



**Aged Care**

Standards and Accreditation Agency Ltd

## **Decision to Accredit Kalyra Hostel**

The Aged Care Standards and Accreditation Agency Ltd has decided to Accredite Kalyra Hostel in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Kalyra Hostel is 3 years until 10 June 2012.

The Agency has found 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 the home will undertake continuous improvement measured against the Accreditation Standards.

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

### **Information considered in making an accreditation decision**

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

## Home and Approved provider details

### Details of the home

Home's name:	Kalyra Hostel				
RACS ID:	6054				
Number of beds:	52	Number of high care residents:	38		
Special needs group catered for:	• People with dementia or related disorders				
Street:	54 Gloucester Avenue				
City:	BELAIR	State:	SA	Postcode:	5051
Phone:	08 8278 5444		Facsimile:	08 8278 3944	
Email address:	trust@jamesbrown.org.au				

### Approved provider

Approved provider:	James Brown Memorial Trust
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### Assessment team

Team leader:	Tony Tarzia
Team member:	Judy Wong
Dates of audit:	23 March 2009 to 25 March 2009

<b>Executive summary of assessment team's report</b>	
<b>Standard 1: Management systems, staffing and organisational development</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply
<b>Standard 2: Health and personal care</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

## Accreditation decision

<b>Agency findings</b>
Does comply
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<b>Agency findings</b>
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<b>Executive summary of assessment team's report</b>	
<b>Standard 3: Resident lifestyle</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
<b>Standard 4: Physical environment and safe systems</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

### **Accreditation decision**

<b>Agency findings</b>
Does comply
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<b>Agency findings</b>
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### **Assessment team's reasons for recommendations to the Agency**

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



**Aged Care**  
Standards and Accreditation Agency Ltd

## SITE AUDIT REPORT

Name of home	Kalyra Hostel
RACS ID	6054

### **Executive summary**

This is the report of a site audit of Kalyra Hostel 6054 54 Gloucester Avenue BELAIR SA from 23 March 2009 to 25 March 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

### **Assessment team's recommendation regarding compliance**

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

- 44 expected outcomes

### **Assessment team's recommendation regarding accreditation**

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Kalyra Hostel.

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

### **Assessment team's recommendations regarding support contacts**

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

# Site audit report

## Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 23 March 2009 to 25 March 2009

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two 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:	Tony Tarzia
Team member:	Judy Wong

## Approved provider details

Approved provider:	James Brown Memorial Trust
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## Details of home

Name of home:	Kalyra Hostel
RACS ID:	6054

Total number of allocated places:	52
Number of residents during site audit:	52
Number of high care residents during site audit:	38
Special need catered for:	People with dementia or related disorders

Street/PO Box:	54 Gloucester Avenue	State:	SA
City/Town:	BELAIR	Postcode:	5051
Phone number:	08 8278 5444	Facsimile:	08 8278 3944
E-mail address:	trust@jamesbrown.org.au		

**Assessment team's recommendation regarding accreditation**

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**Assessment team's recommendations regarding support contacts**

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

**Assessment team's reasons for recommendations**

The team has assessed the quality of care provided by the home against the Accreditation Standards and the reasons for its recommendations are outlined below.

**Audit trail**

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

**Interviews**

	Number		Number
Chief executive officer	1	Residents	4
Director of care	1	Relatives	2
Acting clinical nurse manager	1	Human resources manager	1
Clinical nurses	2	Hospitality services manager	1
Registered nurse	1	Maintenance manager	1
Quality co-ordinator	1	Care workers	2
Accountant	1	Lifestyle staff	4
Manager finance and administration	1	Hospitality staff	3
Manager infrastructure	1		

**Sampled documents**

	Number		Number
Residents' files	5	Medication charts	5
Summary/quick reference care plans	5	Personnel files	7

### **Other documents reviewed**

The team also reviewed:

- Resident handbook, residential services agreements
- Continuous improvement plan, improvement logs, regulatory compliance folder
- Complaint management manual, comments, complaints and compliments logs, 'help us to help you' brochures
- Various policies and procedures, staff handbook, job specifications, criminal check consent form, criminal history checks database, employment manual, recruitment and orientation checklist, rosters, roster change sheet, annual performance review planner, appraisals, code of conduct, 'refer a friend' brochure, employee assist brochure, and pilot induction program with checklists, staff hours analysis 2008
- Evaluations of in-service education sessions, list of external training attended by staff, education and meeting planner, staff education attendance checklist, clinical skills competency assessments, manual handling competency assessments.
- Various committee and meeting minutes, terms of reference
- Asset listing, contractor sign in register, new supplier request form
- Diaries, communication books, memos, newsletter, letters, notices.
- Various audits, audit checklist schedule 2009, inspections and survey results
- Monthly accident and incident evaluation reports, resident incident summary report forms
- Communication books, resident care plan evaluation schedule, resident medication management review time table, progress notes and care needs review in electronic case notes, various assessment tools, treatment folder, resident change of information record, licence for schedule eight and schedule four drug possession, schedule eight drug handover and registers, end of life directives, restraint assessment and authorisation, medical reviews, physiotherapy plans
- Group activity attendance sheets, activities schedules, various records for lifestyle activities attendance and evaluations
- Various folders on incidents and hazards, material safety data sheets, product information listings, work area inspection reports, risk assessment checklists, electrical testing records, preventative maintenance schedules and procedures, service reports, maintenance register, triennial fire safety certificate, building certification report - 1999 instrument
- Infection control reports, infection control education and training plan, cleaning schedules, various temperature records for cool room and freezer
- Menu and nutrition care improvement report, meal/menu sheets

## **Observations**

The team observed the following:

- Computer stations available in communal areas for clinical data entry
- Noticeboard in medication rooms with reminders on resident care, various noticeboards in staff room, corridors with notices for staff and residents, pamphlet racks, including pamphlets in various languages, suggestion boxes
- Interaction between residents and staff members, meal time in dining area, resident demeanour
- Activities and exercise programs in progress
- Internal and external living environment, hairdressing salon, café, gift shop, garden area
- Storage of medications, medication round, pharmacy delivery, pharmacy return boxes
- Equipment and supply storage areas, including staff personal protective equipment
- Archive storage room
- Nurses stations and resources available, oxygen cylinders and supplies, first aid kit
- Sluice room, laundry and kitchen areas, including equipment and work practices
- Fire suppression equipment
- Maintenance shed, storage of chemicals, medical waste bins, recycling bins, general waste bin, confidential waste bin

## **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

Residents interviewed are aware of the home's quality management system, and how they can contribute to continuous improvement. The home uses processes in its recently reviewed quality improvement framework, to identify, action and evaluate opportunities for improvement in management systems, staffing and organisational development. These include a combination of audits, suggestions, comments and complaints, improvement forms, incidents, risks and hazards identified, and discussions through regular quality committee meetings. The quality co-ordinator monitors progress of improvement activities through an improvement log, arranging ongoing consultations and evaluations as necessary. Various communication mechanisms are in place, providing feedback to stakeholders. Staff are satisfied with regular information provided to them regarding the continuous improvement program, and the opportunities available for them to raise suggestions.

Improvement activities and achievements demonstrated by the home relating to management systems, staffing and organisational development include:

- Senior management identified a need to introduce an advanced system for resident care documentation. Following considerable discussion, an electronic clinical documentation system was introduced. Considerable staff training has been conducted, with positive feedback from staff confirming the benefits in the improved management of resident care information and the overall benchmarking of data.
- Management encouraged staff to be more involved in regular continuous improvement activities. After discussions with staff, an ‘Improvement Form’ was developed and introduced for staff. Several suggestions have been submitted by staff via the new form, with positive feedback.
- Management identified the need to make the orientation program more effective for new staff. Considerable planning has resulted in the introduction of a two stage orientation program. Feedback from staff has been positive, confirming the benefits of the additional orientation session.

### **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 and processes to identify relevant legislation, regulations, standards and guidelines that impact on management systems, staffing and organisational development. The home receives notification of legislative changes through links with peak industry bodies, which are recorded in the legislative update folder as changes are released. The quality co-ordinator is responsible for reviewing updates received, and conveying information to relevant department heads and work groups. Ongoing monitoring of compliance occurs through various audit processes and regular staff meetings. Changes are applied to on-site documentation, and staff education sessions arranged as necessary. Staff confirmed they are provided training for changes impacting on their work group. Some examples of regulatory compliance changes relating to management systems, staffing and organisational development include annual professional staff registrations and policies relating to privacy and confidentiality.

### **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

Management and staff are satisfied with the ongoing support provided to them, in the development of skills and knowledge in management systems, staffing and organisational development. The home has systems and processes for identifying, planning and reviewing staff education and development, and is guided by the organisation's human resources officer. The director of care creates and maintains a training plan through a needs analysis process, with training sessions also including continuous improvement, electronic clinical documentation system and front line management. Residents' changing acuity needs are regularly monitored and staff training adjusted and provided as necessary. Additional training needs are also identified through staff incident data, legislative changes, performance appraisals, ongoing competency assessments and through discussions at regular staff meetings. Management uses various feedback and evaluation mechanisms to gauge the effectiveness of training sessions for ongoing staff support and skill development in management systems, staffing and organisational development.

### **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 staff interviewed are satisfied with the accessibility to the complaints process available to them, and management's responsiveness to matters raised. Residents and representatives are provided with information relating to internal and external complaints mechanisms on entry to the home, and on an ongoing basis. The home uses a variety of formal and informal processes including direct consultation, resident satisfaction surveys, 'do you have something to say' forms, suggestion boxes, and feedback from various meetings, to identify areas of concern. The director of care oversees and monitors the logged comment, suggestion and complaint process, while encouraging communication through an open door policy. Department heads provide the director of care with information relating to issues raised, allowing prompt response to complainants. The home has a low incidence of complaints.

### **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 James Brown Memorial Trust Mission Statement, Vision and Values in resident and staff handbooks, and in various manuals. They are also displayed throughout the facility, and incorporate the organisation's overall commitment to continuous quality improvement and resident focus.

### **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

Residents and representatives are satisfied with staffing levels, responsiveness of staff and the adequacy of care provided. The home has processes in place for ongoing recruitment and employment of sufficient and suitably qualified staff, to meet the changing needs of residents and the home. The director of care oversees the training plan and ongoing staff education needs, including mandatory training. A staff relief procedure caters for staff replacement needs throughout the home, with various policies, procedures, duty lists and work schedules supporting job groups. Monitoring of processes occurs through clinical and management indicators, resident and staff feedback and changing resident acuity need requirements. Staff are satisfied they are able to carry out tasks, with sufficient time available to provide care and support to residents.

### **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

Residents and representatives are satisfied there are adequate and appropriate stocks of goods and equipment available to provide care and services. The home uses processes to facilitate the availability of an adequate supply of goods and equipment for care and services. Department heads are responsible for maintaining sufficient stock levels through established ordering systems and processes. The maintenance manager ensures the preventative maintenance program contributes to equipment purchasing decisions, with staff participating in pre-purchase equipment trials. Monitoring of the effectiveness of processes occurs through regular quality checks for works in progress, as well as resident and staff feedback, ensuring inventory and equipment provided is safe and well maintained. Staff are satisfied they have adequate supplies and equipment to perform their tasks.

### **1.8 Information systems**

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

#### **Team's recommendation**

Does comply

Residents, representatives and staff are satisfied with the availability and quality of information they receive. There are systems to collate, analyse and trend data from various resident and staff activities, and for stakeholders to access relevant information relating to the home's processes and daily events as required. Computer databases are regularly backed up, with electronic information being password protected, accessible by staff at various security levels, and made available throughout the facility. Current and archived resident and staff information files are also accessible and stored securely on site, with processes in place for document disposal. The home monitors the integrity of its information systems and processes through regular audits, providing feedback on identified improvement opportunities to stakeholders as required.

### **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

Residents, representatives and staff are satisfied with external services. The home uses processes to ensure external services are provided to an agreed standard and quality. Department heads oversee the management of their external service providers and various contract agreements, with support provided by the maintenance and infrastructure managers. Services contracted externally include linen, pharmacy, physiotherapy and podiatry services, fire safety services and specialised maintenance programs. The quality and consistency of goods and services is evaluated on an ongoing basis, with deficiencies referred back to providers for correction. If service delivery continually does not meet expectations, management engage an alternative provider.

## **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

Residents interviewed are aware of the home's quality management system, and how they can contribute to continuous improvement. The home uses processes in its recently reviewed quality improvement framework, to identify, action and evaluate opportunities for improvement in health and personal care. These include a combination of audits, suggestions, comments and complaints, improvement forms, incidents, risks and hazards identified, and discussions through regular quality committee meetings. The quality co-ordinator monitors progress of improvement activities through an improvement log, arranging ongoing consultations and evaluations as necessary. Various communication mechanisms are in place, providing feedback to stakeholders. Staff are satisfied with regular information provided to them regarding the continuous improvement program, and the opportunities available for them to raise suggestions.

Improvement activities and achievements demonstrated by the home relating to health and personal care include:

- Management identified a need to improve consistency in the evaluation of treatment effectiveness when dealing with as required medications, by ensuring staff complete appropriate forms. Following a medication audit, a new form and process were implemented, with good feedback reported at weekly clinical meetings.
- Staff identified the need to reduce the risks of skin tears for residents when being moved by mechanical lifters. Following discussions, extra neoprene wrist straps were fitted to lifters, resulting in staff reporting a reduction in skin tear incidents.
- The physiotherapist identified the need to ensure resident bed heights are adjusted for safer resident use. Following evaluation, a 'stick-to-stand' program was introduced, with staff confirming benefits noticed.

### **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

The home has systems and processes to identify relevant legislation, regulations, standards and guidelines that impact on health and personal care. The home receives notification of legislative changes through links with peak industry bodies, which are recorded in the legislative update folder as changes are released. The quality co-ordinator is responsible for reviewing updates received, and conveying information to relevant department heads and work groups. Ongoing monitoring of compliance occurs through various audit processes and outcomes reported at regular staff meetings. Changes are applied to on-site documentation, and staff education sessions arranged as necessary. Staff confirmed they are provided training for changes impacting on their work groups. Some examples of regulatory compliance changes relating to health and personal care include the requirements for the Aged Care Funding Instrument and ongoing professional registration of nursing staff.

### **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

Management and staff are satisfied with the ongoing support provided to them, in the development of skills and knowledge in health and personal care. The home has systems and processes for identifying, planning and reviewing staff education and development, and is guided by the organisation’s human resources officer. The director of care creates and maintains a training plan through a needs analysis process, with training sessions also including management of tube feeding, clinical assessment, wound care and continence management. Residents’ changing acuity needs are regularly monitored and staff training adjusted and provided as necessary. Additional training needs are also identified through staff incident data, legislative changes, performance appraisals, ongoing competency assessments and through discussions at regular staff meetings. Management uses various feedback and evaluation mechanisms to gauge the effectiveness of training sessions for ongoing staff support and skill development in health and personal care.

### **2.4 Clinical care**

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

#### **Team’s recommendation**

Does comply

Residents and representatives are satisfied with the care and services they receive in the home. There are systems and processes to identify, assess residents’ care needs and formulate care plans on entry and on an on-going basis. Interim care plans are prepared by registered nurses and enrolled nurses based on information provided by referring facilities, residents and their representatives on entry to the home. A complete assessment process provides further details for formulation of long term care plans.

Care strategies are communicated to staff members through care plans, verbal and written handovers. Staff members from multiple disciplines regularly enter care information directly into an electronic clinical documentation system. Significant care issues are generally actioned on and followed up. Effectiveness of care strategies is reviewed every four months by registered nurses, in consultation with residents, their representatives and other staff members. Quality of clinical care is monitored through periodic auditing and an incident reporting system. Incident report summaries are tabled in clinical review meetings to seek improvements in residents' quality of care.

## **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

Residents and their representatives are satisfied with the specialised care they receive in the home. Residents' specialised care needs are identified, assessed and planned for on entry to the home and reviewed every four months. Specialised care in the management of complex wounds, urinary catheters, colostomy care and tube feeding is provided by registered nurses and external service providers. Registered nurses are always available on-site. A policy and procedure manual guides staff practices in this area. Residents are assisted and supported by the home to choose preferred specialists through provision of relevant information. Referrals to external specialists are arranged in consultation with residents' general practitioners when required. Residents are supported to attend specialist appointments through transport arrangements and escort by care staff when required. A communication process is in place to communicate clinical information and review outcomes between the home and the specialists. Quality of care is monitored through internal auditing and an incident reporting system. Staff members are aware of residents' specialised care needs.

## **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

Residents are satisfied with the health specialist services they receive in the home. Residents' care needs are identified and assessed on entry and reviewed every four months. Residents have access to various health specialist services, including speech pathology, podiatry, physiotherapy and dental care according to their care needs and preferences. Referrals to health specialists of choice are organised by registered nurses in consultation with residents, their representatives and general practitioners. Residents are attended by podiatrists and physiotherapists in the home and they are supported to attend external appointments when required. Records of attendance by the health specialists are maintained for reference in the care plan review process

## 2.7 Medication management

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

### **Team’s recommendation**

Does comply

Residents are satisfied with the medication management by the home. The home has processes and systems in place to facilitate safe and correct medication management. A multi-dose sachet system is used for individual residents’ regular medications while medications in liquid or power forms are administered separately. Medication stocks are stored and maintained in a secure manner. The home holds a current licence to possess schedule eight and schedule four medications. Medications’ use-by dates are monitored by nursing staff and expired items are discarded as required. Medication administration responsibilities are carried out by registered nurses, enrolled nurses and medication credentialed care workers in accordance with their qualifications and relevant legislative requirements. Training activities and competency assessments facilitate nurses in safe and correct performance of medication management. Effectiveness of as required medications is mostly evaluated and documented by registered nurses. Periodic medication reviews are conducted by residents’ general practitioners and clinical pharmacists. Medication Management Committee meetings are held every two months to review the effectiveness of the medication management system. Incidents of medication errors and signing omissions are monitored by director of care and quality coordinator. Medication errors reports are published each month for formulation of improvement plans.

## 2.8 Pain management

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

### **Team’s recommendation**

Does comply

Residents and their representatives are satisfied with the care they receive in the home. Residents’ pain management needs are identified and assessed on entry. The home uses pain assessment tools that address the needs of residents who are unable to communicate their input due to impaired cognition. Care plans are formulated by registered nurses in conjunction with general practitioners, health specialists, residents and their representatives. A combination of pain control strategies, including, oral medications, pain relief patches and alternative therapies is used to promote residents’ comfort. Pain relief treatment is administered to residents prior to daily activities, exercises and physiotherapy sessions. Effectiveness of as required pain relief is evaluated and documented in residents’ progress notes. Care strategy reviews by registered nurses are conducted every four months.

## 2.9 Palliative care

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

### **Team’s recommendation**

Does comply

Residents and their representatives are satisfied with the care they receive in the home. There are processes to facilitate the comfort and dignity of terminally ill residents. Palliative care needs are identified and assessed on entry and on an ongoing basis. Referrals and care plans are organised by registered nurses to address residents’ care needs. Residents’ end of life wishes are identified, documented and communicated to all relevant staff members. Palliative care support is provided by external service providers and liaised by two registered nurses in the home. Regular care reviews are carried out by registered nurses with changes in the care strategies communicated to all stakeholders with residents’ consent. An on-site chapel enables holding of funerals and memorial services for deceased residents in the home.

## 2.10 Nutrition and hydration

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

### **Team’s recommendation**

Does comply

Residents and their representatives are satisfied with the nutrition and hydration care and services provided by the home. The home has processes and systems in place to identify, assess and manage residents’ nourishment and hydration needs. Food variety and suitable cutlery are provided specific to residents’ needs and requests. Residents’ dietary changes are communicated to the relevant personnel through verbal means and a food preference form. The hospitality manager regularly updates residents’ special dietary needs in a database. Fluid intake is encouraged as appropriate and access to beverages of choice is available. Residents’ nutritional and hydration status is assessed through monitoring of body weight, food intake and clinical observation. External nutrition consultants provide support to the home’s nutrition program. Internal audits are conducted to monitor quality of care.

## 2.11 Skin care

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

### **Team’s recommendation**

Does comply

Residents and their representatives are satisfied with the skin care they receive in the home. Resident skin integrity is assessed on entry to the home and on an on-going basis to identify care needs and formulate care plans. Residents' skin care is guided by the home's protocol. Pressure relieving air mattresses, heel protectors and regular re-positioning are provided to residents who are prone to the development of pressure ulcers. Wound dressings are attended to by nursing staff and documented in wound charts. Complex wound care is provided by registered nurses and supported by external resources. Infectious wounds surveillance is conducted when necessary or as ordered by the medical staff. Dietary supplements are provided as an additional skin integrity intervention for residents with chronic wounds. Skin integrity incidences, such as skin tears, pressure ulcers, blisters and chronic wounds are regularly monitored as one of the home's key incident indicators.

## **2.12 Contenance management**

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

### **Team's recommendation**

Does comply

Residents and their representatives are satisfied with continence care and services provided at the home. Toilets are accessible by residents in their rooms and in the communal area. Continence liaison officers oversee continence management function in their specific areas with additional support provided by external resources if required. Residents' continence care needs are assessed and identified on entry and are reviewed every four months. Care strategies are used to prevent constipation and promote residents' regular bowel activities. These strategies include scheduled toileting regimes, exercises and encouragement of fluid and dietary fibre intake. Residents' bowel activities are monitored and documented for care review. Urinary analysis or laboratory test is carried out when symptom of urinary tract infection is present. Cranberry juice and urine alkalisating agents are used to help prevention of urinary tract infections in residents at risk of urinary tract infections. Residents' dignity, comfort and skin integrity are promoted through the use of suitable continence aids and toileting regimes. Care outcomes are evaluated in consultation with residents and staff members.

## **2.13 Behavioural management**

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

### **Team's recommendation**

Does comply

Residents and their representatives are satisfied with care provided by the home. There are processes and systems in place to identify and assess residents' behavioural management needs on entry and on a regular basis. Training activities in residents' behavioural management are provided to staff members. Care strategies are developed and reviewed by registered nurses taking into account information provided by residents and their representatives, referring facilities and staff's daily observations. Referrals to external professionals such as the mental health and behavioural management services

are organised by registered nurses, in consultation with residents' general practitioners and family members. Residents requiring physical restraint management for personal safety protection, including use of bed rails while they are in bed, are assessed by medical and nursing personnel. The decision on physical restraint is made in consultation with residents or their representatives.

A memory support unit provides a secure environment for residents with special care needs. Regular observations are in place to check on residents' safety.

#### **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 and their representatives are satisfied with the care provided by the home. Residents' mobility, dexterity and rehabilitation needs are identified and assessed by nursing and allied health staff on entry to the home and on a regular basis. Care plans include information on residents' mobility assistance needs, mobility safety levels, falls prevention strategies and exercise programs. Residents' physiotherapy plans are formulated by physiotherapists and facilitated by physiotherapy assistants and care staff. Complex physiotherapy programs in residents with specific mobility needs are facilitated personally by physiotherapists. Residents' mobility, dexterity and rehabilitation strategies are reviewed by registered nurses and physiotherapists in consultation with other staff members, residents and their representatives. Residents' wishes to independence are respected and supported through implementation of mobility safety measures. Mobility related incidents are monitored with reports published each month for discussion in clinical review meetings. Consequences of falls in residents with high fall risks are tracked and included in these reports.

#### **2.15 Oral and dental care**

*This expected outcome requires that "residents' oral and dental health is maintained".*

##### **Team's recommendation**

Does comply

Residents are satisfied with the oral and dental care they receive in the home. Oral and dental health needs are identified and assessed on residents' entry to the home and on a regular basis. Care plans are formulated and reviewed every four months by registered nurses using input from the care and nursing staff in collaboration with residents and their representatives. Dental and oral care support is provided by public and private services on regular and as required basis. Residents are encouraged to attend to their own oral and dental hygiene depending on their physical capability and personal preference. Care workers assist some residents in oral and dental hygiene following instructions in the care plans. Any significant findings, such as eating and swallowing difficulties or changes to oral and dental health, are reported to the registered and enrolled nurses on duty.

## 2.16 Sensory loss

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

### **Team’s recommendation**

Does comply

Residents are satisfied with the care they receive in the home. Residents’ five sensory functions are assessed with any deficits identified on entry and on a regular basis. Strategies to manage residents’ sensory losses such as additional safety precautions, necessary environmental adjustments and arrangement of assistive devices are indicated in care plans. Additional support is available to residents with visual and hearing impairments during their participation of social and leisure activities. Referrals to specialists are organised by registered nurses when necessary. Some specialists attend to residents’ sensory care needs on-site. Effectiveness of care strategies are reviewed by registered nurses every four months. Staff members are aware of knowledge to promote and support residents’ sensory functions.

## 2.17 Sleep

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

### **Team’s recommendation**

Does comply

The home has processes to assess and review residents’ natural sleep patterns. Residents’ sleep habits are assessed and identified on admission in consultation with residents and their representatives for formulation of care plans. All residents live in single rooms with ensuite bathrooms and they are able to adjust the environmental temperature in their rooms. Bedroom doors are closed according to residents’ personal preference. Other strategies to promote natural sleep in residents include, providing exercise programs and lifestyle activities in the day time to increase their activity level. Light snacks are served in the evening and night lights are adjusted to enhance natural sleep. Care plans are reviewed every four months by registered nurses to evaluate the effectiveness of care strategies. Internal audits show that residents and representatives are satisfied with the environment and the strategies implemented by the home in promotion of natural sleep.

### **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

Residents interviewed are aware of the home’s quality management system, and how they can contribute to continuous improvement. The home uses processes in its recently reviewed quality improvement framework, to identify, action and evaluate opportunities for improvement in resident lifestyle. These include a combination of audits, suggestions, comments and complaints, improvement forms, incidents, risks and hazards identified, and discussions through regular quality committee meetings. The quality co-ordinator monitors progress of improvement activities through an improvement log, arranging ongoing consultations and evaluations as necessary. Various communication mechanisms are in place, providing feedback to stakeholders. Staff are satisfied with regular information provided to them regarding the continuous improvement program, and the opportunities available for them to raise suggestions.

Improvement activities and achievements demonstrated by the home relating to resident lifestyle include:

- Management and staff identified a need to review the lifestyle staff’s working hours and other support resources. Following discussions, increased resources and time allocation were applied, with positive staff feedback regarding the improvement.
- Senior management and staff identified the need for additional resident lifestyle activities in the memory support unit. Considerable discussion and planning resulted in the introduction of a Sundowners’ program for residents. The program operates seven days per week, and feedback from staff has been positive.

#### **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

The home has systems and processes to identify relevant legislation, regulations, standards and guidelines that impact on resident lifestyle. The home receives notification of legislative changes through links with peak industry bodies, which are recorded in the legislative update folder as changes are released. The quality co-ordinator is responsible for reviewing updates received, and conveying information to relevant department heads and work groups. Ongoing monitoring of compliance occurs through various audit processes and outcomes reported at regular staff meetings. Changes are applied to on-site documentation, and staff education sessions arranged as necessary. Staff confirmed they are provided training for changes impacting on their work group. Some examples of regulatory compliance changes relating to resident lifestyle include resident agreements, guardianships and individual resident lifestyle requirements.

### **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

Management and staff are satisfied with the ongoing support provided to them, in the development of skills and knowledge in resident lifestyle. The home has systems and processes for identifying, planning and reviewing staff education and development, and is guided by the organisation's human resources officer. The director of care creates and maintains a training plan through a needs analysis process, with training sessions also including elder abuse, dementia care and various lifestyle training. Residents' changing acuity needs are regularly monitored and staff training adjusted and provided as necessary. Additional training needs are also identified through staff incident data, legislative changes, performance appraisals, ongoing competency assessments and through discussions at regular staff meetings. Management uses various feedback and evaluation mechanisms to gauge the effectiveness of training sessions for ongoing staff support and skill development in resident lifestyle.

### **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 satisfied with the support they receive in the home in adjusting to the new environment and coping with their emotional needs. Management liaises with residents and their representatives to organise site tour and provide necessary information prior to residents' entry. An orientation checklist guides staff members in resident orientation and new residents are introduced to other residents in the home. A leisure and lifestyle assessment is conducted within six weeks of residents' entry, taking into consideration residents' medical and social history, personal, cultural and religious preference for formulation of lifestyle plans. Residents are visited individually by volunteers and staff at least once a week to facilitate

communication and bondage between residents and the home. Lifestyle plans are evaluated and reviewed every four months by lifestyle staff based on feedback from staff members, residents and their representatives. Residents are able to furnish their rooms with personal possessions. Regular resident newsletters, resident meetings and activity calendars are provided to inform residents of news in the home and leisure activities that are available to them. An on-site chapel organises worship services to meet religious needs of residents.

### **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

Care and lifestyle assessments provide information about residents' individual independence needs and preferences. Residents' independence in mobility is maximised through physiotherapy program, exercise plans and outing activities organised according to individual residents' physical capacity. Kitchenettes are available in residents' rooms providing them independence to prepare their own tea and snacks. A garden café and a gift are available on-site to meet residents' daily shopping needs. The home maintains trust accounts for residents who wish to use this service to independently manage minor daily expenses, such as hairdressing and shopping. Leisure and lifestyle activities are provided to facilitate communication and promote positive interactions among residents. Families and friends feel welcomed by staff and management during their visits to the home and a private dining room is available for holding of private functions by residents and families.

### **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

Residents and their representatives are satisfied that their privacy, dignity and confidentiality are recognised and respected. Residents live in single rooms with ensuite bathrooms allowing personal hygiene and continence needs to be undertaken in their rooms. They confirm that there is sufficient personal space in the living environment. Staff members are trained in residents' privacy and dignity requirements and they sign confidentiality agreements on appointment. Education sessions about elder abuse and mandatory reporting are conducted for staff and volunteers. An in-house hairdresser provides hair dressing and beauty services to meet residents' grooming needs. Confidential information such as decision on residents' end of life wishes is discussed with family members only with consent by residents. Staff members agree that they have sufficient time to deliver resident care and services. They knock on residents' doors and wait for permissions before entry to the rooms.

### **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

Residents and their representatives are satisfied with the leisure and lifestyle activities provided to them. Lifestyle staff take into account individual residents' social, cultural, religious background, personal interests, medical and cognitive conditions in the activity planning. Residents attend group and individualised leisure activities organised to their preference and interests. Residents' attendance and enjoyment of these activities are recorded for ongoing assessment and lifestyle plan review every four months. Periodic activity planners are reviewed by lifestyle staff based on feedback from residents and staff members. These planners are provided to residents in advance for their choice of attendance.

### **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

Residents and representatives are satisfied with the range of activities and the support provided by staff. Residents' social history, interests and preferences are identified on entry. This information is used for formulation of the group and individual activity planners. An on-site chapel conducts weekly worship services for residents of various religious denominations. A chaplain visits residents regularly on their requests. The home celebrates theme days throughout the year with particular nationalities, cultures, sports and festivals featured. The home's leisure and lifestyle activity programs are supported by volunteers from various social and religious communities. Staff and volunteers facilitate group and individual activities and they conduct regular visits to individual residents. Suggestions and complaints are followed up and actioned by management with outcomes reported to individual residents and in resident and staff meetings.

### **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 agree that they are supported in their choice and decision making over lifestyle and interests. Residents and their authorised representatives are identified and consulted regularly on residents' interests and lifestyle preferences. Residents can furnish and arrange their rooms to suit their personal preference without compromising environmental safety. Resident meetings, surveys, comment and complaint mechanisms and individual discussions are provided for residents and representatives to voice their opinions and concerns. Information is disseminated to residents and representatives through newsletters, posters and meetings Management monitor residents' satisfaction in care and services through regular surveys.

### **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

Residents and their representatives confirm that they feel safe living in the home and are encouraged to provide feedback to management when concerns arise. Resident information packages are provided to residents on entry. Information on residents' rights, responsibilities and access to external advocates are included in information packages. Resident agreements are discussed with residents and their representatives by management prior to their signing with photocopies provided to them for future reference. Residents and their representatives with questions relating to this function are attended to by a corporate accountant for clarification. Translation service is arranged if a need is identified. External advocacy services are invited to provide information sessions to residents in the home.

## **Standard 4 – Physical environment and safe systems**

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

### **4.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

Residents interviewed are aware of the home’s quality management system, and how they can contribute to continuous improvement. The home uses processes in its recently reviewed quality improvement framework, to identify, action and evaluate opportunities for improvement in physical environment and safe systems. These include a combination of audits, suggestions, comments and complaints, improvement forms, incidents, risks and hazards identified, and discussions through regular quality committee meetings. The quality co-ordinator monitors progress of improvement activities through an improvement log, arranging ongoing consultations and evaluations as necessary. Various communication mechanisms are in place, providing feedback to stakeholders. Staff are satisfied with regular information provided to them regarding the continuous improvement program, and the opportunities available for them to raise suggestions.

Improvement activities and achievements demonstrated by the home relating to physical environment and safe systems include:

- The catering supervisor identified the need to introduce a more hygienic resident name tag for use at meals, to minimise potential cross infection. Discussions resulted in the introduction of a sealed laminated name tag, with positive staff feedback.
- Staff identified the need to improve staff safety and resident comfort when arranging resident seating in the dining room. Following considerable discussion and product trials and evaluation, a dining chair on castors was introduced. Residents and staff confirm the improved safety features now present in the dining areas, and complimented management on the initiative.
- Management considered potential improvements available in the process of emergency evacuation of residents. Following discussions with external providers, resident evacuation equipment was purchased and placed at key access points at the facility, and staff trained. Whilst not fully evaluated, staff have confirmed the benefits of this management initiative.

### **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

The home has systems and processes to identify relevant legislation, regulations, standards and guidelines that impact on physical environment and safe systems. The home receives notification of legislative changes through links with peak industry bodies, which are recorded in the legislative update folder as changes are released. The quality co-ordinator is responsible for reviewing updates received, and conveying information to relevant department heads and work groups. Ongoing monitoring of compliance occurs through various audit processes and regular staff meetings. Changes are applied to on-site documentation, and staff education sessions arranged as necessary. Staff confirmed they are provided training for changes impacting on their work group. Some examples of regulatory compliance changes relating to physical environment and safe systems include building certification, infection control guidelines and environmental requirements, fire regulations and security systems.

#### **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

Management and staff are satisfied with the ongoing support provided to them, in the development of skills and knowledge in physical environment and safe systems. The home has systems and processes for identifying, planning and reviewing staff education and development, and is guided by the organisation's human resources officer. The director of care creates and maintains a training plan through a needs analysis process, with training sessions also including food safety, hand-washing, infection control and 'safety for all'. Residents' changing acuity needs are regularly monitored and staff training adjusted and provided as necessary. Additional training needs are also identified through staff incident data, legislative changes, performance appraisals, ongoing competencies and through discussions at regular staff meetings. Management uses various feedback and evaluation mechanisms to gauge the effectiveness of training sessions for ongoing staff support and skill development in physical environment and safe systems.

#### **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

Residents and representatives are satisfied with the level of comfort and security of the living environment. The home has systems to provide a safe and comfortable living environment for residents, consistent with resident needs. Residents are accommodated in single rooms with ensuite bathrooms with rooms furnished according to individual choice. An on-site chapel is available for reflection and worship services.

There are several dining and communal lounges throughout the home, with temperature control maintained by heating and cooling systems. The maintenance manager oversees the preventative maintenance and electrical testing and tagging programs, with hospitality services ensuring the environment remains clear and uncluttered. Monitoring of resident safety, comfort and satisfaction occurs through the comments suggestions and complaints process, incident reports, satisfaction surveys, individual care assessments, environmental audits and feedback from various meetings. Restraint management for residents is guided by policies and procedures when required.

#### **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 systems to identify, address and monitor occupational health and safety (OHS) issues, to provide an effective and safe working environment. The OHS committee meets regularly and monitors safety issues, including resident and staff incidents, hazard reports and results of work place inspections, measuring progress against the annual OHS plan. Policies and procedures guide staff through safe work practices and regulatory requirements, with ongoing training and education provided to assist in reducing staff incidents. Maintenance activities are carried out according to a planned maintenance schedule, or as problems are identified, to ensure equipment is kept in safe working order. The home uses audits and staff practices to monitor OHS issues, with identified improvement opportunities raised for discussion at various meetings. Staff demonstrated they are aware of responsibilities, in providing a safe working environment.

#### **4.6 Fire, security and other emergencies**

*This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".*

##### **Team's recommendation**

Does comply

Residents interviewed confirmed their satisfaction in feeling secure, and knowing how to respond in the event of a fire alarm. The home applies established processes in managing emergencies, maintaining related equipment, and conducting regular safety and environmental checks, to minimise fire, security and emergency risks. External contractors regularly undertake compliance testing of fire suppression equipment, in accordance with the home's essential safety provision schedule, and provide training in fire and emergency procedures. Registered nurses are trained as fire wardens for emergency situations, with documented safety procedures available to all staff. The maintenance manager monitors general maintenance logs daily, and regularly inspects back up emergency equipment. Staff confirmed they are aware of the home's procedures for fire safety, their responsibilities and actions required in response to an emergency event.

#### **4.7 Infection control**

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

##### **Team's recommendation**

Does comply

Residents are satisfied with hygiene practices demonstrated within the home. The director of care oversees the home's infection control activities, with a dedicated registered nurse responsible as infection control coordinator. The infection control coordinator logs the data electronically, and information is captured for monthly reporting to the Clinical Review and Assessment Committee. The home offers annual influenza vaccinations to residents and staff. The director of care monitors the effectiveness of the infection control program through various audits. Results are discussed at clinical staff meetings and reported to the organisational Infection Control Committee. Staff confirm their understanding of standard precautions to minimise potential cross infection.

#### **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

Residents and representatives are satisfied that the home provides hospitality services, consistent with individual needs and preferences. The home has systems to provide and monitor quality hospitality services, including catering, cleaning and laundry for residents, as well as a safe work environment for staff. The home uses a four-weekly rotating seasonal menu to prepare meals cooked fresh on-site, catering for ongoing individual resident adjustments. Cleaning processes incorporate colour-coded equipment, and are maintained using a six day weekly work schedule with daily task lists. The laundering service for residents' linen and towels is provided externally, with personal garments laundered on-site. The hospitality services manager regularly monitors processes through various audits and inspections, ensuring compliance with legislative and infection control guidelines, and provides relevant feedback to stakeholders through various reporting mechanisms. Staff confirm the home's hospitality services are provided to enhance residents' quality of life and the overall work environment.