



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

Decision to Accredit Bellhaven Aged Care Facility

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

The Agency has also decided that the period of accreditation of Bellhaven Aged Care Facility is 3 years, until 8 July 2010.

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

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

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

Ann Wunsch
State Manager
NSW/ACT

Information considered in making an accreditation decision

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

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

Service and Approved Provider Details

Service Details

Service Name: Bellhaven Aged Care Facility
RACS ID: 2825
Number of beds: 46 Number of High Care Residents: 45
Special Needs Group catered for: People of Aboriginal or Torres Strait descent.
People with dementia or related disorders.

Street/PO Box: Warruga Place
City: WELLINGTON State: NSW Postcode: 2820
Phone: 02 6845 1577 / 6885 Facsimile: 02 6845 1764
6270
Email address: colleenw@drslac.com.au

Approved Provider

Approved Provider: Dubbo RSL Aged Care Association Ltd

Assessment Team

Team Leader: Ms Christine Ommensen
Team Member/s: Ms Frances Stewart

Date/s of audit: 17/04/2007 to 18/04/2007

Executive summary of Assessment Team's Report

Accreditation Decision

Standard 3: Resident Lifestyle

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

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

Standard 4: Physical Environment and Safe Systems

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

Agency Findings
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant

Assessment team's reasons for recommendations to the Agency

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



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

SITE AUDIT REPORT

Name of Home	Bellhaven Aged Care Facility
RACS ID	2825

Executive summary

This is the report of a site audit of Bellhaven Aged Care Facility 2825, Waruga Place, WELLINGTON NSW 2820 from 17 April 2007 to 18 April 2007 submitted to The Aged Care Standards and Accreditation Agency Ltd on 23 April 2007.

Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

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

The assessment team recommends that the period of accreditation be 3 years.

Assessment team's recommendation regarding support contacts

The assessment team recommends that there should be 2 support contacts during the period of accreditation and the first should be within 12 months.

Assessment team's reasons for recommendations

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

Site Audit Report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 17 April 2007 to 18 April 2007.

The audit was conducted in accordance with the *Accreditation Grant Principles 1999* and the *Accountability Principles 1998*. The assessment team consisted of (TeamSize - Table G) 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:	Ms Christine Ommensen
Team Member/s:	Ms Frances Stewart

Approved provider details

Approved provider:	Dubbo RSL Aged Care Association Ltd
--------------------	-------------------------------------

Details of home

Name of home:	Bellhaven Aged Care Facility
RACS ID:	2825

Total number of allocated places:	46
Number of residents during site audit:	44
Number of high care residents during site audit:	44
Special needs catered for:	Residents of Aboriginal or Torres Strait Island descent

Street/PO Box:	Waruga Place	State:	NSW
City/Town:	WELLINGTON	Postcode:	2820

Phone number:	02 6845 1577	Facsimile:	02 6845 1764
E-mail address:	colleenw@drslac.com.au		

Assessment team's recommendation regarding accreditation

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

The assessment team recommends that the period of accreditation be 3 years.

Assessment team's recommendation regarding support contacts

The assessment team recommends that there should be 2 support contacts during the period of accreditation and the first should be within 12 months.

Assessment team's reasons for recommendations

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

Audit trail

The assessment team spent 2 days on-site and gathered information from the following:

Interviews

	Number		Number
Chief Executive Officer CEO	1	Cleaning staff	1
Director of Nursing DON	1	Cook	1
Deputy Director of Nursing DDON	1	Catering staff	1
Registered Nurses	2	Maintenance staff	1
Assistants in Nursing	5	Fire services contractor	1
Diversional Therapist	1	Residents	5
Laundry staff/Level 1 Fire Officer	1	Relatives	4

Sampled documents

	Number		Number
Residents' files including assessments, social profiles, progress notes, doctors' notes	5	Personnel files employee details, contract of employment, confidentiality agreements, performance review, resume, references, Training records, assessments & competencies	5
Medication charts	17		

Other documents reviewed

The team also reviewed:

- Accident and Incident reports
- Activities program
- Annual Fire Safety Statement
- Aromatherapy nursing care plans
- Audits
- Award Information
- Bellhaven Bugle
- Bellhaven newsletter
- Cleaning Policies and procedures
- Cleaning schedules
- Comments and complaints register
- Comments, Suggestion and Complaints forms
- Confidentiality agreements
- Continuous improvement folder for diversional therapy
- Daily report writing calender
- Diet analysis sheets
- Diversional therapy activities manual
- Diversional therapy daily diary
- Diversional therapy minutes
- Diversional therapy resources
- Diversional therapy tick sheet folder
- Environmental audits
- Falls risk assessment
- Hand over sheets
- Human Resource Management - Policies & Procedures including recruitment, orientation, employee compliance, employee relations, counseling, discipline, termination, redundancy & grievance procedures.
- Human Resources Plan 2007
- Improvement logs
- Infection information
- Job descriptions
- Maintenance logs
- Maintenance records
- Maintenance request book
- Medication charts
- Menus
- Minutes of meetings - Board, Executive management, Quality & Occupational health & safety, Residents/relatives,

- MSDS sheets
- Newsletters – residents, staff
- Nursing practice and procedures
- NSW Food Authority - preliminary audit report
- Pharmacy order sheets
- Plan for continuous improvement
- Police check records
- Policies & procedures - counseling & discipline, code of conduct & ethics
- Policies and procedures - Infection control, Outbreak management information,
- Policy and procedures for diversional therapy
- Professional development calendar
- Project Status Report for Proposed upgrade of "Bellhaven Nursing Home" Wellington
- Relatives and friends meeting minute's folder
- Reports to the Board (January, February, March 2007)
- Resident files
- Resident handbook
- Residential aged care agreement - high level care
- Residents' food likes and dislikes
- Rosters
- S4 drug register
- S8 drug register
- Service & supplier agreements
- Staff handbook (revised January 2007)
- Staff orientation checklists
- Strategic five to ten year plan December 2006
- Surveys
- Temperature monitoring charts - refrigerator, freezer, coolroom, dishwasher, hot and cold food,
- Training records
- Vision, mission and philosophy statements
- Water mixing valves temperature control checks
- Yearly Education Planner

Observations

The team observed the following:

- Activities in progress
- Air mattresses
- Battery chargers
- Call bell system
- Chemical storage (secured)
- Dining room during lunch meal, staff assisting residents with meals
- Diversional therapy resources store

- Equipment and supply storage areas
- Evacuation maps
- Interactions between staff and residents
- Large print library books
- Lifting equipment
- Living environment - indoor and outdoor
- Medication round
- Medication storage
- Mobile bath
- Oxygen cylinders
- Personal protective and colour coded equipment,
- Secure storage of resident information
- Sharps containers
- Shower chairs
- Staff room
- Storage – linen, clinical, cleaning, chemical and general goods
- Storage of medications and medication round in progress
- Suggestion box
- Various mobility aids and pressure relieving equipment in use and in storage

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 overall responsibility for Bellhaven Aged Care Facility rests with the Board of Management, whilst the day to day management is the responsibility of the Director of Nursing who reports to the Chief Executive Officer. The home implements group systems and processes to ensure that continuous improvement opportunities are identified, planned, implemented and evaluated. The continuous improvement framework is defined by the group and consists of a committee structure, reporting processes and performance measures. Processes linked to and supporting the quality program include policy and procedure development and review, quality assurance action through internal and external audits and customer focussed activities in the form of satisfaction surveys and feedback through resident and staff meetings, and through well established comments, complaints and suggestion mechanisms. Results of the team’s interviews, observations and review of documentation confirmed that stakeholders are involved in the quality program and that the home is responsive to issues identified and suggestions for improvement.

Examples of continuous improvement activities relevant to Accreditation Standard One include:

- Duties lists for all staff were revised and updated to better meet identified care service demands. (August 2006)
- A special pressure relieving mattress was purchased to support individual resident care and improve skin integrity for those who are bed bound. (February 2007)
- Other equipment recently purchased to meet identified resident need includes: assistive cutlery, two new shower/commode chairs, two air coolers, and a hi/lo bed, bringing the total number available to five.
- A system has been implemented to ensure police checks are completed for all staff, volunteers and external contractors who come in direct contact, in an unsupervised role, with residents. All new staff are required to provide police checks when appointed to their positions. The CEO explained the legislative requirements and the process to all staff at a recent meeting. (March 2007)

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

There is a system in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines in relation to

all four Accreditation Standards. Identification of information is through membership of industry associations and subscriptions to government and other information services. This information is tabled at the departmental management meetings, staff meetings and where appropriate at residents' meetings. Policies and procedures embrace regulatory compliance and are updated as indicated. Monitoring of regulatory compliance with relevant legislation and regulatory requirements is carried out through the service's auditing system, reviews by external auditors and is reflected in the education program which includes competency assessments.

Government changes to residents' fees and charges are notified to all stakeholders in writing. Industrial relations' updates and award information is readily available to staff. Information outlining the internal and external complaints' mechanism is clearly outlined in the residents' agreement and the residents' handbook.

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 identified the knowledge and skills required for effective management of the home and delivery of services to residents. This was confirmed by observation of work practices, interviews with stakeholders and review of documentation. The education program includes mandatory training, inservice information on specific topics, one to one theoretical and practical sessions, external seminars and courses, orientation, mentoring, equipment and product training. A Certificate III in Aged Care Work course is coordinated and run on site (over twelve months) by the workplace trainer. One assistant in nursing is presently being supported to complete registered nursing training. The CEO told the team that there is an "open mind" to training and staff are encouraged to develop their skills through the provision of resources such as text books and other educational aids. Education is provided to all staff across all shifts and rosters are re-arranged to support attendance.

Education sessions and courses relating to this accreditation standard, which were attended by staff: include salary sacrificing, leadership and change management, internal awards and counter leave accruals (in excel).

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

Results of the team's interviews, observation and documentation review confirmed that residents, relatives and other stakeholders have access to internal and external complaints' mechanisms, which are clearly outlined in the resident's agreement and resident's handbook. There are a variety of ways in which feedback to management can be undertaken and these include residents' meetings, resident/relative satisfaction surveys, improvement logs, through external complaints bodies, and verbally to staff or management. A review of written complaints demonstrated that issues are investigated, acted upon promptly and feedback is provided to those raising concerns. The DON supports and "open door" policy and most issues are dealt with as they arise. This was confirmed by residents and relatives who preferred to raise matters with staff

or discuss them directly with the DON whom everyone reported "was approachable and responded quickly".

1.5 Planning and leadership

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

Team's recommendation

Does comply

The organisation has documented the home's vision, values, philosophy and objectives, which are displayed in the foyer and included in key documentation provided to all stakeholders. In addition, there are mechanisms in place for communication, planning and review of services. There are effective committee and reporting systems, as well as business planning and budgeting processes that underpin the provision of services.

1.6 Human resource management

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

Team's recommendation

Does comply

The results of the team's observations, documentation review and interviews revealed that there are sufficient, appropriately skilled and qualified staff for services to be delivered in accordance with the needs of residents. This is supported by the implementation of human resource policies and procedures, which cover recruitment, orientation, performance review, a competency assessment program and the maintenance of staff records. Code of conduct and disciplinary procedures are in place and have recently been reviewed. Approaches are often made to the home by staff seeking employment and these applicants proceed through the formal recruitment process. A registered nurse from Zimbabwe has been sponsored by the organisation to work at the home. Staffing levels are flexible and through a pool of casual staff can be adjusted according to fluctuations in identified resident care needs. Multi-skilling of staff is in place and all staff are willing to help out across the site. Staff interviewed told the team that they enjoy their work, are well supported and trained. Residents and their relatives interviewed reported that all staff treat them with care and respect.

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

Stock rotation processes together with responsible budgeting, purchasing through preferred suppliers, inventory control, asset management and the home's maintenance of equipment through routine and preventive maintenance programs ensures this ongoing program is effective. The team's observations, interviews and review of documentation demonstrated that appropriate stocks of goods and equipment, food, furniture and linen are achieved through adherence to effective policies and procedures. Residents and their representatives indicated that there are always

appropriate stocks of goods and equipment for care and services. The DON provided examples of specific goods and equipment purchased to meet individual resident care needs.

1.8 Information systems

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

Team's recommendation

Does comply

There are systems in place to effectively manage the creation, usage, storage and destruction of records including electronic records. The home disseminates information to management, staff and residents/representatives in relation to resident care, organisational changes and other matters of interest to them. This is achieved through reports to the Board, the internet, policy and procedure manuals, case conferences, clinical records, verbal and written handovers, weekly morning tea meetings, an information book for registered nurses, an information noticeboard in the foyer for residents and their representatives, staff and resident meetings, email, newsletters, memos and education sessions. Document control systems are in place and archiving of records is undertaken. Electronic records are password protected and the system is backed up to the main server in Dubbo and to camel tapes, which are stored in a fireproof safe on site. All residents and relatives interviewed confirmed that they are informed about issues that are of interest to them.

1.9 External services

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

Team's recommendation

Does comply

All external services are provided in a way that meets the home's needs and quality goals. The results of the team's observations, interviews and review of documentation demonstrated that the home has an effective system in place to identify preferred and major suppliers of goods, equipment and services and to review performance against agreed objectives. Contracts and/or simple service agreements exist with suppliers of services such as cleaning, catering, pharmaceutical supplies, continence supplies, pest control, waste management, fire equipment and safe systems. Mechanisms to monitor services provided by external providers include checking goods on arrival, observation of contractors' work, a review of completed works and feedback from stakeholders. Unsatisfactory service is dealt with by the organisation following reports from the homes.

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 results of the team's observations, interviews and review of documentation demonstrated active pursuit of continuous improvement in relation to this Accreditation standard. For comments regarding the continuous improvement system see expected outcome 1.1 Continuous improvement.

Some examples of improvements relating to clinical care are:

- A physiotherapist was recruited to support resident care, formulate, write and evaluate care plans. This role also includes identification of manual handling needs for residents and inservice education for staff to support the correct use of equipment. (January 2006)
- Visual checks were implemented for all residents and a number of new glasses were purchased as a result. (January 2006)
- An apron to be worn during medication rounds requesting that the carer not be disturbed in order to reduce the chance of medication errors was implemented. (February 2006)
- Continence aid assessment plans were introduced. (March 2006)
- Nursing care plans were reviewed to cover all categories and summary care plans and evaluation sheets were implemented. (July 2006)
- A review of staffing in Jasmine unit, where most of the residents with dementia are accommodated, indicated that some staff were experiencing higher levels of stress. Staff who demonstrated patience, resilience and sound skills in behaviour management were given the opportunity to remain in the unit, whilst others were rotated through all areas of the nursing home. Extensive education in dementia care was implemented. This has resulted in residents responding more positively to staff, and in turn has shown a reduction in pressure areas and an improved resident nutrition and hydration. (January 2007)
- The pharmacist reviewed medication systems and some areas for improvement were highlighted. Updated allergy lists are now faxed to the pharmacist on a monthly basis, the current audit form has been aligned to best practice and the pharmacy is ensuring that medication labels are not placed over expiry dates on topical medications. (March 2007)
- The palliative care room was set up to allow relatives to stay with their terminally ill resident in comfort. A sofa bed, refrigerator for food and drinks, and other furniture together with tea and coffee making facilities are now available to increase the comfort of residents and their family during the palliative stages of life. (March 2007)
- The Bellhaven Medication Advisory Committee commenced in March 2007 and is made up of the DON, key staff from the local hostel, a doctor and a pharmacist. The DON also attends the Dubbo Medication Advisory Committee Meeting, which includes representation from all aged care facilities and which meets bi-monthly.

- A local audiometry assessment and testing service has agreed to provide visiting services and hearing aids to the residents of the home.
- A falls prevention committee consisting of the DON, DDON, physiotherapist and physiotherapy aide meet monthly to analyse residents' falls data and to review frequently falling residents. Suitable interventions are implemented, reviewed and the outcomes evaluated. Once trends are established quality improvements are explored.

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

For information regarding the processes for ensuring Regulatory Compliance across the home refer to 1.2 Regulatory Compliance.

Bellhaven Aged Care Facility maintains a registration log to ensure all professional registrations are current for their practicing professionals, such as registered nurses, enrolled nurses, podiatrists and physiotherapists. The team reviewed this and registrations were found to be current.

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

See expected outcome 1.3 Education and staff development for the systems and processes in place to identify staff training needs and assess the learning outcomes.

Education relevant to health and personal care conducted during 2005-7 included: How to use the urinalysis machine - RN's, First Aid, Multiple Sclerosis, Stoma care, Campaign to increase resident focussed care, Anaphylaxis (epi-pen), Leading practice - Aged care, Bandaging, Certificate III Traineeships in Aged Care for 2007, Care of Hearing Aids, Continence Management. An assistant in nursing is being supported by the organisation to complete registered nurse training. Other training is delivered to meet identified gaps in care staff skills and has proved very beneficial in supporting staff confidence and resident care.

2.4 Clinical care

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

Team's recommendation

Does comply

The management demonstrated that residents receive the care that is appropriate to their needs and preferences. The residents' initial care needs are documented by staff on the entry data base forms, which have ongoing assessment and evaluation during the residents' stay at the home. The registered nurse formulates the nursing care plans in consultation with the residents, their representatives and medical staff to ensure that

the appropriate care is individualised to each resident's needs. This process is assisted by the consultation with the resident and representative, with case conferences, telephone conversations and resident meetings by the management and the care staff.

The nursing care plans are formulated within the correct time frame and the evaluation is ongoing and at regular intervals. The registered nurse, who oversees the clinical care evaluates the nursing care plans. The resident's clinical / medical needs are monitored daily by the staff and any changes to their condition is reported to the local doctor or relevant health professional by either telephone or fax. The team reviewed the residents' clinical files and where necessary, there was a referral process to external health professionals. The team reviewed the home's auditing process, which ensures that the clinical care needs of the residents are managed appropriately. All residents and their representatives interviewed expressed satisfaction with the care given by the nursing staff

2.5 Specialised nursing care needs

This expected outcome requires that "residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's recommendation

Does comply

The home has a system in place to identify and assess the specific specialised nursing care needs of each resident. The system ensures that the care needs of each resident are implemented, monitored and reviewed regularly by the appropriate qualified staff. The specialised needs are identified and assessed on entry and on an ongoing basis. The home currently provides specialised nursing care for residents requiring insulin administration, warfarin therapy, catheter care and PEG feedings. The documentation reviewed identified that assessment, care planning monitoring and the registered nurses undertake evaluation of residents specialised nursing needs. The staff interviewed by the team demonstrated a sound knowledge of the residents specialised nursing care needs. Residents and their representatives expressed satisfaction with the care provided to them in regard to their specialised nursing 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

A number of allied health professionals visit the home on an ongoing basis. These include a physiotherapist, speech pathologist, psycho geriatrician, podiatrist, and hearing specialist. The documentation reviewed by the team including the residents' files confirmed that the residents are referred to allied health professionals and services based on identified needs. The residents' clinical files showed the links between consultation with medical and allied health professionals. Management informed the team that the home arranges the appointments in consultation with the family. Staff assist residents and their representatives in arranging appointments to external health care providers. The home has information on the types of external health services and how to access the services well displayed throughout the home and this is discussed at residents'/representatives' meetings. The residents and their representatives interviewed were very happy with the current system, and confirmed that the residents' needs are always discussed with the family or representative to ensure that the residents' needs are met.

2.7 Medication management

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

Team’s recommendation

Does comply

The home has a system to ensure that the residents’ medication is prescribed, dispensed, stored, administered and disposed of correctly. Registered nurses administer the medication directly to the residents. The home has an auditing process and acts upon any issues identified from the audit results. These audits are attended monthly and the results are tabled at the registered nurse meetings and medical advisory committee meetings. Medications are administered from a prepacked system from the pharmacy by the staff. A photo identification of each resident with date of birth and allergies are clearly defined on each medication chart. The medication charts are signed in an appropriate manner and between medication rounds the medication trolley is stored in the locked treatment room. The home has commenced a medical advisory committee and this includes the local doctor, pharmacist and management staff from the home. Staff undertakes regular education on medication management. Residents’ feedback indicated that they are satisfied with the way their medication is managed.

2.8 Pain management

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

Team’s recommendation

Does comply

There is a process in place to identify residents pain needs on entry to the home. The staff assesses the resident pain levels through the assessment process and ongoing monitoring of the resident's pain. Pain strategies are documented onto the residents’ nursing care plans. The home uses verbal and non-verbal assessment tools to identify pain levels. The pain requirements of each resident are monitored and regular reviews of the medication or pain management by the local doctor occurs as required. The home provides a range of pain relieving treatment for the management of residents’ pain. This includes physiotherapy, massage, aromatherapy, use of pressure relieving equipment, analgesia and, if required, referral to the palliative care team based at the local hospital. The residents interviewed confirmed that their pain needs are managed well, that staff are responsive and provide them with pain relief when requested. Staff education continues with alternative pain management and the introduction of pain management flow chart.

2.9 Palliative care

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

Team’s recommendation

Does comply

The home has a system in place to ensure that the comfort, dignity and privacy of the terminally ill resident is maintained. The initial entry assessment and the care planning information provide the staff with the necessary knowledge, when coupled with the wishes of the resident and their representatives, to care for the resident who requires palliative nursing care. The home provides the opportunity for the residents to be transferred to the local hospital, if required, for further treatment. Access to palliative

care services from the local hospital and other specialist services are provided for those residents who choose to remain in the home. The home has a room, which includes a sofa bed, new refrigerator and tea and coffee making amenities for the residents and their representatives, who wish to stay over night. Staff is provided with education in grief and loss palliative care.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

Residents’ dietary needs and preferences are obtained on entry to the home. This information is provided to the catering services. The information is collected through the initial assessment process and is documented onto the residents nursing care plan that is regularly reviewed by the registered nurse. The nutrition and hydration needs of the residents are linked to other care needs, including skin integrity, specialised nursing procedures and bowel management, through the assessment process. Regular monitoring of the residents’ weights, menu preferences and feedback from resident meetings are included in the evaluation process. The staff interviewed reported that residents’ special needs are catered for and this includes special meals, puree diets and thickened fluids. Residents with swallowing difficulty are assessed by the speech pathologist from the local hospital as required. The food served during the lunchtime meal was well presented with a variety of foods and textures and residents confirmed enjoyment of their meal.

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 during entry and reviewed regularly to ensure that the skin integrity is maintained and is consistent with their general health condition. Any changes to skin integrity are documented in the initial database and then the information is transferred to the resident’s nursing care plan. Wound charts are completed for any resident who has a wound and these are also documented onto the resident’s nursing care plan. These are reviewed and evaluated weekly or as required. Care staff discusses any changes to the residents’ skin condition during weekly morning tea meetings. The wound nurse was observed using the individual wound dressing pack with sterile dressings. A podiatrist visits residents on a regular basis and report any changes to the registered nurse. The staff has compulsory manual handling to ensure that the correct procedure for transferring residents and preventing skin tears, bruising, or skin damage is followed. This includes the use of manual handling equipment such as handling aids, mechanical lifting equipment, continence aids, and linen trolleys. The home collects and reports on the residents’ accidents and incidents and the information is reviewed by the director of nursing and then tabled at the OH& S meeting at the end of each month. Staff interviewed have a sound knowledge of wound management and have attended ongoing wound management lectures given by the area health wound management consultant.

2.12 Continence management

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

Team’s recommendation

Does comply

Assessment of residents’ continence is attended and completed during entry to the home, documented and reviewed on an ongoing basis. The assessment process includes individual assessments, a 3-day flow chart, the toileting needs of the individual resident and fluid balance charts. Individualised nursing care plans are formulated from the initial assessment to manage the residents continence program. The residents’ bowel management program is maintained and monitored daily. Education is ongoing for the care of catheters and regular reinsertion of resident catheters is attended at the local hospital. Continence aids for residents, who are not able to follow continence programs, are obtained from an external company. Staff reported that there was no shortage of supply for residents. Education to staff is ongoing to manage and maintain residents’ privacy and dignity in relation to their continence management. The home has access to the local continence advisor in consultation with the local doctor for any resident requiring further medical assistance. The documentation reviewed and the staff interviewed by the team showed that they are aware of the residents’ needs regarding continence management and have ongoing education to ensure that the residents assessment and monitoring process is maintained.

2.13 Behavioural management

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

Team’s recommendation

Does comply

The home has an effective system to manage the needs of the residents with challenging behaviours. The residents are assessed during entry to the home using the 48-hour behaviour assessment chart, which includes residents’ past history obtained from the entry information or the residents’ family. The staff monitor the residents’ behaviour to identify patterns and triggers that instigate any challenging behaviours. The home has strategies in place to assist the staff to manage the residents’ behaviours. The information is documented in the progress notes and handed over at the end of each shift to incoming staff. Individualised nursing care plans are formulated and on going monitoring and evaluation by the registered staff, continues in a timely manner. The documentation reviewed showed that the residents have access to the psycho geriatrician through the local doctor for further consultation and management if required.

2.14 Mobility, dexterity and rehabilitation

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

Team's recommendation

Does comply

The home has recently recruited a physiotherapist who is currently reassessing all residents within the nursing home. The documentation reviewed shows the assessment process being used in the formulation of nursing care plan. This identifies the strategies that will assist the mobility and dexterity of each individual resident. The home has a resident risk falls assessment program. The physiotherapist aid or the care staff implements the program that has been formulated by the physiotherapist on an individual basis. The diversional therapist conducts a daily exercise program. The home has various aids to assist with the residents' mobility including forearm support frames, lifters, wheelchairs and slide sheets. Residents expressed satisfaction with the assistance they receive from the staff regarding their mobility and dexterity.

2.15 Oral and dental care.

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

Team's recommendation

Does comply

Residents' oral and dental needs are assessed on entry and on an ongoing basis. Care staff assist with the residents' oral hygiene and dental health to ensure that it is maintained and, where appropriate, staff assist by cleaning dentures including soaking them overnight and ensuring residents' dentures are fitting properly. The local dentist and staff arrange any dental appointments and the residents are transferred to the dental surgery in the home's bus. Those residents who are to be treated by the dental health scheme have access to that program through the hospital. Residents are provided with the appropriate dental health products. Staff interviewed demonstrated a sound knowledge of the dental health requirements of each resident.

2.16 Sensory loss

This expected outcome requires that "residents' sensory losses are identified and managed effectively".

Team's recommendation

Does comply

The home has a system to identify the residents who have sensory loss to ensure they are managed effectively. From the initial assessment of residents when they enter the home, the staff identify the residents requiring extra assistance with vision and audiology. The residents have access to the optometrist, occupational therapist from the local hospital and the hearing services. The care staff formulate the strategies from the assessment information and it is documented onto the residents' nursing care plan. The staff assesses the level of assistance required by the resident for managing spectacles and hearing aids. The staff interviewed were familiar with interventions for the management of residents' sensory loss. The home has large print books, aroma therapy, mood lighting and a sensory trolley containing a variety of items suitable for

the residents to familiarise themselves with sensory activities including a mini water fall, soft clothes, flowers and fruit.

2.17 Sleep

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

Team’s recommendation

Does comply

Residents sleep patterns are assessed on entry to the home and documented in the residents’ nursing care plans. The history of the residents sleep patterns is obtained from the admission data and the residents’ relatives. Individual sleep management strategies are included in the residents nursing care plan. Aromatherapy is used to enhance sleep patterns. The sleep patterns are monitored by the staff and reported at handover each day if there are any changes to the sleep routines. There is a wide range of measures to assist residents who experience sleep difficulties. The local doctor is informed of any changes to the resident sleep patterns and will order alternatives if required. Residents interviewed reported that they generally sleep well and staff will assist them to ensure that they get a restful night’s 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

For a description of the structure of the continuous improvement system please refer to 1.1 Continuous improvement. The following are examples of improvements relevant to resident lifestyle:

- Many residents leave pets behind when they enter residential care and to fill this gap the home purchased two cockateels, which live in a portable aviary that can be wheeled around from one area to another for the personal enjoyment of residents.
- A younger resident has been given a vegetable plot, which supports his independence and occupies his time. Residents will have the opportunity of eating fresh vegetables when they are ripe.
- A volunteer was nominated by the residents and was successful in achieving an award for Citizen of the Year for long standing services to the community.
- The sensory activity program was revised in January 2007 and the bread maker, which was purchased in June 2006 is in regular use to stimulate the residents' sensory needs, as well as their appetite, with fresh warm bread at morning tea.
- The eight-week rotating menu was recently reviewed by a dietician and it was recommended that the rotation be reduced to six weekly. Other recommendations regarding pureed food at lunch and tea time are being considered for implementation.

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

For information regarding the processes for ensuring Regulatory Compliance across the home refer to 1.2 Regulatory Compliance.

Residents receive documentation on privacy legislation governing the release of information at the point of entry to the home and all staff sign confidentiality agreements.

All residents are issued with a resident’s agreement which incorporates clauses required by law such as a 14 day cooling off period, reference to the User Rights Principles (1997) and the provision of specified care and services. The resident agreement includes security of tenure regarding transferring of occupation. Prospective residents are required to agree to move after being fully assessed and without being subject to any pressure from management. The documents displayed and stored on

site to inform of relevant legislation and regulatory compliance include the charter of residents' rights and responsibilities, privacy policy and the residents' handbook.

3.3 Education and staff development

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

Team's recommendation

Does comply

See 1.3 Education and staff development for the systems and processes in place to identify staff training needs and assess the learning outcomes.

Training sessions relevant to resident lifestyle conducted during 2005-7 included: Elder Abuse, Death and dying, Grief and loss and staff attended a Diversional Therapy Workshop in Dubbo where the Diversional therapist presented a paper. Two staff members have commenced Certificate IV in Community Services (Leisure and 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

The home is able to demonstrate that each resident receives support in adjusting to life in the home on entry and on an ongoing basis. Assessments of the residents' specific needs and preferences including their social history, care and life style preferences are undertaken on entry to the home. The information is then used to formulate the nursing care plans and the lifestyle and activity profile of each individual resident. The nursing care plans are updated and evaluated regularly to suit the residents' needs. The activities' staff informed the team that the home has a large support group of community visitors that regularly join the residents and assist with daily activities. The home communicates with residents and their representatives through the resident meetings, newsletters and telephone conversations. Residents and residents representatives expressed general satisfaction with the support received in adjusting to life in the home and with the ongoing assistance provided to meet their emotional needs.

3.5 Independence

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

Team's recommendation

Does comply

The residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Assessment of residents' particular needs, abilities and capabilities for independence are undertaken on entry to the home. The team reviewed the individual nursing care plans, the group activity book, bus outings, and daily activities' planner, which showed that the home provides the residents with opportunities to engage with other residents, staff and visitors from the general community. Residents have their own garden beds to cultivate

vegetables and flowers. The activities' staff encouraged special flower days allowing all residents to participate in growing and cutting of roses grown in the garden. A number of residents continue to go out with their families on special occasions or participate in activities in the home with their relatives.

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' rights to privacy, dignity and confidentiality is recognised and respected. This is facilitated by the appropriate staff practices in attending resident's care and is based on resident preferences that are assessed by the staff on entry to the home. Staff were observed to draw the curtains around residents beds, close bathroom doors, and use privacy gowns for modesty when transferring residents from their rooms to the bathrooms. Residents' files and personal information were secured behind locked doors. The residents were well groomed and dressed appropriately for the weather conditions. Staff were observed to knock before entry into the residents rooms to alert the resident of their presence. Audits and surveys are used to monitor the residents' privacy and dignity and on entry to the home the residents sign a privacy statement.

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

Assessments of the residents' specific needs and preferences are collected on entry to the home and on an ongoing basis. Residents are encouraged and supported by the home to participate in a wide range of activities of interest to them. The information obtained from surveys, resident representatives meetings and one to one discussions is used to formulate the resident's individual plan or group activities. The information is then transferred on to the residents' nursing care plan, which is reviewed and evaluated. The activities program is held in both the dementia area and the activities lounge over the seven-day period. The documentation reviewed and interviews with the staff and residents/residents representatives confirmed the linkage between the resident's individual interests and the activities program. Communication boards, newsletters, posters through out the home advise residents of up coming events and outing lists and the activity diary is displayed. The staff education is extensive and the diversional therapy coordinator is a current member of the professional association and also delivers lectures both for internal staff and externally to the wider community. Residents and their representatives were very happy with the services provided by the home.

3.8 Cultural and spiritual life

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

Team's recommendation

Does comply

An assessment of residents' spiritual and cultural needs, customs and beliefs is performed on entry to the home and on an ongoing basis. The information gathered is recorded onto the resident's nursing care plan. The residents are encouraged to maintain spiritual and cultural links with the local community. The home has regular church services and residents of all denominations are encouraged to attend and participate. The home celebrates special religious and cultural days, for example Melbourne Cup, Easter and Christmas. With their permission, residents' photos attending a variety of activities held in the home are displayed on the notice boards. Residents and residents' representatives are very happy with the support provided to meet their spiritual and cultural needs.

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

The home has a number of mechanisms in place for residents and their representatives to participate in decisions about the services that they receive. This includes resident meetings; resident surveys, comments and complaints process and through verbal feed back to the staff. Residents and their representatives are able to participate in the decisions about the services they receive and are able to exercise control over their lifestyles while not infringing on the rights of others. Assessment of the residents' specific needs and preferences is undertaken on entry to the home and reviewed on an ongoing basis. The home formulates the nursing care plans from the information gathered. The residents' nursing care plans reviewed confirmed that the residents' preferences with respect to meals, diet and personal care are reflected in the nursing care plan. The residents' rooms are personalised with individual personal items openly displayed. Residents and their representatives interviewed were very satisfied with the choices and options available to them throughout the home.

3.10 Resident security of tenure and responsibilities

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

Team's recommendation

Does comply

The home has a system in place to manage security of tenure for the residents. Residents are aware of their rights and responsibilities including fees and charges. Residents and their representatives meet with management to discuss the entry process, information regarding security of tenure is given to the resident and their representative at this time. Resident meetings enable the residents to have input into the daily running of the home. Consultation is made prior to moving rooms or if a change of accommodation is required and is usually at the instigation of the family. Residents representatives interviewed were satisfied with the manner in which the home informs them of their rights.

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

For a description of the structure of the continuous improvement system please refer to 1.1 Continuous Improvement. The following are examples of improvements relevant to the physical environment and safe systems:

- Work is soon to begin on a twenty bed extension to the existing nursing home building in order to provide more space and improved facilities for the residents, who are presently accommodated in one, two, three and four bed rooms. Whilst there will be no additional places for residents, increased recreational space and improved access to bathrooms will also result from the project, which is necessary to meet 2008 Certification requirements.
- The NSW Food Authority carried out a preliminary audit of the food services and the kitchen area of the home and a number of recommendations were implemented as a result.

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 team observed documents throughout the home to inform staff of relevant legislation and regulatory requirements such as occupational health and safety, manual handling information, food safety guidelines in the kitchen and infection control policies and procedures. All staff working in the kitchen have received training and were observed following safe food handling practices. Compliance with legislation is ensured through monitoring of staff work practices, hazard identification, incident and accident reporting, workplace safety inspections, routine and preventative maintenance systems, and occupational health and safety discussions at the various committee meetings.

The Annual Fire Safety Statement certifying that fire equipment is appropriate and suitably serviced was displayed in the foyer. The notification of assessment against the 1999 Building Certification Instrument showed Bellhaven Aged Care Facility scoring greater than 19 out of 25 in section one (safety).

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

See 1.3 Education and staff development for the systems and processes in place to identify staff training needs and assess the learning outcomes.

Staff training conducted during 2005-7 included: Infection Control – Hand washing Techniques, Manual Handling Practices, Use of lifter and slings, Workplace Hygiene - Food Handlers, Occupational Health and Safety Procedures, Safe Chemical Use, Urinalysis - collecting and reading results, Fire Identification, Evacuation Procedures and Safe Use of Fire Equipment.

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' needs are identified on entry and the care and services available at the home are outlined in the residents' handbook. Mechanisms, such as the residents' satisfaction survey, residents' newsletter and residents' meetings allow residents to have input into their living environment. Residents are accommodated in four, three, two and single bed rooms with easy access to bathrooms and toilets and there are resident lounge areas as well as covered verandahs and open garden courtyards, which allow for visitors to be privately entertained. Residents are invited to bring small items of a personal nature to decorate their rooms. Staff are aware of and assist with the requirements of those who suffer with dementia, sensory loss and other special needs. To ensure safety and security for all residents and staff all external doors to the building are checked and locked by night staff. All residents interviewed expressed satisfaction with their living environment and in a number of instances, residents commented that the home provides a sense of security that they didn't always feel when home alone.

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 team observed that the home has systems in place to identify and manage hazards and accidents/incidents and to provide a safe working environment. Comprehensive occupational health and safety policies and procedures are available for all staff. All staff accidents and incidents are analysed by the occupational health and safety committee, trends are also discussed and safe work practices are designed. Environmental audits and related maintenance programs identify and rectify potential environmental risks within the living, working environment. Research of equipment prior to purchase is part of the risk management system. Occupational health and safety

representatives stated and training records verified that new staff receive manual handling training as part of the orientation process with all staff undergoing an annual review. Return to work processes are in place for injured workers and a range of interventions are available to rehabilitate or assist this process. All staff interviewed by the team demonstrated an understanding of, and enthusiasm for the practices required to support safety in the workplace.

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 ensure the safety and security of residents and staff. Monitoring of all equipment by the maintenance supervisor, regular checks of fire fighting and warning systems by external fire contractors are carried out, lock-up processes and fire and emergency evacuation procedures are in place. Fire evacuation maps are correctly orientated and emergency procedure folders are located at strategic points throughout the building. Staff confirmed their attendance at compulsory fire safety training and demonstrated an understanding of evacuation procedures and use of fire fighting equipment. The fire safety officer (level one) outlined the environmental auditing processes in place. An emergency disaster welfare and evacuation plan is in place. Safe systems include electrical tagging of appliances, staff identification badges, visitors' sign in/sign out register, a designated smoking area for staff and lockup procedures. Effective hazard reporting, workplace audits, as well as incident and accident notification, ensures a safe and comfortable environment which promotes residents' independence and supports care needs.

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. This involves regular updating of infection control policies and procedures, outbreak management guidelines, an infection control surveillance and reporting system, a hazard/risk management system, a waste management system, a food safety program, dirty to clean flow in the laundry, cleaning schedules and temperature monitoring. The infection control coordinator collects and collates infection data, analyses causes and together with staff on the floor, supports interventions. Preventive measures, for example fluvax immunisation, cranberry juice and extra fluids, are encouraged and interventions such as regular chest physiotherapy and chest percussion are implemented. Information regarding infections is discussed at occupational health and safety and quality meetings. Environmental audits and procedures for safe work practices are in place. All staff demonstrated a strong understanding of infection control as it pertained to each specific work area and practices observed by the team were consistent with effective infection control including hand washing, the use of personal protective equipment/clothing and colour coded equipment in all areas.

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

The home has a system where food is fresh cooked on site following a 8 week rotating menu. Trays are taken to residents who are unable to attend the dining room. A dietician has reviewed the menu in relation to its nutritional value and some changes in line with resident preferences have been implemented. Catering staff have attended safe food handling training and implemented hazard and critical control points (HACCP) principles in the kitchen, systems ensure that residents' food preferences are met and communication between care and catering staff support any changes to clinical nutritional requirements. The catering staff was able to provide numerous examples of how the system ensures that residents receive good quality food services. Residents interviewed expressed enjoyment of the home-style menu, which provides choice and variety.

Cleaning

The living environment was observed to be clean and cleaning programs were outlined to the team by the cleaner and noted to be in place. The staff interviewed demonstrated a working knowledge of the home's cleaning schedules, practices and safe chemical use. Chemicals used in the service were observed to be safely stored and material safety data sheets were available and accessible. The cleaning roster ensures all rooms are cleaned daily according to a set schedule. A rotating schedule is in place to spring clean all rooms and furniture weekly and curtains when necessary. The team observed colour-coded cleaning mops, buckets, gloves and cloths in use in all areas. The cleaners' room was locked and the cleaning trolley was not left unattended. Residents and relatives interviewed were very satisfied with the level of cleanliness of their rooms and of the home.

Laundry

Laundry staff explained the laundering process and the labeling system in place to reduce loss of personal clothing, which is laundered on site. All flat linen is also laundered on site. There is a system in place for distribution of residents' clothes and decanting of linen to the residential wings. The team observed the laundry areas operating in accordance with the home's infection control guidelines. Chemical storage is secured and noted to be operating within occupational health and safety guidelines. All chemicals are auto-dosed into the commercial washing machines, which are programmed to meet the various washing processes. Residents and their representatives confirmed clothes are cleanly laundered and returned in a timely manner.