



Australian Government

Australian Aged Care Quality Agency

Colton Court Nursing Home

RACS ID 6980
84 Valley View Drive
MCLAREN VALE SA 5171

Approved provider: Aged Care & Housing Group Inc

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for five years until 27 May 2020.

We made our decision on 30 March 2015.

The audit was conducted on 16 February 2015 to 17 February 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

Expected outcome	Quality Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2: Health and personal care

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.

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

Standard 3: Resident lifestyle

Principle:

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

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

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.

Expected outcome	Quality Agency decision
4.1 Continuous improvement	Met
4.2 Regulatory compliance	Met
4.3 Education and staff development	Met
4.4 Living environment	Met
4.5 Occupational health and safety	Met
4.6 Fire, security and other emergencies	Met
4.7 Infection control	Met
4.8 Catering, cleaning and laundry services	Met



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Audit Report

Colton Court Nursing Home 6980

Approved provider: Aged Care & Housing Group Inc

Introduction

This is the report of a re-accreditation audit from 16 February 2015 to 17 February 2015 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, care recipient lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 16 February 2015 to 17 February 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of two registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 2014.

Assessment team

Team leader:	Cate Quist
Team member:	Andy McArdle

Approved provider details

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

Name of home:	Colton Court Nursing Home
RACS ID:	6980

Total number of allocated places:	39
Number of care recipients during audit:	37
Number of care recipients receiving high care during audit:	34
Special needs catered for:	People with dementia or related disorders

Street:	84 Valley View Drive
City:	MCLAREN VALE
State:	SA
Postcode:	5171
Phone number:	08 8329 4900
Facsimile:	08 8329 4999
E-mail address:	tbowie@ach.org.au

Audit trail

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

Interviews

Category	Number
Management	2
Corporate service management and staff	13
Registered and enrolled nurses	3
Care staff	7
Care recipients/representatives	8
Ancillary staff	3
Maintenance staff	1
Reception/administration	1

Sampled documents

Category	Number
Care plans and progress notes including lifestyle care plans	9
Care recipients' files	7
Medication charts	6
Personnel files	2

Other documents reviewed

The team also reviewed:

- ACH Group Good Lives for Older People vision and mission statement
- ACH Group Organisational Quality Framework
- ACH Group site/region safety activity plan
- Activity program
- Archiving system
- Asset management system
- Call bell monitoring documentation
- Cleaning schedules and documentation
- Colton Court Residential Guide

- Comments and complaints documentation
- Communication diary
- Contingency, bushfire and emergency evacuation documentation
- Continuous improvement documentation
- Contractor documentation
- Document management hub
- Drugs of dependence register
- Education and training documentation
- Fire safety records, triennial and fire drill / training documentation
- Food safety plan, records and council audit reports
- Handover sheets and alerts
- Hazard and incident documentation
- Healthy Ageing Smooth Transition Pack
- Human resource information
- Infection control data and information
- Lifestyle program information/evaluations
- Mandatory reporting register
- Police clearance and professional registration documentation
- Reactive and preventative maintenance register
- Regulatory compliance and industry alert log
- Specialised diets, menus and meal planning documentation
- Staff education workbooks
- Stock ordering and rotation documentation
- Test and tagging documentation
- Validated assessment tools
- Various audits, surveys and trending data
- Various meeting minutes
- Various policies and procedures

- Workplace health & safety documentation
- Wound treatment charts

Observations

The team observed the following:

- ACH values and mission statement displayed
- Activities in progress
- Charter of resident rights and responsibilities displayed
- Cleaning in progress
- Equipment and supply storage areas
- Evacuation kit and supplies
- Fire sprinkler and alarm testing during visit
- Firefighting equipment tagged and stamped
- Infection control resources
- Interactions between staff and care recipients
- Internal and external complaints and advocacy documentation displayed
- Living environment external and internal
- Secure chemical storage areas
- Short observation in the memory support unit
- Storage of medications
- Suggestion box

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Colton Court is guided by ACH group corporate systems to promote, guide and monitor the management of continuous improvement. Information about continuous improvement processes are provided to care recipients and staff through induction and admission processes, handbooks, meetings and the education system. The continuous quality improvement procedure provides guidance in identifying, planning, implementing, evaluating and sharing continuous improvement projects. Continuous improvement activities are identified through research projects, care recipient and staff feedback, comments and complaints, surveys and audits. Improvements are logged and progress tracked at Quality meetings. The organisation monitors continuous improvement through regular corporate and divisional quality meetings with each site represented at divisional meetings. Meeting minutes and project evaluations exhibit the organisation and home actively pursue continuous improvement and are responsive to the needs of care recipients. Staff and care recipients interviewed were able to give examples of recent improvements and said they are encouraged to participate in continuous improvement.

Examples of improvement initiatives implemented by the home over the past 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- Management identified the home's document storage systems were outdated and were not efficient in protecting documentation from being weather damaged or easily located. After planning, consultation, review of policy and staff training, an external provider was sourced to collect, archive and manage the home's documentation in line with legislative requirements. Feedback from staff involved is that the new system has had a positive impact in respect to filing and accessing of information. Management advised the new system has been so successful that plans are being made to extend the range of documents being archived and managed offsite.
- A recent internal audit of the home's sling maintenance inspections identified gaps in ensuring regular service checks of all slings, finding that a number of slings had not been inspected. The home identified this was due to having no register or system to record maintenance of slings. After reviewing the homes entire stock of slings, a register was constructed and a system introduced to enable the home to ensure all slings were appropriately maintained. After further planning and consultation, the home has implemented the new slings register and maintenance processes, with recent audits

finding that 100% of slings were reviewed and accounted for. Feedback from staff has been that the new register makes it easier for them to ensure quality care is maintained.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home is guided by the ACH Group framework for managing regulatory compliance. The Regulatory Compliance and Industry Communications Log gathers applicable notifications and changes as they arise. Information is received through peak body industry alerts, Coroner’s recommendations, Federal, State and local legislative updates and better practice guidelines. Regulatory compliance is managed by the residential quality manager, who communicates information to site managers, who distribute information through the home’s communication systems, including site memo system, and relevant staff meetings. The ACH Group residential division has a regulatory compliance intranet site which includes active links to all relevant legislation and standards. Controlled information, including work instructions, policies and procedures is developed in accordance with current regulation and better practice guidelines. Compliance is monitored through competency assessments, education, audits and review of controlled information. Monitoring systems demonstrate the organisation has systems to identify and monitor compliance with relevant legislation, regulations and guidelines. Staff gave examples of legislative responsibilities relevant to their role and said their practices are regularly monitored and reviewed.

Management provided examples of legislative requirements in relation to Standard 1 Management systems, staffing and organisational development, including:

- Care recipients and representatives notified in writing of re-accreditation audit
- Monitoring of professional registrations
- Police checks for staff, allied health professionals and external contractors.

1.3 Education and staff development:

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

Team’s findings

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively. The central induction process includes information about ACH Group aims and objectives, work health and safety, working with older people and people with dementia, healthy ageing and the ‘Group Dementia project’. In addition an on-site induction provides site specific information and support mechanisms for staff. Training needs are identified through the performance development system, surveys, mandatory requirements and as needed to cater to care recipient care needs and trends. Staff are required to attend annual mandatory training days and complete workbooks and questionnaires throughout the year. All training sessions are measured in respect to attendance and evaluated. Ongoing training is provided at

meetings, with a variety of internal and external services presenting information. Staff undergo regular structured competency assessments. The effectiveness of the training program is monitored corporately as well as at site level through staff surveys, meetings and training evaluations. Results indicate the training program meets organisational and legislative requirements. Staff said they are satisfied with the training provided and feel encouraged to develop their skills and knowledge. Care recipients and representatives said they are satisfied with the skills, knowledge and practices of management and staff.

Examples of education conducted on-site and through corporate services over the past 12 months in relation to Management systems, staffing and organisational development include:

- Workplace matters/risk management
- Regulatory compliance
- Corporate induction and onsite orientation
- Mentoring/buddy system.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Care recipients, representatives and other interested parties have access to internal and external complaints mechanisms. Care recipients and their representatives are provided with information about internal and external complaint and advocacy mechanisms via the entry interview process, resident admission pack, displayed information, newsletters and resident and representative meetings. Complaints are recorded, investigated and confidentiality maintained through the home's system, which allows anonymous feedback through 'Please Let Us Know' forms and suggestion boxes. The site manager oversees this process and monitors all types of feedback. Advocacy services are sought as required and invited to attend resident and representative meetings, in addition to information brochures on display in the home. Compliments, suggestions and complaints are reviewed corporately and on-site to identify trends and to ensure consistency. Monitoring of satisfaction occurs through care evaluation, consultation with care recipients and representatives, meetings and resident surveys. Care recipients and representatives said they are comfortable with management and staff and have no issues raising concerns with them.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

ACH has a documented residential care service's vision, values, philosophy, objectives and commitment to quality throughout the organisation titled 'Good Lives For Older People'. This

document details how the organisation plans to achieve their vision and mission statement. These are further documented in resident and staff handbooks, information brochures and copies displayed throughout the home. ACH has a commitment to healthy ageing and quality care service delivery, which is reflected in policies, procedures and meeting minutes. ACH's 'Good Lives For Older People' details the home's commitment to holistic care and to maintain organisational values and goals. The home's management attend divisional Quality Committee meetings in order to facilitate organisational quality assurance activities.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

There are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and ACH's philosophy and objectives. ACH manages their human resource needs corporately, including recruitment, performance management processes and consultation. Site level management liaise with corporate staff to deal with any human resource matters. Colton Court has a rostering system, available to staff and updated on a daily basis in response to current care needs. The registered nurse is responsible for ensuring an appropriate skill mix on a given day and is authorised to extend shift times as required. Staff said extra shifts or hours are allocated as needed, for example for managing incidents. Management monitor and alter staffing needs in response to care recipient and staff feedback, review of incident data, competency testing, surveys, meetings and use of agency staff. Results demonstrate adequate numbers of appropriately skilled staff are maintained. Corporately managed systems ensure relevant legislative requirements are maintained in respect to police certificates and professional registrations. Staff said they are supported to develop their skills through internal and external resources and management is responsive to feedback regarding staffing levels. Care recipients and representatives said staff are responsive to their care and lifestyle needs.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home maintains appropriate stocks of goods and equipment using the ACH Group inventory and equipment system. Staff are invited to make recommendations for equipment through the budget process. Corporate and on site systems ensure appropriate levels of goods are maintained at all times. The onsite housekeeper has access to a database and ordering system for supplies. Equipment maintenance and calibration is scheduled and compliance regularly checked. There are outbreak and evacuation kits available in case of emergencies. There are processes for purchasing, assessing risks and trialling new equipment. Monitoring occurs through feedback, surveys, meetings and regular reviews.

Maintenance records, equipment and cleaning check lists demonstrate appropriate levels of goods are maintained and equipment is serviced regularly. Staff said their requests for equipment and goods are responded to quickly and they receive training and input into the

introduction of new inventory and equipment. Care recipients said there are sufficient goods and equipment to provide for their individual needs and preferences.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

Colton Court is guided by the ACH Group information management system which provides staff, care recipients and their families, access to accurate and appropriate information. Care recipients receive information about living in Colton Court, rights and responsibilities and feedback mechanisms via the handbook, information guide and residential agreement. A variety of information is available on site, including a newsletter, consumer brochures, notice boards and various meetings. The intranet information hubs and resource manuals on-site provide staff access to information to guide clinical care, medication management, healthy ageing/lifestyle, quality and admission processes. Key information, such as audits, surveys and incident data are collected according to a corporate schedule and analysed at site and corporate level. There are procedures for secure storage and managing confidential information, including electronic information. Management at site and corporate level monitor legislative reporting requirements. The organisation has introduced an electronic 'Document Management System' which controls policies, procedures, work instructions, guidelines and reference information for staff. The home monitors information systems through internal and external audits and feedback from consumers. Results show the home has systems to support care recipients, representatives and staff to access and use appropriate information. Staff interviewed said they have access to the care and operational information they require to perform their role. Care recipients and representatives are satisfied they have access to information to make decisions about care recipients' care and lifestyle.

1.9 External services

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

Team's findings

The home meets this expected outcome

The ACH Group maintains external service contracts which ensure care and services are provided in conjunction with their overarching philosophy and quality standard of care.

Contracts for external services are identified through care recipient needs and preferences, legislative requirements and site needs. There is a preferred supplier list on the ACH Group intranet which is maintained by the procurement team which the home has ongoing consultation and input into. Corporately monitored processes include maintaining and reviewing contracts, viewing relevant qualifications, insurance and police certificate details. Corporate reviews and evaluation, site feedback from management, staff, care recipients and representatives monitor external services used by the home. On site, the home's maintenance staff supervise external contractors. On arrival at Colton Court contractors complete a permit to work, sign the visitors' book and are required to wear a visitors' badge, ensuring their identity is evident to care recipients and staff. External services are monitored through the resident survey, verbal feedback and observation and quality of practices. On site management liaise with external services to discuss any issues which arise. Monitoring processes show external services are provided according to organisational standards. Staff

said they are satisfied with external services and have opportunity to provide feedback regarding all external services. Care recipients and representatives said they are satisfied with the external services provided to them.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

In relation to Standard 2 Health and personal care, the home identifies improvements from staff and care recipient feedback, comments and complaints, incidents and care plan review. Staff record care recipient incidents, including falls, behaviours, wounds, infections, medication errors, hazards, reportable assaults and unexplained absences of care recipients. Continuous improvement activities are monitored corporately and managed by the site manager, with continuous improvement discussed at various meetings. Results show care recipients and staff are satisfied the home supports them to provide feedback and suggestions.

Examples of improvement activities and achievements relating to Standard 2 Health and personal care include:

- Through staff feedback, management identified the need for an environment where staff could discuss and regularly review individual care recipient cases on a holistic level. After planning and consultation, management introduced a multi-disciplinary group meeting, where a range of staff, from care, clinical, lifestyle, allied health professionals and management meet to discuss and review care recipients. Management advised these groups have been well received by staff as it provides an avenue for a more in depth and regular review of circumstances, increasing staff knowledge of care recipients.
- As a result of a recent audit, management identified there were inconsistencies in staff knowledge in respect to maintenance of care recipient hearing aids. After planning and consultation with relevant stakeholders, management arranged for staff to receive training and information regarding hearing aid maintenance. Management advised the home arranged for their registered nurses to facilitate further audits to review progress of staff knowledge and practices. Results indicated staff are more confident and knowledgeable in ensuring hearing aids are regularly checked. Feedback from staff has been positive and indicates they welcomed the additional training and support.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for further information relating to the home’s regulatory compliance systems and processes. Management provided examples of legislative requirements in relation to Standard 2 Health and personal care including:

- Process for notification of unexplained absences.
- Processes and appropriately qualified staff to provide specialised nursing care needs.
- Safe and secure storage of medications.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes. In relation to Standard 2 Health and personal care, staff appraisal processes, incident data and current care recipients’ needs are used to identify and plan staff education.

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

- Continence management
- Dementia dynamics and supportive behaviours
- Hearing aid management
- Management of swallow deficits and nutritional supplements
- Medication management
- Oxygen management
- Palliative care including advance care directives.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Care recipients receive clinical care that is appropriate to their individual needs and preferences. Colton Court adopts a holistic approach to identify and provide care recipients’ clinical care needs with an emphasis on consultation, care recipient choice and application of best practice principles. On the day of admission an interim care plan is developed utilising information from the consultation process and medical history. Nursing staff use baseline screening tools to identify care recipients at risk and plan appropriate care. Ongoing comprehensive clinical and allied health assessments inform the development and evaluation of an individualised care plan. Registered nurses monitor care needs, conduct a scheduled care evaluation and consult with the medical officer and allied health team as required. Handover sheets, exception reporting notes and the alert system communicate active and resolved care issues. Incidents are monitored and trended at site and corporate level. The home monitors care recipients’ clinical care through regular clinical observations, care evaluations, case conferences and clinical audits. Stakeholder satisfaction with clinical care is monitored through feedback mechanisms and the residential survey. Results demonstrate care recipients are provided care and support to maintain their health and wellbeing according to their individual needs and preferences. Staff provided care information consistent with care recipients’ care plans. Care recipients and representatives were complimentary about the health and personal care provided and staff responsiveness to their individual care needs.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Registered nurses conduct specialised care assessments, develop care plans and evaluate care interventions. Care plans include detailed information about specialised care needs and special equipment required. Nursing staff receive relevant education and competency assessment for specialised care. Specialised nursing care is monitored through care plan evaluations, resident survey, case conference and audits.

Results show specialised care needs are identified, attended and monitored by appropriately qualified staff. Staff described their responsibilities with regard to specialised care and said they have access to education, guidelines and clinical practice resources. Care recipients and representatives said they are satisfied with specialised nursing care provided.

2.6 Other health and related services

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

Team’s findings

The home meets this expected outcome

Care recipients are referred to health specialists according to their assessed needs and preferences. Registered nursing staff assess the need for specialist health services through ongoing consultation and monitoring processes and refer as appropriate. Physiotherapy assessments and interventions are provided to all care recipients according to needs and preferences. Nursing staff refer to allied health services, such as speech pathology, dietitian, and dental services as required. Other specialist services including palliative care, mental health services and wound care specialist are accessed when need is identified. Specialist treatment orders are recorded in the care plan and communicated through the alert and exceptional reporting system. Nursing staff can refer to the multidisciplinary ‘Early Intervention Working Party’ who plan and monitor strategies to support rehabilitation. The home monitors the referral process through care recipient feedback, care evaluations, and audits. Results show staff use the standard referral process to access appropriate specialist services when needs are identified. Staff said they are informed of changes to care recipients’ needs through handover and care plan processes. Care recipients and representatives said they are satisfied they have access to health specialists according to their individual needs and preferences.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Care recipients’ medication is managed safely and correctly. The organisation has comprehensive systems and processes to guide and monitor medication management practices. Registered nursing staff assess, document and monitor medication administration needs in consultation with the care recipient and the medical officer. Nursing staff administer care recipients’ medication and the home supports care recipients who wish to self-administer. There are processes for appropriate ordering, safe storage and disposal of medications. The home maintains an imprest stock for emergency use. The medical officer and pharmacist review medication charts and provide ongoing consultation with regard to medication management. Nursing staff complete an annual medication management workbook and competency assessment. The site manager chairs the ACH Group Medication Advisory Committee which meets every quarter and monitors medication management systems and staff practices. Charts are checked daily and medication incidents documented and monitored. Medication management audits are performed by senior clinical staff and gap analysis is actioned. Results show medication administration needs are identified, documented and monitored and staff follow safe administration practices.

Staff said they understand their responsibilities for safe and correct medication management. Care recipients and representatives are satisfied with the home’s medication management.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Care recipients’ pain is managed to ensure they are as free as possible from pain. On entry care recipients are assessed by registered nursing staff, allied health and medical personnel for needs and preferences relating to pain. This information is used to develop individual care plans. Validated pain monitoring tools are used to assess all care recipients, including those with cognitive deficits. Nursing staff consider physical, emotional and psychological function when assessing and planning pain management strategies. Identified pain is addressed through a variety of interventions, including regular and as required medication, physiotherapy treatments and exercises, heat packs, well-being programs and massage.

Medical officers are consulted as required. Interventions related to breakthrough pain are documented in exception reporting notes by nursing staff and noted on handover sheets. Pain management is monitored through care plan evaluations, observations, satisfaction surveys and audits. Results show care recipients’ pain is identified, strategies for management are documented and staff provide care consistent with planned interventions. Staff gave examples of individual pain management preferences and said they are aware of the non-verbal signs of pain. Care recipients said they are satisfied their pain is managed according to their individual needs and preferences.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

Care recipients receive appropriate palliative care that maintains their comfort and dignity during the terminal stages of life. Registered nursing staff assess, document and monitor care recipients’ end of life care wishes in consultation with the care recipient, their family and relevant medical support. Advance Directives are included in admission packs and care recipients not recently admitted have been posted information regarding the new legislation. Nursing staff commence a palliative care plan when required considering individual preferences regarding spiritual, cultural and social care. Nursing staff take a collaborative approach consulting with the care recipient, family and medical officer. Specialist palliative services are accessed as required. Staff utilise comfort measures, such as hot towel sponges and aromatherapy. Palliative care services are monitored through case conference, audit, resident survey and ongoing consultation with care recipients, families and staff.

Results show care recipients end of life care wishes are identified, documented and respected. Staff said they receive palliative care training and are supported to provide care according to care recipients’ individual needs and preferences. Survey results show care recipients stated that staff respect their choices and are supporting, caring and professional.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients receive adequate nourishment and hydration. Registered nurses assess care recipients’ food preferences, nutrition and hydration risk factors and cultural requirements. Care plans and diet sheets include modified food and fluid needs, supplements, level of assistance and special aids required. Swallow deficit and dental issues are followed up with speech pathologist and dental service as required. All care staff complete a mandatory education session on swallow deficits and nutritional supplements. Diet notification process and feedback forms communicate changes in dietary requirements. Care recipient weight is monitored and specialist advice sought when required. Care recipients are encouraged to advise staff regarding changes in food preferences. Quiet, private and small dining areas are conducive to achieving an enjoyable dining experience and staff are available to assist when needed. Monitoring processes include weight management, audits, care plan evaluations and meal time observations.

Results show that care recipients’ dietary needs and preferences are documented and reviewed. Staff described interventions for management of individual nutrition and hydration needs. Care recipients said they are satisfied their nutrition and hydration needs and their individual preferences are met.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients’ skin integrity is consistent with their general health. Registered nurses assess, document and monitor skin care needs using a risk identification and early intervention approach. Care plan information includes specific directions to maintain skin integrity, including massage, mobilisation and regular positioning. Equipment to support care plan interventions includes pressure relieving mattresses and skin care products. Nursing staff provide wound care according to organisational assessment and management tools. Skin incidents are recorded and monitored and registered nursing staff evaluate skin and wound care on a regular basis. Results show care recipients’ skin care needs are identified, documented and monitored. Staff complete skin care workbooks and have ongoing access to clinical support from registered nursing staff. Staff gave examples of skin care needs consistent with planned care. Care recipients and representatives said they are satisfied with the care provided in relation to skin integrity.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has a continence management system that identifies individual care recipients’ needs and guides staff to plan appropriate care. Care recipients have an ensuite bathroom which promotes privacy and dignity. Clinical assessment processes identify individual functional ability, health history and comfort care needs. A care staff member has the role of continence leader and is responsible for stock maintenance, review and update of individual continence aid needs. The continence product specialist provides consultation, education and product use audits and a site continence group meet to review and discuss continence issues. Infections which may affect continence are monitored. Care evaluation, continence audit and care recipient feedback monitor the effectiveness of care interventions. Results show individual care and comfort needs are identified, documented and reviewed. Staff gave examples of individual needs consistent with planned care. Care recipients said staff are responsive to their care and comfort needs.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

Care recipients with challenging behaviours are managed effectively according to their individual needs and preferences. Nursing staff assess, document and review behaviour management needs in consultation with the care recipient, family and relevant health professionals. Behaviour and risk management plans are developed and regularly reviewed. The restraint minimisation policy supports the home’s goal to support individual right to access the environment without undue restriction. Nursing staff access behaviour management consultation services as required and the pharmacist provides regular medication information for review. The effectiveness of behaviour management strategies is monitored through observations, incident reporting, care plan evaluations, case conferences, and audits. Results show that individual needs and preferences are identified, documented and monitored. Staff gave examples of how they effectively manage care recipients with challenging behaviours and said they are supported with appropriate behaviour management education. Care recipients and representatives said they are satisfied with the home’s approach to managing challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Care recipients receive care that optimises their mobility and dexterity. Nursing staff and the physiotherapist complete a physical and mental assessment and falls risk screening when

care recipients enter the home. Strategies and risk management plans are developed to support mobility and dexterity. The physiotherapy aide conducts a walking and exercise group and care plans include exercises to incorporate into daily living activities. There are trikes on site as an alternative to walking. Staff monitor individual needs and refer to the

Early Intervention Working Party when risk to maintenance of mobility is identified. Recovery pathways are developed to assist care recipients in maintaining their independence, mobility and dexterity. A range of equipment is utilised to support independence, including movement sensors, low beds, hip protectors and walking frames. Staff conduct safety checks for care recipients at risk. Incidents related to mobility and dexterity are recorded and monitored and the home has a falls champion staff member who monitors falls management. Regular care plan evaluations, audits and consultation processes monitor the effectiveness of mobility and dexterity care. Results show care needs are identified, documented and monitored. Staff gave examples of how they assist care recipients to maintain optimum levels of mobility and dexterity. Care recipients and representatives said they are satisfied the care provided assists their mobility and dexterity.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

Care recipients’ oral and dental health is maintained according to their individual needs and preferences. The admission process includes an oral and dental assessment in consultation with the care recipient and family. Where dental issues are identified nursing staff refer for dental services or the preferred dentist. The oral and dental care plan guides care staff in individual needs and preferences. A staff member who has completed training in oral and dental care works within a schedule to ensure changeover of toothbrushes and relevant dental items. Special mouth care products are available if needed. Oral and dental care is monitored through regular oral and dental hygiene assessment, care evaluation and audits. Results show oral and dental care needs are identified, documented and monitored. Staff gave examples of individual oral and dental care consistent with planned care. Care recipients said they are satisfied the care provided maintains their oral and dental health.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

Care recipients’ sensory losses are identified and managed effectively according to their individual needs and preferences. Nursing staff assess for sensory loss in consultation with the care recipient. Where sensory deficit is identified interventions are planned and documented to support care recipients to maintain optimal wellbeing. Strategies include management of aids, aromatherapy and enhancement of the taste of food. Nursing staff refer to health professionals, such as the audiologist and optometrist as required. Music, cooking and utilising the garden areas provide sensory experiences. Nursing staff monitor the management of sensory loss through care evaluation, audit and feedback from care recipients. Results show sensory loss is identified and appropriate management strategies are documented in care plans. Staff gave examples of strategies to manage sensory loss consistent with planned care.

Care recipients and representatives said they are satisfied sensory loss is identified and managed effectively.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Care recipients are provided with care to assist them to achieve natural sleep patterns. Nursing staff assess, document and review care recipients’ individual preferences to support natural sleep in consultation with the care recipient, family and medical officer. This information is used to develop care plans that assist care recipients to achieve natural sleep. The design of the facility is conducive to natural sleep with private rooms, sensor lighting and temperature controlled rooms. Staff offer a variety of strategies to promote sleep including supper, warm drinks and encouraging exercise during the day. The medical officer is consulted when interventions are not effective in supporting natural sleep. Nursing staff evaluate the effectiveness of care interventions through care evaluation and feedback from care recipients. Results show individual preferences are identified and respected. Care recipients and representatives said they are satisfied the care provided assists them to achieve natural sleep patterns.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

In relation to Standard 3 Care recipient lifestyle, the home identifies improvements from activity evaluations, care recipient meetings, verbal feedback, comments and complaints processes. Staff encourage and support care recipients and representatives to provide feedback and suggestions about their lifestyle needs and preferences. Care recipients and staff are satisfied the home supports them to provide feedback and suggestions.

Examples of improvement activities and achievements relating to Standard 3 Care recipient lifestyle include:

- The home’s dementia champion identified care recipients in the memory support unit could be better stimulated and engaged through the use of electronic tablets. The staff member undertook a range of professional and corporate based training on dementia care and practice, and identified that a project trial of introducing care recipients’ living with dementia to tablets could enhance engagement and stimulation. After planning and consultation occurred, an appropriate tablet was sourced. Applications tailored to individual needs and preferences of care recipients were then uploaded onto the tablet. Following training on how to use the tablet, the project was introduced into the home, with great uptake and use from a number of the care recipients. Management advised the project was so positively received by care recipients and staff that funding was sought for the purchase of a further three tablets. Management advised these are soon to be introduced into the home.
- As a result of staff feedback, staff identified care recipients could benefit from having an onsite shop where they could purchase items, such as sweets, lollies and biscuits and other items. After planning and consultation, fortnightly shop stalls have been arranged where care recipients ask staff to source items they wish to purchase. Feedback from care recipients is that it has been a great improvement which enables care recipients’ independence to be supported.

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 care recipient lifestyle”.

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes. Management provided examples of legislative requirements in relation to Standard 3 Care recipient lifestyle including:

- Residential service agreements
- Privacy policy in line with the Australian Privacy Principles
- Mandatory reporting register for allegations of elder abuse.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

Examples of education conducted over the past 12 months in relation to care recipients’ lifestyle include:

- Elder abuse and reporting responsibilities
- Health ageing
- Privacy and confidentiality.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The corporate admission team and Colton Court team work together to provide a smooth transition for care recipients and their supporting family when care recipients enter the home. Where possible a pre-entry meeting and tour is conducted. Care recipients are encouraged to furnish their own unit or room to give a sense of belonging and familiarity. On entry a welcome pack and a comprehensive information package provide information on what to expect in their new home and services available. Couples are accommodated in the units.

On entry information is gathered to assess and plan for supporting psychological, spiritual, emotional and social needs. Lifestyle care plans include a wellbeing plan which outlines what is important for each individual to support their wellbeing. Care recipients identified as at risk of social isolation are referred to the early intervention working party who use a planned approach to reduce isolation and improve wellbeing. Care evaluation, surveys and one-to-one time monitor care recipients' wellbeing and the emotional support provided. Results show emotional support needs are identified and there is a planned approach to maintain emotional wellbeing. Staff gave examples of how they assist care recipients to adjust to and participate in life in the home. Care recipients and representatives are complimentary of the emotional care provided.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Care recipients are assisted to maintain their independence, friendships and to participate in community life. Clinical and lifestyle staff identify individual needs and preferences through the assessment process and plan strategies to support independence. Mobility is fostered through physiotherapy services, mobility exercises and walking programs. Care recipients' relationships with family and friends and the local community are identified and supported.

Staff receive information and training on supporting maximum independence, maintaining friendships and participating in community events. The customer risk management policy and procedure is utilised to support independence within a duty of care. The care evaluation process includes a review of any issues that may impact on independence. The resident survey and daily observation processes assist in monitoring each care recipient's ability to achieve independence. Results show individual needs and preferences are identified and there is a planned approach to support care recipients to develop and maintain friendships and community connections. Staff gave examples of how they support individual needs related to wellbeing, independence and community participation. Care recipients said staff are responsive to their individual needs and preferences.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Each care recipient's right to privacy, dignity and confidentiality is recognised and respected through a variety of mechanisms, including controlled information, education and staff practices. The assessment process identifies individual needs and care preferences with regard to privacy and dignity and these are documented throughout the care plan. Care recipients live in unit style dwellings or single rooms with ensuite bathrooms and small communal lounge and dining areas. Care recipients can have their meals in their unit or room if they prefer. Confidential information is stored securely and staff receive information with regard to their responsibilities to maintain privacy and confidentiality. Staff sign a code of conduct which outlines care recipients' rights to personal privacy, dignity and respect.

Management monitor that privacy and dignity is respected through observation of staff practices, resident survey, feedback mechanisms and care evaluation. Results demonstrate staff comply with the organisation's policies with regard to privacy, dignity and confidentiality. Staff gave examples of how they respect individual needs and preferences with regard to privacy and dignity. Care recipients said staff are respectful, polite and considerate of individual privacy and dignity needs.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home's operation includes a commitment to the principles of healthy ageing with a focus on activities that support and enhance physical health and support individual interests and ability. Lifestyle staff assess individual interests, ability to participate and social preferences and use this information to develop an activity and wellbeing plan. The lifestyle program includes one-to-one time and group activities which promote physical and mental exercise, sensory experiences, creativity and community involvement. Volunteers assist with the program and support care recipients to participate. The Early Intervention Working Party are involved and responsible for identifying individuals at risk of social isolation or lack of engagement. The program is monitored through reviewing individual participation, survey and care and lifestyle evaluation. Results show individual interests are identified and supported and care recipients are able to participate in a range of activities. Staff demonstrated knowledge of individual needs and preferences and how they support care recipients to engage in appropriate activities. Care recipients said they are supported to attend activities of their choice and they are satisfied with the lifestyle program.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The home has processes to identify and respond to individual interests, customs, beliefs, and cultural backgrounds. Each care recipient is assessed for needs and preferences relating to their cultural and spiritual life. Lifestyle, clinical and palliative care is provided giving consideration to cultural and spiritual preferences. Cultural events are scheduled and include celebration of specific commemorative days. Pastoral visitors and services are supported.

Monitoring occurs through surveys, audits, feedback and care evaluations. Results show individual choices are identified and fostered. Staff gave examples of how they support care recipients to maintain their cultural and spiritual life. Care recipients said their cultural and spiritual needs and preferences are respected.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home facilitates care recipients to retain civil, consumer and legal rights and to be involved in the decision making process. A collaborative assessment process, provision of ongoing opportunity to make choices and provision of consumer information brochures assist care recipients to exercise choice in their daily lifestyle. Care is provided within a risk management framework and in consultation with the care recipients, families and relevant health professionals. Staff receive information in supporting individual choice and the maintenance of a healthy lifestyle. Feedback is encouraged through direct discussion, feedback forms, surveys and meetings. Care recipient satisfaction is monitored through care evaluation and feedback mechanisms. Results show care recipients are supported to make decisions about their care and lifestyle. Staff described processes to assist care recipients to make decisions about the care and services they receive. Care recipients said they receive appropriate information and are able to make informed choices about their care and lifestyle.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Care recipients have secure tenure within the home and are assisted to understand their rights and responsibilities. Care recipients and/or representatives are informed through a centralised admission process of their security of tenure and resident rights and responsibilities. They are

provided with a resident handbook and residential agreement on admission. Care recipient and representative satisfaction is monitored through resident meetings, comments and complaints, surveys and verbal feedback to staff and management. Information relating to independent sources of advice and advocacy is readily available throughout the home. Accommodation room changes are carried out in consultation with care recipients and representatives, with any changes documented. Staff are aware of care recipients' rights and responsibilities. Results show where room changes have occurred there is consultation with care recipients and representatives. Care recipients are satisfied their tenure is secure and the home supports their individual needs and preferences.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 4 Physical environment and safe systems, the home monitors safety and comfort through workplace inspections, incident and hazard data, comments and complaints processes, maintenance records and audits. Care recipients and staff are satisfied the home supports them to provide feedback and suggestions.

Examples of improvement activities and achievements relating to Standard 4 Physical environment and safe systems include:

- Following attendance at a Country Fire Service meeting, management identified a gap in the home’s emergency plan, in that they had not considered and documented plans for the management of storm damage. After planning and consultation, policies and procedures were updated, including the home’s emergency plan to detail information to guide staff in the event of a storm. Management advised that feedback from staff and care recipients has been positive and well received.
- The organisation identified infection control resources to staff were inconsistent across their sites. To standardise staff guidelines, policies, procedures, staff practices, the organisation developed an infection control manual, audit system and an overarching corporate infection control plan. The infection control plan includes pandemic preparation, key performance indicators, audits, consumer engagement, staff education, risk management and procedural information for specific infections. The manual and related systems have now been implemented across all sites. The organisation has audited the new system against legislative requirements and best practice guidelines, which has resulted in improved systems consistency and compliance with Australian infection control guidelines.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes. Management provided examples of legislative requirements in relation to Standard 4 Physical environment and safe systems including:

- Fire safety systems and triennial certificate
- Audited food safety program
- Mandatory training for staff in fire emergency.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

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

- Corporate and site induction
- Food safety
- Work health and safety/manual handling/hazard
- Chemical awareness
- Fire training.

4.4 Living environment

This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with care recipients' care needs".

Team's findings

The home meets this expected outcome

Management are actively working to provide a safe and comfortable environment consistent with care recipients' care needs. The home is guided by ACH corporate systems to provide a safe, clean and comfortable environment consistent with care recipients' care needs and preferences. The home provides a comfortable environment consisting of a number of individual units or single rooms. The home has a secure memory support unit, providing individual rooms. Each room has its own adjustable air-conditioner. There are a variety of internal and external secure living areas throughout the home. Individual needs and preferences are assessed, documented and reviewed by registered nursing staff.

Maintenance staff are guided by a corporate maintenance manual and there are both preventative and reactive maintenance systems in place. The home applies the ACH Group restraint minimisation approach and uses risk management plans to maintain care recipient safety where it is deemed necessary. Audits and inspections are undertaken in a programmed manner across all departments to identify hazards in addition to random spot checks. The education program includes training in maintaining a safe comfortable environment for care recipients and for supporting care recipient independence.

Management monitor the environment through review of hazard and incident data, inspections, audits, surveys and feedback. Results show care recipients are satisfied they live in a safe, comfortable environment that meets their individual needs and preferences. Staff gave examples of practices which enhance the comfort, safety and independence of care recipients is maintained at all times. Care recipients and representatives said management and staff provide ongoing support for care recipients to remain safe and comfortable. Care recipients located in individual units said the design and functionality of the units enhances their ability to maintain a level of independence and autonomy similar to that outside of an aged care home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Corporate and site management are actively working to maintain a safe working environment that meets regulatory requirements. The corporate Work, Health Safety and Injury Management leadership group direct and facilitate work health and safety management across all ACH sites. Regular work health and safety audits are completed by a trained auditor, who then reports centrally to the corporate work, health and safety team, with appropriate actions undertaken. Incident /hazard reporting systems are electronically located on the intranet for reporting hazards and staff incidents which site management oversee.

Management review all incidents, hazards and inspection reports on a scheduled basis and analyse the effectiveness of the work health and safety program. Work health and safety

information and competency requirements are covered during corporate and site induction programs, and reviewed at annual mandatory training sessions. Equipment is routinely scheduled for ongoing preventative maintenance and chemicals are stored securely and safely. There are programs which promote staff wellbeing, including access counselling and a breast cancer screening program. Results of corporate and on-site monitoring processes demonstrate management meet organisational and legislative work health and safety requirements and that staff practices are regularly evaluated and monitored. Staff said they are provided with a safe working environment, including regular, ongoing education in safe work practices and demonstrate knowledge in incident and hazard reporting processes.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. A contracted fire maintenance service maintains the fire and emergency system, including regular testing, inspections, equipment maintenance and resolution of any defects. There are emergency charts placed in key areas throughout the facility and an emergency manual in reception. An evacuation kit is located in the main clinical office with a regular updated evacuation list. There is a smoking policy and tagging and testing system of electrical equipment within the home, with maintenance staff qualified to complete test and tagging of items. Security systems include key padded doors, motion sensors and security lighting. Staff receive annual mandatory fire and emergency training and participate in evaluated fire drills. Management and corporate services review fire and security management through internal and external audits, resident survey, regular inspections of the environment and review of fire drill reports. Results show the home maintains fire and emergency practices in conjunction with organisational and legislative requirements. Staff said they have regular training in fire and emergency procedures and can articulate the home's fire and emergency evacuation processes. Care recipients said they feel safe and secure in the home and are aware of what to do in the event of an emergency.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

Colton Court has an effective infection control system guided by ACH group Infection Control Manual and information on the organisation's intranet system. This contains all the relevant policies and procedures related to the infection prevention system. There are contingency plans, equipment and information available for outbreak management. Care recipients at risk of infection or with an infection are identified and relevant strategies for management included in the care plan. Prevention strategies include vaccination program for care recipients and staff, pest control and waste disposal procedures. There is an audited food safety program and infection control training and competency assessment for staff. Clinical staff record and monitor all infections and trending reports are reviewed at site and corporate level. Infection surveillance reports assist in monitoring processes. Staff said they receive annual infection

control training and their practices are monitored. Staff gave examples of individual care recipient infection control management consistent with planned care.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide catering, cleaning and laundry services that enhance care recipients' quality of life and staff's working environment. On entry to the home, information is gathered from the care recipient or representative to assess individual catering, laundry and cleaning needs and preferences. Nursing staff assess individual dietary requirements and this information is communicated to care and catering staff and the centralised kitchen who prepare meals. Menus are constructed in consultation with a dietitian and individual meals are planned every week in consultation with the care recipient, with the option of alternative choices provided to care recipients. Care recipients are encouraged and supported to provide feedback on the meals through the meal enjoyment and resident and family committee meetings, resident survey and feedback system. There are multiple dining areas throughout the home and units, with staff available to ensure individual needs and preferences are met. The home has a food safety plan which is monitored through internal audits and council inspections. The home has a contract with an external linen service for all flat linen and staff in each area of the home attends to care recipients' personal laundry. There are schedules to guide cleaning services and ongoing communication regarding individual needs and preferences. Hospitality services are monitored through audits, surveys, comments and complaints, resident meetings and feedback. Results show hospitality services are provided in a way to enhance care recipients' quality of life. Staff said they are aware of food safety guidelines and have clear procedures to follow in providing catering, cleaning and laundry services and are satisfied with the quality of their working environment. Care recipients said they are satisfied with the hospitality services provided.