</td>
<td>Met</td>
</tr>
<tr>
<td>1.8 Information systems</td>
<td>Met</td>
</tr>
<tr>
<td>1.9 External services</td>
<td>Met</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Expected outcome</th>
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<tbody>
<tr>
<td>2.1 Continuous improvement</td>
<td>Met</td>
</tr>
<tr>
<td>2.2 Regulatory compliance</td>
<td>Met</td>
</tr>
<tr>
<td>2.3 Education and staff development</td>
<td>Met</td>
</tr>
<tr>
<td>2.4 Clinical care</td>
<td>Met</td>
</tr>
<tr>
<td>2.5 Specialised nursing care needs</td>
<td>Met</td>
</tr>
<tr>
<td>2.6 Other health and related services</td>
<td>Met</td>
</tr>
<tr>
<td>2.7 Medication management</td>
<td>Met</td>
</tr>
<tr>
<td>2.8 Pain management</td>
<td>Met</td>
</tr>
<tr>
<td>2.9 Palliative care</td>
<td>Met</td>
</tr>
<tr>
<td>2.10 Nutrition and hydration</td>
<td>Met</td>
</tr>
<tr>
<td>2.11 Skin care</td>
<td>Met</td>
</tr>
<tr>
<td>2.12 Continence management</td>
<td>Met</td>
</tr>
<tr>
<td>2.13 Behavioural management</td>
<td>Met</td>
</tr>
<tr>
<td>2.14 Mobility, dexterity and rehabilitation</td>
<td>Met</td>
</tr>
<tr>
<td>2.15 Oral and dental care</td>
<td>Met</td>
</tr>
<tr>
<td>2.16 Sensory loss</td>
<td>Met</td>
</tr>
<tr>
<td>2.17 Sleep</td>
<td>Met</td>
</tr>
</tbody>
</table>
Principle:
Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.

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

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

<table>
<thead>
<tr>
<th>Expected outcome</th>
<th>Accreditation Agency decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Continuous improvement</td>
<td>Met</td>
</tr>
<tr>
<td>4.2 Regulatory compliance</td>
<td>Met</td>
</tr>
<tr>
<td>4.3 Education and staff development</td>
<td>Met</td>
</tr>
<tr>
<td>4.4 Living environment</td>
<td>Met</td>
</tr>
<tr>
<td>4.5 Occupational health and safety</td>
<td>Met</td>
</tr>
<tr>
<td>4.6 Fire, security and other emergencies</td>
<td>Met</td>
</tr>
<tr>
<td>4.7 Infection control</td>
<td>Met</td>
</tr>
<tr>
<td>4.8 Catering, cleaning and laundry services</td>
<td>Met</td>
</tr>
</tbody>
</table>
Executive summary
This is the report of a site audit of Bankstown (Multicultural) Aged Care Facility 0538 from 16 August 2011 to 18 August 2011 submitted to the Accreditation Agency.

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

The Australian Government provides subsidies to accredited residential aged care homes. To maintain a home’s accreditation and remain eligible for these government subsidies an approved provider must be able to demonstrate that it meets the Accreditation Standards. There are four standards – each with a defining principle – comprising 44 expected outcomes.

When a home applies for re-accreditation, an assessment team from the Accreditation Agency visits the home to conduct a site 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 each of the 44 expected outcomes. The Accreditation Agency then makes a decision to re-accredit or not to re-accredit the home.

Each of the Accreditation Standards, their principles and expected outcomes are set out in full in the following pages, along with the assessment team’s reasons for its findings.
Site audit report

Scope of audit
An assessment team appointed by the Accreditation Agency conducted the site audit from 16 August 2011 to 18 August 2011.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

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

Assessment team

<table>
<thead>
<tr>
<th>Team leader:</th>
<th>Richard Hanssens</th>
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Approved provider details

<table>
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<tr>
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<th>Kenna Investments Pty Ltd</th>
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Details of home

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<tbody>
<tr>
<td>RACS ID:</td>
<td>0538</td>
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</tbody>
</table>

| Total number of allocated places: | 150 |
| Number of residents during site audit: | 145 |
| Number of high care residents during site audit: | 104 |
| Special needs catered for: | Arabic and Polish clusters  22 bed dementia special care area |

<table>
<thead>
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</table>
Audit trail
The assessment team spent 3 days on-site and gathered information from the following:

**Interviews**

<table>
<thead>
<tr>
<th>Interview Type</th>
<th>Number</th>
<th>Interview Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care manager</td>
<td>1</td>
<td>Residents</td>
<td>27</td>
</tr>
<tr>
<td>Executive care manager</td>
<td>1</td>
<td>Representatives</td>
<td>8</td>
</tr>
<tr>
<td>Manager of group operations</td>
<td>1</td>
<td>Activity officers</td>
<td>2</td>
</tr>
<tr>
<td>Support care managers</td>
<td>2</td>
<td>Physiotherapists</td>
<td>2</td>
</tr>
<tr>
<td>Assistant care managers</td>
<td>2</td>
<td>Physiotherapy aide</td>
<td>1</td>
</tr>
<tr>
<td>Clinical pharmacist</td>
<td>1</td>
<td>Catering staff</td>
<td>1</td>
</tr>
<tr>
<td>Medical officer</td>
<td>1</td>
<td>Laundry staff</td>
<td>2</td>
</tr>
<tr>
<td>Registered nurses</td>
<td>5</td>
<td>Cleaning staff</td>
<td>1</td>
</tr>
<tr>
<td>Care staff</td>
<td>10</td>
<td>Maintenance staff</td>
<td>1</td>
</tr>
<tr>
<td>Diversional therapist</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sampled documents**

<table>
<thead>
<tr>
<th>Sampled Documents</th>
<th>Number</th>
<th>Sampled Documents</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents’ files including care plans, summary care plans, assessments, progress and medical officer notes and charts</td>
<td>19</td>
<td>Medication charts</td>
<td>15</td>
</tr>
<tr>
<td>Accidents and incidents reports (including medication, acts of aggression, falls and skin tears)</td>
<td>15</td>
<td>Resident self medication assessments</td>
<td>2</td>
</tr>
<tr>
<td>Resident agreements</td>
<td>3</td>
<td>Personnel files</td>
<td>4</td>
</tr>
<tr>
<td>Comments and complaints</td>
<td>14</td>
<td>Rosters (fortnightly)</td>
<td>9</td>
</tr>
<tr>
<td>Staff appraisals</td>
<td>5</td>
<td>Maintenance request entries and logs</td>
<td>11</td>
</tr>
</tbody>
</table>

**Other documents reviewed**
The team also reviewed:
- Activities folders and information
- Audits (internal and external)
- Behavioural monitoring charts
- Building and equipment maintenance schedules, service records
- Care plan schedules (registered nurses)
- Communication books
- Continuous improvement documentation
- Contractual information with external suppliers
- Doctors communication books
- Education calendar, needs analysis, records of attendance and evaluations
- Emergency procedures manual
- Employment package handout, staff orientation checklist
- Falls prevention action plan
- Fluid restrictions flow chart
- Letters from volunteer and visitor organisations
- Memoranda
- Microbiology reports for warm water systems
- Minutes of meetings (continuous improvement committee, management, registered nurses, staff and resident and relatives, OH & S and medication advisory)
- Neurological charts
- Organisation process flowcharts (e.g. complaints management)
- Outings signing out book
- Physiotherapy assessments and physiotherapy folders
- Registers - police checks, nursing registration (including follow up letters), compulsory reporting, immigration and work status, agency nurses
- Report to public health unit of a suspected gastroenteritis outbreak
- Resident care folders
- Residents’ information package and handbook
- Residents’ surveys
- Restraint authorisation forms and restraint flow chart
- S8 registers
- Signatures register (medications)
- Weights book
- Wound charts folders and flow chart for recording information

**Observations**

The team observed the following:

- Accreditation visit notices in variety of languages including Arabic, Polish, Chinese, Greek and Vietnamese
- Activities programs, notices and activities in progress
- Central kitchen and laundry areas
- Charter of Residents’ Rights and Responsibilities and organisation’s vision and mission statements on display
- Church services lists and chapel
- Clinical resources folders
- Computer network and intranet
- DBMAS poster and contact details
- Equipment and supply storage areas including medications, medical supplies, dental equipment, mobility aids and lifters, continence pads and linen supplies
- Resident and personnel file storage and archiving systems
- Fire and emergency systems
- Grab bag (emergency evacuation kit) and laminated resident ID cards
- Handover process between morning and afternoon shift
- Infection control equipment, practices, signage, references and literature
- Interactions between staff and residents
- Languages resources folders
- Living environment internal and external
- Living with dementia flip-chart
- Meal service for residents
- Medication fridges and temperature records
- Medication round and medications rooms including storage
- Noticeboards
- Outbreak management kit
- Posters for men’s and women’s groups
- Resident advocates contact details
- Size of meal portions photographs
- Speech pathologist tray set up guide poster
- Storage of medications, medical equipment and continence aids
- Waste receptacles and waste disposal system
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

The home’s quality management system involves systematic input from all staff, residents and representatives relating to all the Accreditation Standards. Regular monthly continuous improvement meetings drive identified improvement activities which are actioned according to an established Action Plan and evaluated. Activities which feed into the continuous improvement system include: data collection through audits and surveys; various meetings; improvement logs; hazard reports as well as related information from the complaints, compliments and suggestions system. Resident and representative input feeding into the home’s continuous improvement system is evident in the recorded minutes of the resident and representative meetings. The home’s continuous improvement policies and procedures guide overall staff practices. Examples of improvements related to this standard include:

- Reduction of the overall agency nursing hours through specific recruitment strategies as well as reinforcing the need for registered nurses to prioritise the use of existing casual and part-time staff as replacement staff for short term absenteeism instead of relying on agency staff.
- New forms to manage the immigration work status of staff have been updated in addition to accessing on-line government databases to streamline new employee checks.

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

The home has systems for identifying relevant legislation, regulations and guidelines as well as for monitoring compliance with these in relation to the Accreditation Standards. The team reviewed current documents and electronic media which indicate that management receives current legislative and regulatory information affecting the industry. In addition, the home regularly references resources from the Aged Care Accreditation Agency, NSW Health and the Department of Health through receipt of various periodic publications, policy directives, guidelines, information bulletins, facsimiles and email. Examples of compliance with other regulatory requirements specific to Standard One: Management systems, staffing and organisational development include:

- There is a process in place to ensure all new staff and volunteers and relevant contractors undergo criminal history record checks as per the Commonwealth government legislation introduced in March 2007.
- The home meets their obligations in relation to the compulsory reporting legislation introduced by the Commonwealth government in July 2007.
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
The home has a range of mechanisms to ensure that management and staff have appropriate knowledge and skills. These mechanisms include a performance appraisal process, annual training needs analysis and results of ongoing surveys. Staff are required to complete applicable competency assessments that involve assisting residents with their activities of daily living. Mandatory education is provided annually for fire safety, occupational health and safety and infection control. Staff have access to education through a number of media sources as well as undertaking completion of self-directed learning packages. Staff interviewed had participated in the orientation program, annual compulsory training as well as other education and expressed satisfaction with it. Review of attendance lists confirmed their attendance. Education undertaken by management and staff relative to this Accreditation Standard includes:

- ACFI funding.
- Audits managed by an external audit organisation.
- Various staff attained qualifications in aged care, workplace training and assessment, laundry maintenance as well as front line management.

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

Team’s recommendation
Does comply
The home demonstrates that information about internal and external complaints mechanisms are accessible to each resident/representative. Information about complaints mechanisms is included in the resident agreement, resident handbook, during orientation to the home, residents’ meetings and minutes, newsletters and verbally and through daily communication with staff. Comments, complaints and compliments forms are available and accessible to residents/representatives. Issues arising from complaints are communicated to all stakeholders, documented in a register and actioned appropriately in a timely manner. Audits are conducted to ensure the home complies with the organisation’s comments, feedback and complaints management policy. Residents/representatives interviewed are familiar with the complaints mechanisms at the home and they are satisfied with the complaints mechanisms available to them.

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 home has documented the organisation’s mission, values and philosophy in various documents throughout the home. This involves a focus on objectives involving quality of care; effective management of the workforce; management of policies and procedures, and practices; management of finances as well as the appropriate management and
maintenance of the building. This is found in the staff handbook, residents’ handbook and other organisational literature available to stakeholders.

1.6 Human resource management

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

Team’s recommendation

Does comply

There are processes in place to ensure sufficient and suitably skilled and qualified staff are available to provide quality care and services to residents in accordance with the Accreditation Standards. Human resources policies and procedures are in place which cover staff recruitment, orientation and performance management. Position descriptions and duty lists document roles and work practices. These are generally reviewed in line with changes to care delivery. The home has performance reviews through regular staff appraisals and competency assessments. Staffing levels are flexible and are monitored in line with reviews of residents’ care, related dependencies, special care needs and challenging behaviours of residents. Staff who are unable to work their shift are consistently replaced with equivalently qualified casual, part time or agency staff. Staff report that they enjoy working at the home and consider teamwork to be an important element in the provision of care and services. Residents/representatives interviewed by the team speak highly of the skills and caring attitude of 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 recommendation

Does comply

Documentation, interviews and observations confirmed that the home has standardised stock ordering systems in place to ensure the consistent availability of required goods, equipment and services appropriate for continuous quality service delivery. This includes medical supplies and equipment, food, chemicals, furniture and linen. All storage areas demonstrated that there are adequate supplies on hand. There is a stock rotation policy for food and there are processes in place to maintain the freshness of food supplies and food in storage. Temperatures for freezers, refrigerators, cool rooms, food deliveries and washing machines are monitored to ensure they are within the required ranges. Chemicals used are safely stored and managed. The home maintains a preferred suppliers list and there are established systems for procurement, purchasing and performance monitoring of these processes. Maintenance programs combined with systems for repair and workplace inspections ensure equipment is monitored and well maintained.

1.8 Information systems

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

Team’s recommendation

Does comply

The team’s observations, document review and interviews show that effective information management systems are in place, and that these support the range of functional areas in the home. The resident information system includes, but is not limited to, administration forms; residents’ handbook; resident agreements; information brochures; residents; staff and management meetings; newsletters; clinical assessments; care plans and clinical records.
Staff communication systems are in place to ensure relevant and key information is disseminated and shared between the relevant staff and/or health specialist. These systems include handovers between shifts; meetings; access to computers; distribution of materials in soft and/or hard copy (e.g. policies and procedures, memos, staff newsletters, minutes of meetings); staff noticeboard; communication books; induction and training. Systems are in place for the archiving of redundant files and for file destruction. The team observed that resident and staff records are kept in secure areas to help ensure appropriate security and confidentiality of information. The computer network is regularly backed-up and secured by a tiered-access password system.

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 has systems and processes in place to ensure external services are provided to meet the care service needs of residents. Documentation and staff interviews confirmed that the external providers used are managed at the home and service agreements or contracts are in place to ensure agreed standards for delivery and specifications of service are adhered to. Ordering policies and procedures are in place and major suppliers’ performances are monitored by the home’s head office. An external organisation is contracted by the home to independently monitor the costs and performance of major contracted services. Contracted services are monitored for quality and performance evaluations are considered prior to contract renewals. Changes are made when services received do not meet the needs of the home. Staff stated that they are satisfied with the quality of services provided by external suppliers in meeting residents’ needs.
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

The home actively pursues continuous improvement through a system described under expected outcome 1.1 Continuous improvement. Some improvements relevant to this Accreditation Standard include:

- For improved and more effective pain management, heat therapy is now available for residents who have been assessed by the physiotherapist. Staff have received education as well as competency assessments to ensure the therapy is delivered safely and therapeutically.
- To improve and facilitate wound healing, the home has improved supplies and services such as quality wound dressings, pressure relieving aids, nutritional supplements as well as improved communication and referrals to a wound consultant.

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

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s system to identify and ensure compliance with all relevant legislation, and regulatory requirements. Staff practices observed by the team demonstrated that staff are performing their duties appropriately. Some examples relating to Standard Two include:

- A registration system is in place to ensure staff professional registrations are current and valid.
- Medications are documented, stored and administered consistently with the relevant guidelines and regulations.
- Staff practices are monitored to ensure consistency with professional industry standards.

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

The home has a range of mechanisms to ensure that staff have appropriate knowledge and skills. These are described under expected outcome 1.3 Education and staff development. Education completed by staff relevant to this Accreditation Standard includes topics such as:

- Continence management.
- Palliative care.
2.4 Clinical care

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

**Team’s recommendation**

Does comply

On entry to the home each resident has a comprehensive assessment completed and this is recorded on a database document which then forms the care plan. A checklist of assessments is compiled and signed off when completed with residents and or representatives provided with a copy. Care plans are reviewed three monthly or as required. A variety of communication mechanisms support care staff deliver clinical care including resident information sheets, progress notes, medical officer notes, handover, communication books, monthly case studies and memos. Consultation occurs on an ongoing basis and includes family conferences, telephone calls and meetings as required. Clinical indicators such as infections and accidents and incidents data is collated monthly and analysed to support delivery of care. Care staff said they are satisfied that the clinical procedures available in the home support their practices and that they have access to a range of education and training opportunities relevant to the needs of residents. Residents/representatives said they are very satisfied with the clinical care residents receive and that care staff are very competent in their duties.

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

Specialised nursing care needs are identified on admission and then through changes to health condition, ongoing assessments, care planning and review processes. Registered nursing staff are available 24 hours and they develop care plans and oversee clinical care. Nursing staff have access to a range of education, resources and training and in specialised nursing care this includes palliation, pain management, wound management, catheter care and oxygen therapy. The home has access to a range of nursing consultants who provide input and training in this area. Registered nurses said they are satisfied that sufficient education is provided to them to ensure they can meet the needs of residents identified as requiring specialised nursing care. Residents/representatives said they are satisfied that there is sufficient, qualified nursing staff available in the home to provide residents’ nursing care.

2.6 Other health and related services

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

**Team’s recommendation**

Does comply

The home has systems in place to ensure that residents can access allied health professionals as and when required. Residents are referred to medical officers, physiotherapists or podiatrist by nursing staff and a physiotherapist and medical officer communication book is located in the nurses’ stations. Residents can visit external health services of their choice and the home provides assistance for this to occur where required such as for transportation. A review of documentation identified referral to external allied health services occurs in a timely manner and that information resulting from such referrals is
recorded in care plans and progress notes. Specialist services used include optometrists, audiologists, surgeons, psychogeriatrician, dementia consultant, dentists and dietitians. Residents/representatives expressed their satisfaction with resident access to the services available.

2.7 Medication management

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

Team’s recommendation

Does comply

The home demonstrated that it has effective systems in place to manage resident medication safely and correctly. Registered nurses administer medications in high care areas and Certificate IV (Aged Care) care staff in the hostel section. Staff have the necessary knowledge and skills required to administer residents’ medications and undergo annual competency assessments. Auditing systems, incident reporting and review by senior nursing staff identify any errors and documentation review showed corrective actions result from these findings. A clinical pharmacist chairs the medication advisory committee, undertakes regular reviews of resident medications, provides ongoing training for staff and regularly audits the home’s medication system. The home has storage areas to hold medications and these were observed to be secured. Schedule Eight (drugs of addiction) are locked in safes in secured areas and administration monitored by register in line with legislative requirements. The home has a system for the return and destruction of medications which have been ceased or are no longer required. Interviews with residents and their representatives indicated their satisfaction with 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

All residents are assessed for the presence of pain symptoms on their entry to the home. Assessment tools include monitoring pain for residents who may not be able to verbalise their pain symptoms. Individual care plans are formed from this information and includes interventions such as analgesia, pressure relieving equipment, heat therapy, repositioning, physiotherapy, gentle massage or exercise, aromatherapy and emotional support. Care staff have access to training on pain management and were observed asking residents about their pain and comfort levels. A review of documentation showed interventions used are evaluated for effectiveness and a referral to a medical officer or specialist services such as the palliative care team occurs if required. Residents said they are very satisfied with the management of pain and that staff do actively work to ensure residents remain as free as is possible from 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 comfort, dignity and wishes of terminally ill residents are maintained and respected throughout the assessment of care needs, care planning and in the delivery of care. Soon after a resident’s entry to the home, care and lifestyle staff discuss end of life wishes with the resident/representatives and where appropriate, palliative care needs. Staff have access to training on palliative care and are supported in palliation by the local multi-disciplinary palliative care team. Therapies such as aromatherapy, gentle massage and music support
traditional pain and comfort management options in the palliation process. Resident’s representatives are supported through open visiting hours and may stay overnight if they wish to be with the resident at this time. Cultural and spiritual support and counselling is available. A cultural resource folder is available to care and lifestyle staff to provide relevant information on rituals or requirements around end stage care. A review of documentation showed palliation is effectively maintained and does provide care to terminally ill residents which support their dignity and comfort through this process.

2.10 Nutrition and hydration

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

Team’s recommendation
Does comply

Residents’ dietary needs, food allergies, likes and dislikes and drink preferences are assessed on entry to the home and then on an ongoing basis. Strategies are then implemented to promote the residents’ health through appropriate nutrition and hydration. Dietary information is made available to the kitchen including optimal portion sizes. Residents with swallowing difficulties are reviewed by a speech pathologist and other allied health professionals such as dietitian are available as required. A review of catering and care documents confirmed that information regarding cultural and dietary requirements is communicated to appropriate staff and changes to resident needs such as for a pureed diet are actioned in a timely manner. Weight changes are tracked and actioned where necessary including through the use of nutritional supplements. Observation showed residents with difficulty in eating or drinking are assisted to do so and in a way which is suitable to their needs and preferences. Residents said that overall they are satisfied with the food and drink available in the home and they do get a choice of things to eat and drink.

2.11 Skin care

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

Team’s recommendation
Does comply

Residents’ skin integrity is assessed on their entry to the home. Individual care plans are then formed and reviewed three monthly or sooner if the residents’ condition changes. The home maintains a range of aids which support maintaining resident skin health such as water chairs, air and eggshell mattresses, booties, shin and heel protectors and appropriate chair cushions. The activity program includes massage and skin hydration. Wound folders are available in each nurses’ station. Wound charts are initiated to monitor healing where skin tears occur or wounds including pressure sores develop. These records are monitored by senior clinical staff, registered nurses and medical officers. Wound data is collated monthly and reported on in management meetings. Dermatologists and the local hospital’s wound management clinic are available through referral. The home has access to a regular visiting podiatrist. Staff said they are satisfied with the education they receive on skin integrity and wound care. Residents said they are satisfied with the how the home’s staff manage their skin care and integrity.
2.12 Continence management
This expected outcome requires that “residents’ continence is managed effectively”.

Team’s recommendation
Does comply

Residents’ continence needs are assessed initially when the resident enters the home and then on an ongoing basis. Bladder and bowel continence plans are developed and these are reviewed three monthly or as required. A process is in place for the identification and treatment of urinary tract infections including pathology testing and medical officer support and review. Staff have received training in continence support including the use of catheter and colostomy aids. The supply of continence aids is reviewed monthly in line with resident needs. Interviews with staff and review of care documentation showed continence assessment and review occurs. Changes in condition are recorded and monitoring charts initiated as required. Staff said they are satisfied with the level of training and education they receive to support resident continence needs. Residents/representatives said they are satisfied with residents’ continence management.

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

Team’s recommendation
Does comply

Each resident is assessed on entry to the home for any behaviour which may require management or which might infringe on the rights of other residents in the home. For a resident with identified behaviour or behaviours a behavioural care plan is formed in consultation with the resident or their representative, their doctor and other allied health services where appropriate. The home ensures that the needs of residents with challenging behaviours are monitored such as through behavioural mapping or incident/accident forms. Interventions documented interventions are regularly assessed for effect and validity. The home’s policy is to use restraint only as a last resort. Alternative behavioural management strategies include pain and continence assessment, distraction and one-on-one contact. Activities include one-on-one programs to manage resident anxiety or agitation and group activities are held regularly in the 22 bed special care unit. The home has access to external psycho-geriatric specialists and mental health professionals as required. Interviews with care staff, documentation and observations show that the home’s staff assess and manage residents’ individual behaviour needs. Residents/representatives said they are satisfied with how the needs of residents with challenging behaviours are managed and that all residents are treated with respect and in a manner which maintains their dignity.

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

Residents’ mobility, dexterity and rehabilitation needs are assessed on entry to the home to ensure optimum levels of mobility and dexterity are achieved and then maintained. The home has a visiting physiotherapist who attends the home ten hours a week and who is supported by a full-time physio aide. The physiotherapist conducts individual assessments, designs individual mobility and exercise plans, oversees the pain clinic and provides staff with education on manual handling and falls prevention. They also mentor and supervise the physio aide who with other care staff delivers the programs. The physio aide was observed assisting residents with walking and other staff were seen walking residents both inside the
home and outside. Falls statistics are collated monthly, discussed at meetings, analysed for
trends and used to support changes to environment or care practices. Each resident has a
manual handling chart and this is above their bed for easy reference by care staff. The home
has access to a supply of mobility assistive devices. Interviews with care staff and review of
care documents indicated that the home focuses on optimising residents’ balance, gait and
mobility. Interviews with residents/representatives showed satisfaction with mobility and
dexterity management.

2.15 Oral and dental care

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

Team’s recommendation

Does comply

All residents have a full oral cavity and dental assessment on entry to the home and this is
then monitored and maintained on an ongoing basis. The assessment identifies the needs
and preferences for assistance of the individual resident. Oral and dental health care
strategies are regularly reviewed for effectiveness. The home maintains a supply of oral care
aids and all resident dentures are marked with their name to ensure they do not get lost. A
mobile dental clinic is able to attend the home and residents can access their own dental
services if required. A number of staff have attended specialised training in oral and dental
care. Oral and dental care is regularly audited and this has led to changes in care practices
such as mouth infection reporting and competency testing care staff in mouth care and
brushing of teeth and dentures. Residents said they are satisfied with the oral health and
dental care they receive.

2.16 Sensory loss

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

Team’s recommendation

Does comply

As part of the initial database admission documentation all residents are assessed for
sensory ability and loss. This includes for hearing, speech, eyesight, taste, touch and smell.
Assessments are reviewed three monthly or sooner if required. Optometry and audiology
services are accessible through the home and review of documentation showed these
services are utilised by residents. Hearing aids and glasses are labelled and listed on
admission. Residents said staff assist them maintain any devices and aids including
assistance with cleaning. Residents have access to large print books, audio books and tapes
and a number of sensory stimulation activities are available including cooking and
aromatherapy. Residents/representatives expressed satisfaction 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

The home ensures residents are able to achieve natural sleep patterns wherever possible.
Any known sleeping issues are identified at the time the resident first enters the home.
Individual sleep management interventions are then developed based on needs and
preference. Interventions can include identified preferred sleep times, the use of snacks and
warm drinks, temperature and noise control, sedation, continence and pain management.
Review of care documents and interviews with staff show that sedation is used only if
necessary and residents are offered alternative strategies such as warm milk, small snacks
and conversation to assist preparation for sleep. On the whole residents, including those in shared rooms said they sleep well and feel safe at night.
Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team’s recommendation

Does comply

The home actively pursues continuous improvement through a system described under expected outcome 1.1 Continuous improvement. Some improvements relevant to this Accreditation Standard include:

- Residents’ windows were tinted to provide them with better privacy and dignity without compromising views from their room of the external environment.
- Introduction of new activities such as floor bobs as well as laminated procedures on how to conduct and facilitate the activity to enable staff to run the activity effectively. A program evaluation showed that the residents enjoy the program.

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

Refer to Expected Outcome 1.2 Regulatory compliance for information about the home’s system to identify and ensure compliance with all relevant legislation and regulatory requirements. Some examples of regulatory compliance relating to Standard Three include: confidentiality agreements are in place and signed by staff, the Charter of Residents’ Rights and Responsibilities is on display in various locations throughout the home and the home has a privacy policy in place.

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

The home has a range of mechanisms to ensure that staff have appropriate knowledge and skills. These are described under expected outcome 1.3 Education and staff development. Education conducted relevant to this Accreditation Standard includes: topics such as choice and decision making, loss and grief as well as training in the facilitation of activities.
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

The home has systems to ensure residents receive support in adjusting to life on entry to the home and thereafter on an ongoing basis. Residents' emotional needs are identified as part of a broad initial lifestyle assessment, with consideration given to the background and physical health of the individual resident. Activity staff support the resident as they adjust to the home and each resident receives an orientation to site, staff and amenities. Families and friends are encouraged to visit and participate in activities and observation by the team showed this was actively supported by the home’s staff. Observations of staff practices and review of care documents demonstrated resident emotional support is provided on an ongoing basis. Outcomes on interventions used are recorded and changes to emotional needs identified leading to care review and further interventions being put into place. Resident interviews showed residents are satisfied that the home and its staff provide ongoing emotional support. Many residents commented on the kindness and consideration of staff and said how this helped them to adjust to their life in the home.

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

Team’s recommendation
Does comply

The home’s staff and organisation actively works to assist residents to achieve maximum independence in all aspects of their life in the home. Residents’ individual needs are identified on entry to the home and this information is maintained in the care plan. The home utilises the expertise of the lifestyle staff, care staff, allied health professionals such as physiotherapists, advocates and others to assess and provide for maximum independence. Stocks such as mobility aids are monitored for effectiveness of use and maintained to ensure ongoing safety and efficiency. Residents are encouraged to participate in events in their community of origin such as attending outside religious services or cultural events. Residents have access to newspapers and are encouraged to vote during elections should they wish to do so. Monthly meetings are held and residents are encouraged to raise matters of concern or interest to them for discussion. Residents/representatives said residents are encouraged to maintain their independence and supported in this by staff on a daily basis.

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

The home was able to demonstrate that each resident’s right to privacy, dignity and confidentiality is recognised and respected. Resident care and personal information is kept secured and accessed only by those with the authorisation to do so. Staff sign an agreement to maintain confidentiality of resident information and are provided with the organisation’s privacy policy as part of their orientation. Staff were observed knocking on doors and identifying themselves, and entering rooms only when invited to do so. Dignity screens are available and were observed to be used in shared rooms. Residents are addressed by their preferred names. Residents/representatives have access to a quiet room and there are other
places which can provide privacy. Some windows are tinted where they look out onto public areas. Residents said they are satisfied with how their privacy and dignity is maintained.

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 home’s staff encourage and support residents to participate in a wide range of interests and activities that are of interest to them. Each resident is assessed on entry to the home to identify interests, preferences, capabilities and social history. Where residents may not be able to articulate this information families are encouraged to do so on their behalf. This information is then used in the residents’ care plan to form a program including group and one-on-one activities. Records for attendance of programs are maintained and these are regularly evaluated to ensure the program is effective and does provide activities which are relevant to participants. The diversional therapist reports back to the management team on a regular basis concerning the overall activities program. Culturally specific activities and groups are provided and these are run by activity staff using materials such as DVDs, newspapers, music and food from these cultures. Residents said they appreciate these activities and the opportunity to reminisce about their culture of origin. Residents who are unable to walk can be taken out on an electric powered two seat scooter. Residents were observed taking part in a range of activities which included exercise programs, walking, singing along with an entertainer and listening to piano music. Residents said they enjoy the range of activities available in the home such as carpet bowls and board games and outside such as walking groups and bus trips.

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

The home has residents from a variety of cultures including Polish, Arabic and Vietnamese clusters. The home demonstrated that its residents’ individual interests, customs, beliefs, cultural and ethnic backgrounds are both valued and fostered. Lifestyle staff complete individual assessments of residents shortly after their entry into the home. This includes identifying residents’ cultural, spiritual and dietary preferences, values and wishes. A significant number of staff are bi-lingual and able to converse with residents in their language of origin. Information is available on notice boards and in public areas in a variety of languages. These include for advocacy and complaints services, continuous improvement information, activities and a range of magazines and other reading materials. Language charts with simple phrases are available in the rooms of some residents to assist staff with their duties and initiate conversation. Specific cultural days are observed and celebrated in the home. A broad range of religious services are held regularly in the home and the home has a small multi-denominational chapel on site. Residents/representatives said they are very happy with how the home’s staff respect and value the range of cultures within the home and note this is assisted by the culturally diverse range of staff who work in the home.
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

Residents are encouraged where practical and appropriate, to exercise choice and control in all aspects of their life within the home. Residents/representatives are supported to participate in decision making about care and services, to take part in meetings and provide the home with feedback such as through the comments/complaints and continuous improvement systems. Residents said staff consult with them about all aspects of their care. A review of documentation showed this process is central to the care planning process, such as in the use of case conferencing. Representatives said they are informed in a timely manner when there is a change in their resident’s condition or care level. Residents said they are satisfied they are offered choices on a daily basis such as with meals, activities or in what they wear. Residents also said they know of their rights and responsibilities and that the home supported them to exercise these.

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

When entering the home residents/representatives receive a comprehensive information pack and a current resident agreement is signed and dated. The agreement covers areas such as: care schedule, fees, security of tenure and complaints mechanisms (including internal and external complaints processes). The agreement and information pack contains the home’s vision/mission statement and the Charter of Residents' Rights and Responsibilities. Residents/representatives are involved in consultation and decision-making regarding any proposed changes to accommodation or health care needs. Residents were able to describe such processes such as room changes and said options were fully discussed with them and where practicable their decision supported. Residents said they felt their tenure in the home to be secure.
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

The home actively pursues continuous improvement through a collaborative system described under expected outcome 1.1 Continuous improvement. Some improvements relevant to this Accreditation Standard include:

- A new laminated resident card system has been implemented in the event of an emergency evacuation. The information on the card contains key information about each resident to enable the continuity of the delivery of care. The laminated card is designed to be pinned on each resident.
- Security has been upgraded for all staff. Security patrols as well as electronic security has been implemented to ensure safety for all stakeholders.

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

Refer to Expected Outcome 1.2 Regulatory compliance for information about the home’s system to identify and ensure compliance with all relevant legislation and regulatory requirements. All staff interviewed could describe their responsibilities in relation to safe work practices in relation to infection control, food safety, fire and emergencies, occupational health and safety and the importance of reporting accidents and incidents. Some examples relating to Standard Four include: staff have access to an outbreak management box and the home food service systems have been approved by a government regulatory body.

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 home has a range of mechanisms to ensure that staff have appropriate knowledge and skills. These are described under expected outcome 1.3 Education and staff development. Mandatory education is conducted annually relevant to this Accreditation Standard includes topics such as fire equipment, evacuation, infection control practices, and manual handling.
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 accommodates up to 150 residents. The home has dining, lounge, and television areas and outside areas for residents to access. Residents are accommodated in single as well as shared rooms. Observations of the home during the site audit and feedback from residents/representatives and staff show that management work actively to maintain a safe, comfortable and clean environment that is in line with residents’ care needs. Identified hazards, accidents and incidents are reported, collated, discussed, analysed and actioned at monthly continuous improvement meetings. There are processes in place for maintenance issues to be reported and actioned as well as regular programmed maintenance. Residents/representatives stated and the team observed that the home is well-maintained and kept clean and tidy.

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

The home has an occupational health and safety (OH&S) system in place. The system includes conducting regular audits and capturing potential hazards, as well as accidents and incidents. All hazard alerts, audit results and incident forms are discussed at monthly continuous quality improvement meetings. Observations show that management support, encourage and promote safe work practices. Personal protective equipment is readily available to staff and the team observed staff using this equipment appropriately. Interviews and review of documentation also showed that staff can and do highlight potential issues through hazard forms and maintenance requests. Logged requests were noted to be addressed consistently and in a timely manner by the maintenance team. Staff described and observations confirmed chemicals used by the home are documented in conveniently located and accessible locations and stored safely and appropriately.

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

Systems are in place to promote the safety and security of residents and staff in the likely event of an emergency. These include fire evacuation procedures as well as regular checks of detectors, sprinklers, extinguishers, hoses, and other fire equipment by an external fire safety specialist. Management demonstrated that there are documented processes to guide their actions in the event of various types of emergencies such as: loss of power; loss of accommodation and others. Staff interviewed demonstrated that they were familiar with the equipment and procedures for use in the event of an emergency and they confirmed they had attended regular fire safety training. The team observed emergency contact procedures and contact numbers available for staff to access. The home has contracted the services of an external security company to augment physical and electronic security already employed within the home.
4.7 Infection control
This expected outcome requires that there is "an effective infection control program".

Team's recommendation
Does comply

The home has an effective infection control program in place. The team's observations, interviews and document review showed that the program incorporates an organisation-wide approach. This involves an infection control surveillance and reporting system, a hazard risk management system, a waste management system, a food safety program in the kitchen that incorporates sanitising procedures for high risk food, effective procedures for the management of outbreaks and appropriate disinfection methods in the laundry. Preventative measures include education for all staff disciplines, an effective cleaning program and a staff and resident vaccination program. In addition, appropriate equipment, staff practices and workflows are minimising the risk of cross infection. Staff interviewed confirmed that they receive infection control education and demonstrated an awareness of infection control as it pertains to their work area.

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

Catering
There are systems to identify residents' meal requirements and preferences on entry into the home and as residents' needs change. Where residents have special requirements these are recorded and provision is made for them. All meals are cooked on site using a four-week rotating menu, which is reviewed by a dietitian. Residents have a choice of main course at lunch and options for the evening meal each day. Meals are prepared in a central kitchen on site and are transported to the dining for serving. The kitchen and dining areas are clean and orderly with a system in place to ensure food served is safe. Residents/representatives said they are satisfied with the variety, quantity and quality of food.

Cleaning
The residents' rooms are cleaned daily and are scheduled for regular detailed high-cleaning. Common areas and bathrooms are cleaned daily. Resident rooms and common areas were observed to be clean at all times during the visit. Cleaners state that they have adequate and well-maintained equipment and that they follow a documented cleaning process and schedule that is periodically monitored for quality. Residents/representatives interviewed stated the home is always clean and tidy.

Laundry
All laundry is washed in the onsite laundry. The team observed adequate stocks of linen. There is a system for the labelling and sorting of residents' personal laundry. The home documents and monitors usage of linen to ensure a reliable and continuous supply for residents. The home has a system for sorting and returning lost and missing clothing items. Residents/representatives interviewed by the team expressed satisfaction with the laundering services.