



**Australian Government**  

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**Australian Aged Care Quality Agency**

## **Grafton Aged Care Home Pty Ltd**

RACS ID 2554  
12 Bent Street  
SOUTH GRAFTON NSW 2461

**Approved provider: Grafton Aged Care Home Pty Ltd**

Following an audit we decided that this home met 43 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 17 November 2018.

While the assessment team recommended that the home does not meet expected outcome 1.2 Regulatory compliance, we considered the submission from the home including actions taken by the home, and decided that the home does meet expected outcome 1.2 Regulatory compliance.

We made our decision on 23 September 2015.

The audit was conducted on 25 August 2015 to 27 August 2015. The assessment team's report is attached.

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

### **ACTIONS FOLLOWING DECISION**

Since the accreditation decision, we have undertaken assessment contacts to monitor the home's progress and found the home has rectified the failure to meet the Accreditation Standards identified earlier. This is shown in the table of most recent decision concerning performance against the Accreditation Standards.

## Most recent decision concerning performance against the Accreditation Standards

Since the accreditation decision we have conducted assessment contacts. Our latest decision on 9 December 2015 concerning the home's performance against the Accreditation Standards is listed below.

### Standard 1: Management systems, staffing and organisational development

<b>Expected outcome</b>	<b>Accreditation Agency's latest decision</b>
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

<b>Expected outcome</b>	<b>Accreditation Agency's latest decision</b>
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

<b>Expected outcome</b>	<b>Accreditation Agency's latest decision</b>
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

<b>Expected outcome</b>	<b>Accreditation Agency's latest decision</b>
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**

**Grafton Aged Care Home Pty Ltd 2554**

**Approved provider: Grafton Aged Care Home Pty Ltd**

### **Introduction**

This is the report of a re-accreditation audit from 25 August 2015 to 27 August 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:

- 42 expected outcomes

The information obtained through the audit of the home indicates the home does not meet the following expected outcomes:

- 1.2 Regulatory compliance
- 2.4 Clinical care

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 25 August 2015 to 27 August 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

<b>Team leader:</b>	Kathryn Mulligan
<b>Team member/s:</b>	Helen Hill

## Approved provider details

<b>Approved provider:</b>	Grafton Aged Care Home Pty Ltd
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## Details of home

<b>Name of home:</b>	Grafton Aged Care Home Pty Ltd
<b>RACS ID:</b>	2554

<b>Total number of allocated places:</b>	83
<b>Number of care recipients during audit:</b>	81
<b>Number of care recipients receiving high care during audit:</b>	81
<b>Special needs catered for:</b>	NA

<b>Street/PO Box:</b>	12 Bent Street
<b>City/Town:</b>	SOUTH GRAFTON
<b>State:</b>	NSW
<b>Postcode:</b>	2461
<b>Phone number:</b>	02 6642 3255
<b>Facsimile:</b>	02 6643 2132
<b>E-mail address:</b>	<a href="mailto:don@gach.com.au">don@gach.com.au</a>

## Audit trail

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

### Interviews

Category	Number
Director of Nursing	1
Clinical care manager	1
Registered nurses/enrolled nurses	3
Care staff	6
Administration assistant	1
Educator/Quality Manager/Policy and Development Support	1
Physiotherapy assistant/ACFI co-ordinator	1
Care recipients/representatives	11
Recreational activity officers	1
Catering staff	2
Laundry staff	1
Cleaning staff	1
Maintenance staff	1
Physiotherapist	1

### Sampled documents

Category	Number
Care recipients' files including assessments, care plans, progress notes, medical officers notes, allied health and associated documentation, pathology, various charts and forms	9
Interim care plans	9
Personnel files	6
Agreements	6

### Other documents reviewed

The team also reviewed:

- Activity programs: activity participation records, profiles, star chart (activities at a glance) one-to-one time with care recipients

- Cleaning: infection control procedures, schedules for general, kitchen and laundry cleaning
- Clinical care: observation charts, behaviour monitoring, bowel, blood glucose level monitoring, pain monitoring, weight monitoring, wound charts
- Clinical indicators: accident and incident, infection control and medication incidents reports and data
- Comments, compliments and complaints: internal forms and external complaints forms on display, box for forms to be posted as confidential.
- Continuous quality improvement: audits and surveys, plan for continuous improvement,
- Education: education topics over last three years, education contracts, orientation program, matrix and training records, training attendance records, mandatory training records, staff competencies
- Emergency procedures manual, emergency flip charts, evacuation plans, evacuation kit and care recipient evacuation list, missing persons profile, contingency plan.
- Food safety program: cleaning schedules, dietary preference sheets, Food Authority audit results, menu, ordering processes, food and equipment temperature records
- Human resource management: orientation program, criminal record checks, professional registrations records, duty lists, staff handbook, staff rosters, specimen signatures and initials, duty lists
- Infection control: infection control policy and procedures, infection data, immunisation records, pest control records
- Information systems - vision, values and philosophy statement, policies and procedures, staff handbooks, newsletters, care recipients' handbook, meeting minutes
- Maintenance and external services: maintenance request folder, external service agreements, approved provider list, service records
- Medication management: medication charts, medication refrigerator temperature records, medication incident forms, drugs of addiction (S8) register, pharmacy reviews of care recipients medications, nurse initiated medication forms
- Nutrition and hydration: supplement lists, modified diet information, menus
- Organisational chart
- Regulatory compliance: annual fire safety statement application, compulsory reporting file, criminal record checks, New South Wales (NSW) Food Authority licence, care recipients' privacy consents, professional registrations, care recipient agreements, staff privacy and confidentiality agreements
- Self-assessment for re-accreditation
- Visitors, care recipients, volunteers and contractors: sign in and out books



- Work health and safety policies and procedures, environmental audits, accident and incident reports, hazard reports, safety data sheets

## Observations

The team observed the following:

- Australian Aged Care Quality Agency re-accreditation audit notice displayed
- Charter of Residents' Rights and Responsibilities on display
- Clinical equipment: pressure relieving, wound care, manual handling
- Contenance aid supplies and storage
- Dining rooms during lunchtimes, morning and afternoon tea, staff serving/supervising/assisting care recipients with meals
- Equipment and supply storage areas
- Evacuation egresses, assembly areas, emergency flip charts, emergency evacuation pack including care recipients' information
- Fire board, firefighting equipment checked and tagged, exit and emergency lighting, designated smoking areas
- Food service area: colour coded equipment, preparation and wash up areas, labelling and rotation of stock, dry stores
- Hand washing stations and hand sanitiser dispensers
- Interactions between care recipients, representatives, volunteers and staff
- Internal and external comments/complaints forms, brochures on display
- Laundry: separate washing, drying and folding areas
- Living environment: internal and external
- Maintenance workshop including chemical storage, cleaner's room, cleaners information folder, colour coded mops and cloths, personal protective equipment, spills kits
- Notice boards: care recipient and staff areas
- Short group observation
- Staff clinical areas and work stations
- Waste management

## 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

The organisation actively pursues continuous improvement as demonstrated by examples provided of improvements across the four Accreditation Standards. Information for improvement relating to Accreditation Standards One, Two, Three and Four is gathered through various activities and meetings. The information is reviewed by senior staff who are assigned to oversee that part of the quality system. If an action is required it is added by the senior staff person to the continuous quality improvement plan. The plan is discussed at informal senior staff meetings regarding the actions being taken to date and progress towards completion. Feedback on continuous improvement activities is provided through the meetings, verbally and on notice boards. Staff and care recipients/representatives stated that management are responsive to their comments and suggestions for improvement and are kept aware of improvements being undertaken at the home.

Examples of improvements and results of continuous improvement specifically relating to Accreditation Standard One include:

- To assist in encouraging graduate student nurses into aged care, a collaboration between Grafton Aged Care Home and Southern Cross University has led to the development of a clinical education model. Undergraduate nursing student work with senior staff during a third year clinical placement. As a result of the clinical placements the organisation was able to offer two new graduate registered nurses positions at home.
- The new registered nurse graduate program has been a learning experience for the home as they have never employed new graduate registered nurses in the past and the standard orientation process required updating. The program has been continuously evaluated and updated through feedback from the new staff. This further improves and ensures that the program provides opportunities to meet the needs of the new graduates and meets the learning outcomes.
- The management team identified that staff were being rostered in different parts of the facility on each shift they worked. To improve upon continuity of care, enabling staff to better understand and know care recipients, provide staff with job satisfaction, and provide care recipients with regular staff, team rostering has been introduced.

Teams have been allocated to various areas of the home. Management reports that feedback from care recipients/representatives and staff has been very positive.

## **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 does not meet this expected outcome

The management at the home explained their system to ensure identification and implementation of regulatory compliance and monitoring of legislative and regulatory requirements, professional standards and guidelines across the Accreditation Standards. The system identified for receiving this information includes information from membership of a peak body and other methods of receiving electronic notifications of regulatory updates and access to legislation and regulations online. Responsibility for dissemination of this information is via the management team. However, there are some requirements that have not been followed through and therefore some deficits to ensure ongoing compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. Also, whilst education is provided to staff regarding their requirements to ensure they are performing their roles in meeting regulatory and legislative requirement, management are not monitoring the actions by staff to ensure ongoing compliance.

## **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

There are systems to ensure management and staff have appropriate knowledge and skills to effectively perform their roles. Staff are encouraged to attend education programs internally and externally covering the four Accreditation Standards. Competency assessments are conducted at orientation and are also conducted annually. Staff are also required to complete three elective topics from a list provided on an annual basis. Staff development and training needs are established and an education is planned to include mandatory topics, staff skill requirements and staff feedback. In-service sessions, on-the-job education and questionnaires are developed in response to care recipient care needs, audit results and analysis of clinical indicators. Training and education is offered on site in small groups, one-on-one, through questionnaires and via the televised educational program. Staff participation is monitored and recorded.

Education sessions conducted relevant to Accreditation Standard One include:

- Bullying and harassment
- Communication
- Managing conflict

## 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 are informed of internal and external complaint avenues through the care recipient handbook, during orientation to the home, and care recipient/representative meetings. Comments and complaints forms are readily available, are on display in the home and there is provision for complaints to be lodged anonymously. The director of nursing has an open door policy and reports most issues are raised face-to-face. Care recipient meetings provide forums for feedback and updates on actions taken in relation to care recipient initiated issues. Complaints documented are minimal. Staff were aware of the home's procedure for reporting complaints made by care recipients. Care recipients/representatives advised they were aware of the process to take if they had a complaint and felt comfortable raising any issues with management. They confirmed that management and staff are very responsive to any needs they have.

## 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

The home's vision, values and philosophy statement is documented and on display throughout the home and is also documented in the care recipient and the staff handbook. The management team said their primary focus is to provide quality care to care recipients and provide support to their representatives. Staff also confirmed an ongoing commitment to quality care for care recipients.

## 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

The home's system of recruitment, training, performance appraisal and roster development ensures there are appropriately skilled and qualified staff sufficient to ensure quality services are delivered. Staffing levels and rostering is adjusted to meet the demands of the home, taking into consideration occupancy levels, care recipient classifications and the changing environment in which the home operates. Management confirmed there is the ability to increase staff in a short term situation if necessary. Review of the roster indicated there are sufficient numbers of staff types rostered across different shifts to ensure care recipients' care needs can be met. The home has a system of recruitment and all staff

attend an orientation program upon commencement of employment. Management advised of their system for dealing with staff performance issues such as through the use of counselling, performance reviews and disciplinary processes. Care recipients/representatives said how "wonderful the staff are" and indicated staff are always happy to respond to requests for assistance.

## **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 has systems in place to ensure appropriate stocks of goods and equipment are available at all times. Observations, interviews and documentation reviews demonstrate appropriate stocks of goods, equipment, food, furniture, medical stores, continence supplies and linen are achieved. Stock rotation processes, budgeting, purchasing through preferred suppliers ensures this ongoing program is effective. All maintenance requirements are carried out in an appropriate time frame by maintenance staff at the home. Staff and care recipients/representatives confirmed there are sufficient and suitable equipment for their use.

## **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

Information is disseminated to staff through a variety of avenues including information displayed on notice boards, discussions at the regular staff meetings and education sessions. Information is relayed to care recipients and their representatives through information on various noticeboards, emails and care recipient/representative meetings. Documentation is archived appropriately initially on-site and then transferred for destruction when appropriate. The system enables files to be retrieved as needed. Information retained on the computer system is routinely backed-up. Access to data retained on the home's computers is password protected.

## **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

All externally sourced services are provided in a way which meets the home's needs and quality goals. Documents reviewed show the organisation has a system to identify preferred suppliers of goods, equipment and services and to review major or regular suppliers' performance. Contracts and/or service agreements are in place with suppliers of services such as cleaning services, food services and electrical services. There are

systems which ensure maintenance requests are completed and contractor requirements are monitored by the maintenance staff and organisationally by the manager of maintenance.

## 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

Refer to expected outcome 1.1 Continuous improvement for details of the home's system for continuous improvement. Examples of improvements and results of continuous improvement specifically relating to Accreditation Standard Two include:

- An opportunity to introduce a more structured approach to review of care recipients clinical and personal needs was identified. A care recipient of the day program has been introduced and also an opportunity to assess care recipients/representatives satisfaction with the care provided was included. On this day the registered nurse performs a range of clinical observation to review the care recipient's clinical status and the care staff complete a range of personal care needs. Contact with the care recipient's representative is made to discuss the care recipients care requirements and a survey is conducted to assess the representative's satisfaction with the care being provided. Feedback to management from representatives has been positive.
- Management identified the opportunity to expand the role of the physiotherapist and include a pain management program to assist with management of pain and increase mobility. A new physiotherapist has been engaged who is able to provide this service and currently working four hours, four days per week. Many care recipients at the home are involved in the program and sixteen care recipients have been added into the programs who were not previously receiving treatment. Due to the success of the program this is to increase to four hours per day five days per week.
- To increase the knowledge and skills of the staff who were responsible for completion of wound management, two certificate IV care staff have attended external education sessions to ensure they are adequately skilled to undertake the responsibility and understand their reporting responsibilities to the registered nurses and clinical care manager. Wound documentation tools have been updated, improved processes of measurement of the wound and photographs of the wounds have been introduced which better demonstrate the wound progress.

## 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

There is a system to ensure identification and implementation of regulatory compliance and monitoring of legislative and regulatory requirements, professional standards and guidelines relating to Standard Two - Health and personal care. The system identified for receiving this information includes information from membership of a peak body and other methods of receiving electronic notifications of regulatory updates and access to legislation and regulations online. Responsibility for dissemination of this information is via the management team.

Examples of regulatory compliance in relation to Accreditation Standard Two include:

- The home’s storage and administration of medication is in accordance with the relevant legislation.
- Guidelines for bed rail management have been reviewed and a consent form has been introduced for care recipients/representatives.
- Incident management reporting responsibilities for notification of the care recipients’ person responsible or enduring guardian has been reviewed and updated to ensure that advice is being provided in a timely manner.

## 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 details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education sessions and activities provided relating to Accreditation Standard Two include:

- Wound care
- Medication management
- Continence management
- Oral hygiene



## 2.4 Clinical care

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

### **Team’s findings**

The home does not meet this expected outcome

The home cannot demonstrate the systems utilised in controlling the clinical governance of care recipients care occurs according to their needs. The registered staff are responsible for the documentation and clinical care of care recipients. Initial care plans direct the care of new care recipients until a suite of assessments are conducted and individual care plans are implemented. However documentation indicates this does not occur for all care recipients.

Care plans are reviewed on the care recipient of the day and as care changes occur. Documentation reviewed does not support this process occurring for all care recipients. Registered staff conduct a formal handover between shifts however care staff said they do not receive a handover from the registered staff. Care staff said they are not always made aware of changes in care recipients’ care and are dependent on other care staff for information.

## 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

The home has systems to ensure appropriately trained staff are utilised to meet the needs of care recipients who require specialised nursing care. Registered nurses undertake clinical assessments of care recipients requiring this type of care. Care plans are in place and are evaluated every two months and as needed. Care staff demonstrated awareness of care recipients individualised specialised nursing care needs. Care recipients/representatives expressed satisfaction with the level of specialised nursing care.

## 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

The home has a system to ensure care recipients are referred to appropriate health care specialists in accordance with their assessed needs. A review of care recipients’ clinical documentation indicates assessments and reviews have occurred. These include but are not limited to, physiotherapist, podiatry and staff from mental health services. Care recipients and representatives are aware of the availability of other health specialists if needed. Care staff are generally aware of specialist input into care recipients’ care planning and are made aware of any changes by a registered nurse and at staff handovers.

## **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

The home has systems and processes to ensure care recipients’ medication is managed safely and correctly. Medication incident reporting forms part of the home’s safe system. A current pharmacy contract and locked storage of medication also promotes safe and correct management of medication. Medication administration is administered via a blister pack system by staff who have a current medication competency and appropriate qualifications. Care recipients said they receive their medication in a timely manner and are satisfied with staff practices.

## **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

The home has a system for assessing, monitoring and treating care recipients’ pain when they enter the home and as needed. Care plans are formulated with individual pain management strategies. A multidisciplinary approach involving medical, nursing and physiotherapy support a care recipient’s pain management program. The home offers a combination of treatment options to manage care recipients’ pain which includes heat, transcutaneous electrical nerve stimulation (TENS), massage, exercise and medication. Referral to specialists is in line with care recipients’ needs. Care staff demonstrated knowledge of processes required to effectively manage care recipients’ pain. Care recipients expressed satisfaction with their pain management treatments.

## **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

The home has a system for palliative care to ensure the comfort and dignity of terminally ill care recipients is maintained. Consultation and communication processes are used in order to ensure care recipients, representatives, medical officers, care staff and all other health professionals are aware of the individual needs of the care recipients. There is a designated single bed palliative care room for care recipients especially those who reside in companion rooms to relocate into should they wish. This room facilitates an area where family can stay and the care recipient/representatives can have time together. The home has access to palliative care support from the area. Staff are aware of the processes used when care recipients are receiving end of life/palliative care.

## 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 a system to ensure each care recipient receives adequate nourishment and hydration. When a care recipient enters the home an assessment is completed and the relevant information regarding nutrition and hydration is provided to the kitchen. Care recipients’ weights are recorded by care staff two monthly and in line with their individual assessed need. Nutritional supplements are available for care recipients who require extra nutritional support. Specialised eating equipment is used on an individual basis to help promote independence. Documentation indicates and staff said care recipients receive appropriate special diets and dietary supplements. Care recipients/representatives said they are satisfied with the meals and drinks provided at the home.

## 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 assess and monitor care recipients’ skin integrity. Care recipients’ skin care needs are assessed on entry to the home by a registered nurse and monitored daily by care staff. The home uses the accident/incident reporting system to report any breaches in skin integrity which are reviewed by the clinical care manager. Two certificate four nurses are responsible for the wound management procedures at the home under the directions of the clinical care manager. The home uses photographs to monitor the healing progress of care recipients’ wounds. Care recipients/representatives said they are satisfied with the skin care provided by staff.

## 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 systems to ensure care recipients’ continence needs are managed effectively. Continence management strategies are developed for each care recipient following an initial assessment of urinary and bowel patterns. Care staff assist care recipients with their continence programs as required and care recipients’ bowel management programs are monitored daily. The clinical care manager liaises with the care staff in relation to the individual continence needs of care recipients. Care staff stated there is a sufficient supply of continence aids to meet care recipients’ needs. Care recipients/representatives said they are satisfied with the continence care provided to care recipients.

## 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

The home has a system to ensure the needs of care recipients with responsive behaviours are managed. All care recipients are assessed on their entry to the home, behaviours identified and strategies to manage the behaviours are developed by registered nurses.

Episodes of responsive behaviours are recorded in the care recipients progress notes and/or behaviour chart. Registered nurses are to investigate the presence of infection or constipation when responsive behaviour escalates. Referral to behaviour management specialists is used to assist staff to manage behaviours of concern as needed. Care staff said they are aware of care recipients individual behavioural needs and management strategies. Care recipients/representatives are generally satisfied with the manner in which staff manage a care recipient 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

The home has processes to optimise care recipients’ levels of mobility and dexterity. Care recipients’ mobility and dexterity is assessed by the physiotherapist on their arrival at the home and on a needs basis. The physiotherapist provides individual programs for care recipients which staff and the physiotherapy assistant undertake. The accident/incident reporting system includes analysis of incidents to identify trends. The home has a range of mobility equipment available for the use of care recipients. Care staff showed an understanding of their responsibilities in relation to optimising care recipients’ mobility and dexterity. Care recipients/representatives expressed general satisfaction with the home’s care recipient mobility program.

## 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

The home has a system to ensure care recipients’ oral and dental health is maintained. This includes initial and ongoing assessment of care recipients’ oral and dental needs by a registered nurse. Care recipients’ day-to-day oral care is attended in line with individual care plans and referral to specialists is arranged according to care recipients’ needs and preferences. Care staff demonstrated an understanding of oral and dental care practices used in a care recipients care. Care recipients/representatives expressed satisfaction with the way in which care recipients’ oral health is maintained.

## **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 by staff at the home. The home’s assessment process ensures any sensory loss is identified and referrals to appropriate specialists are made where required. The cultural and social program incorporates activities that promote stimulation of the senses. Staff demonstrated an understanding of individual care recipients’ sensory needs. Care recipients/representatives reported general satisfaction with the assistance provided by staff in relation to care recipients sensory losses.

## **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

The home has systems in place to assist care recipients achieve their natural sleep patterns. On their entry to the home, a care recipient’s sleep pattern is assessed and strategies implemented. Care recipients are encouraged to settle quietly in their rooms at night and staff can offer snacks and drinks during the night when required. The home ensures care recipients who are accommodated in shared rooms are able to achieve natural sleep patterns as possible. This is by use of bed screens as needed and effective management of all care recipients in the shared room. Care recipients said they are able to sleep during the night and the night staff are attentive to their needs.

## 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

Refer to expected outcome 1.1 Continuous improvement for details of the home’s system for continuous improvement. Examples of improvements and results of continuous improvement specifically relating to Accreditation Standard Three include:

- A decision was made to disband the secure dementia unit and integrate care recipients with dementia into mainstream care. A new staffing model needed to be considered to reduce event of care recipients wandering into other care recipients’ rooms. Initially a one hour afternoon café was introduced for care recipients who are known to wander. This was later extended to four and a half hours and incorporated various meaningful activities for the care recipients to be involved in. This became such a success that it was extended to include a similar morning program. The friendship morning was commenced which involved a four hour morning session managed by a recreational activity officer or a care staff member with a sound knowledge of dementia care. The friendship morning provides care recipients with one to one activities or setting up activities that care recipients are interested in.
- Management identified the need to improve the staff knowledge regarding ways to promote support, and management of, care recipients with dementia. An application was submitted with the Latrobe University to complete a fellowship in conjunction with the university and was successful. Staff have been selected to be part of the program being introduced and to date twenty six staff have completed education and have become mentors for other staff in caring for care recipients with dementia. This education will be offered to other staff as well. Both staff and care recipients are complimentary about the program.
- A star chart has been developed which gives staff important information regarding a care recipient’s history to help staff engage with the care recipient and be kept in the care recipient’s wardrobe. As part of the care recipient of the day program these charts are reviewed and updated as necessary. Staff selected for the dementia group have been educated about the star chart to assist in teaching other staff how to use this information. Feedback from care staff has been very positive as to how these charts assist them in caring for the care recipients.
- Management were offered the opportunity to participate into a ‘moving into the home’ survey conducted by Alzheimer’s Australia. The survey was to be conducted for family members who have had a care recipient enter the home in an effort to see if the process could be improved. The results were benchmarked against many aged care facilities. Management reports the result for Grafton Aged Care Home enabled

some improvements to be made and has assisted them in making this experience a better process.

### **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

There is a system to ensure identification and implementation of regulatory compliance and monitoring of legislative and regulatory requirements, professional standards and guidelines relating to Standard Three – Care recipient lifestyle. The system identified for receiving this information includes information from membership of a peak body and other methods of receiving electronic notifications of regulatory updates and access to legislation and regulations online. Responsibility for dissemination of this information is via the management team.

Examples of regulatory compliance in relation to Accreditation Standard Three include:

- The Charter of Care Recipients’ Rights and Responsibilities is on display and is included within the care recipient handbook that is provided to each care recipient on entry to the home.
- Systems are in place to protect each care recipient’s privacy in accordance with the regulatory requirements.
- The home has engaged an online service provider to maintain the currency of care recipients’ agreements and ensure currency in relation to legislation.

### **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 details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education sessions offered relating to Accreditation Standard Three include:

- Moving into care
- Care recipient of the day
- Elder abuse

### **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

There is a system to ensure each care recipient receives support in adjusting to life in their new environment and on an ongoing basis. During their entry period, the new care recipient is provided with an orientation to the home and introduced to staff and other care recipients.

During this initial period, there is an assessment of their social, cultural and spiritual support needs and individual care plans are developed. Care recipients/representatives said care recipients are supported by the staff, both when they first enter the home and on an ongoing basis.

### **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

There is a system to ensure care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Assessment of care recipients' specific needs and preferences is undertaken on entry to the home and on an ongoing basis to assist staff develop a care plan. The home has a physiotherapist for mobility assessments and ongoing mobility reviews. Staff members promote independence by encouraging care recipients to participate in their own activities of daily living whenever possible. Care recipients/representatives said they were satisfied with the way in which the staff members encourage care recipients to maintain their independence.

### **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

Care recipients stated they are satisfied staff respect their privacy and maintain their dignity and confidentiality. All personal information is collected and stored securely with access by authorised staff. We observed staff respecting care recipients' privacy by knocking on their doors prior to entering. Staff were also observed interacting with the care recipients in a dignified and respectful manner. Care recipients/representatives confirmed their privacy and dignity is well respected.



### **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 has a system to ensure care recipients are encouraged and supported to participate in their interests and activities. When entering the home, information about a care recipient's life is collected. Care plans based on this information are prepared in conjunction with care recipients and/or their representatives. A star chart "activities at a glance" plan is developed for each care recipient. This is located in each care recipient's wardrobe and alerts all staff to the lifestyle, history and likes. A monthly activity program is displayed and includes a range of activities. These include physical exercise, mental stimulation, and individual and general group social interaction. The lifestyle/activity program incorporates a morning friendship and an afternoon sun downing café group for care recipients with responsive behaviours. Care recipients said they are satisfied with the overall activity 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

There is a system to ensure individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Assessment of care recipients' specific needs, customs, and beliefs is performed on entry to the home and on an ongoing basis. Care recipients are actively encouraged to maintain cultural and spiritual links in the community and a religious service is held at the home. Care recipients said they are satisfied with the support provided for their cultural and spiritual needs.

### **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 has processes to ensure each care recipient (or their representative) participates in decisions about the services received by the care recipients. These processes uphold the care recipients right to exercise choice and control over his or her lifestyle. Care recipients are informed and given opportunities to provide input into the home through systems such as assessment and care planning processes, surveys and care recipients/representatives meetings. Where care recipients are unable to make choices for themselves, an authorised decision maker is identified. Care recipients are

provided with choices concerning their personal care regimes, cultural and spiritual choices, waking and sleeping times. Choices are also available regarding participation in community life, cultural and social programs and choice of medical officer. Care recipients/representatives said staff support care recipients in making their own lifestyle choices and decisions where possible.

### **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

Information is provided to explain care and services for new care recipients and/or their representative prior to entry to the home. A care recipient agreement is offered to each care recipient and/or representative to formalise occupancy arrangements. The agreement includes information for care recipients about their rights and responsibilities, care and services provided, fees and charges, complaints handling, their security of tenure and the process for the termination of the agreement. Care recipients and representatives are advised to seek independent legal and/or financial advice prior to signing. The care recipient information pack provided contains relevant information. Care recipients/representatives are satisfied with the information the home provides regarding security of tenure and their rights and responsibilities.

## 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 details of the home’s system for continuous improvement. Examples of improvements and results of continuous improvement specifically relating to Accreditation Standard Four include:

- To improve Work Health and Safety monitoring at the home, a review of Work Health and Safety environmental audits has been completed. The audits have been updated to make them more site specific with regard to the questions being asked in the environment of Grafton Aged Care Home. Management reports this has resulted in a more thorough review of the environment and therefore a safer environment, and the inspection process being managed more effectively.
- As the home is often affected by power blackouts the management team reviewed what options are available to them. It was decided that a generator should be installed. This has been attended along with an ongoing maintenance program. This has made the staff and care recipients feel much safer knowing that they have an ongoing supply of electricity.
- Staff identified that it would be beneficial if a wider variety of supplements were available to offer more quality of life by an increased choice that is available. New products were trialled and dietary forms were updated with an increased range of options. The introduction of smooth fruits was added. Feedback from representatives has been very positive and that care recipients are enjoying the increased variety.
- Management identified that to ensure that the management of the thermostatic mixing valves was carried out as required including legionella testing; a new procedure was to be implemented. The procedure was developed and implemented and has ensured that the management is completed as required and the environment is safe.

## 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

There is a system to ensure identification and implementation of regulatory compliance and monitoring of legislative and regulatory requirements, professional standards and guidelines relating to Standard Four – Physical environment and safe systems. The system identified for receiving this information includes information from membership of a peak body and other methods of receiving electronic notifications of regulatory updates and access to legislation and regulations online. Responsibility for dissemination of this information is via the management team.

Examples of regulatory compliance in relation to Accreditation Standard Four include:

- The routine checking and testing of fire-fighting equipment and fire alarm systems.
- Undertaking annual food safety audits in compliance with the NSW Food Safety Act.
- Undertaking fire equipment and evacuation education and including all registered nurses being educated to fire warden level.

## 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 details of the home’s systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education sessions offered in relation to Accreditation Standard Four include:

- Fire evacuation procedures training
- Manual handling
- Infection control
- Safe food handling

#### **4.4 Living environment**

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

##### **Team's findings**

The home meets this expected outcome

The management of the home provides a safe and comfortable environment consistent with care recipients' care needs. The home provides a single level of care recipient accommodation, with different lounge as well as and dining areas. Much of the home has a beautiful river outlook. There are safe external areas including a courtyard. Audits which include environmental aspects are conducted. Maintenance staff are alerted to any daily needs of the home via system of maintenance requests. Maintenance staff advised they regularly check this throughout the day and prioritise any repair work. Qualified tradespersons are contacted for any necessary repairs of the building or equipment such as electrical or plumbing. Feedback from care recipients/representatives indicates they feel comfortable in their environment.

#### **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

Management is actively working to provide a safe working environment that meets regulatory requirements. A workplace health and safety oversees and monitors the day to day safety systems in the work place. Staff could identify the procedures in place for reporting hazards. They were also aware of issues which may affect their area of work in relation to workplace health and safety. The staff confirmed there are various ways the home identifies hazards. These include observation, discussion at meetings, informal discussion with staff and other stakeholders, environmental audits and incident and accident reports. All results are initially discussed with the director of nursing, actions are planned and information regularly advised to staff via the staff newsletter. Lifting and transferring equipment and tagging of electrical equipment were observed to be present in the home.

#### **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

The home has systems to minimise fire, security and emergency risks. As part of the home's safety system there are external contractual arrangements for the routine maintenance of the fire-fighting equipment and internal fire alarm system. Observations of

various fire-fighting equipment around the site, confirms they are inspected on a regular basis. Staff said fire safety is included as part of the orientation sessions for new staff members as well as part of the routine annual education program. Staff members were able to provide a consistent response on the procedures to be followed in the event of a fire. Key information on a range of other emergency situations such as bomb threat and natural disaster is available.

Evacuation lists are maintained identifying all care recipients accommodated evacuation plans are displayed strategically around the home and a disaster management plan is readily accessible and located at the main fireboard.

#### **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

The organisation provides policies, procedures and training for management to guide them in implementing and monitoring infection control at the home. Vaccination to prevent influenza is offered annually to care recipients and staff. Care recipients are monitored for signs and symptoms of infection and timely follow-up action is taken to diagnose and treat infections in liaison with medical officers. Infection data is collated to assist with identifying trends and the need for improvement. Equipment and supplies are available to staff to minimise cross infection and they are provided with ongoing training on infection control and related topics. Cleaning programs are documented for general cleaning. A food safety program is implemented. Staff are knowledgeable about infection control principles and practices.

#### **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

The home has a system in place to ensure hospitality services are provided in a way which enhances care recipients' quality of life and the staff's working environment. Food is cooked fresh on site following a four-week rotational menu. The menu has been developed, reviewed and approved by a dietitian and care recipients have had the opportunity to provide feedback whilst the menu was being developed regarding their likes and dislikes. Care recipients also have the opportunity to say they do not want what is on the menu for a specific day and the meal is adjusted to suit them at the time. Care recipient/representative feedback relating to food is verbally and at meetings. Care recipients' likes, dislikes and allergies are recorded in the kitchen. Temperature checking is carried out at each point of the meal preparation including delivery, storage, dishwasher, cooking and serving. Care recipients/representatives said they are satisfied with the food provided and are enjoying the menu. The living environment was observed to be clean and cleaning programs were in place. The cleaning staff interviewed demonstrated a working knowledge of the home's cleaning schedules, practices and safe chemical use. The cleaning roster requires all rooms to be cleaned according to a set schedule. The home

provides an onsite laundry service for personal clothes and linen is laundered onsite. Care recipients/representatives stated they are satisfied with the laundry service.