

Graceland Manor

RACS ID: 3553

Approved provider: Graceland Hostel Services Pty Ltd

Home address: 508 Glen Huntly Road ELSTERNWICK VIC 3185

|  |
| --- |
| Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 01 June 2020.We made our decision on 01 May 2017.The audit was conducted on 28 March 2017 to 29 March 2017. 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 care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

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

Principles: 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 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: Care recipient lifestyle

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

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 Care recipient security of tenure and responsibilities Met

## Standard 4: Physical

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 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



Audit Report

Name of home: Graceland Manor

RACS ID: 3553

Approved provider: Graceland Hostel Services Pty Ltd

# Introduction

This is the report of a Re-accreditation Audit from 28 March 2017 to 29 March 2017 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.

During a home’s period of accreditation there may be a review audit where an assessment team visits the home to reassess the quality of care and services and reports its findings about whether the home meets or does not meet the Standards.

# 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 this document

An assessment team appointed by the Quality Agency conducted the Re-accreditation Audit from 28 March 2017 to 29 March 2017.

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.

# Details of home

Total number of allocated places: 45

Number of care recipients during audit: 38

Number of care recipients receiving high care during audit: 20

Special needs catered for: Not applicable

# Audit trail

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

## Interviews

| Position title | Number |
| --- | --- |
| Manager | 1 |
| Registered nurse | 1 |
| Personal care assistant to registered nurse | 1 |
| Care staff | 4 |
| Lifestyle staff | 2 |
| Care recipients/representatives | 8 |
| Manager’s assistant | 1 |
| Chef manager | 1 |
| Contracted cleaning manager | 1 |
| Contracted cleaning staff | 1 |
| Physiotherapist | 1 |

## Sampled documents

| Document type | Number |
| --- | --- |
| Care recipients’ files | 9 |
| Medication charts | 7 |
| Care recipients’ agreements | 4 |
| Personnel files | 4 |
| External contracts | 4 |

## Other documents reviewed

The team also reviewed:

* Activities calendar, consent forms and lifestyle documentation
* Audits, audit schedule and surveys
* Care recipient and staff information handbooks
* Catering, cleaning and laundry schedules and related records
* Chemical register and material safety data sheets
* Compulsory reporting register and flow chart
* Continuous improvement plan and suggestion for improvement logs
* Education records and medication competency assessments
* Food safety plan and third party audits
* Human resource management documentation including position descriptions, duty lists, rosters and orientation documentation for temporary and permanent staff
* Incident reports and analysis documentation
* Infection control data and analysis documentation
* Memoranda
* Minutes of meetings
* Newsletters
* Occupational health and safety documentation
* Police certificate and statutory declarations register and nursing qualification record
* Policies and procedures
* Preventative, reactive and essential services maintenance records and equipment folders
* Risk assessments for bed poles and smoking.

## Observations

The team observed the following:

* Activities in progress
* Equipment and supply storage areas including archive cupboards
* Feedback forms with box and Aged Care Complaint Commissioner pamphlets
* Firefighting equipment, fire panel, alarms, site maps, evacuation pack and care recipient list
* Hand hygiene facilities, personal protective equipment and waste management systems
* Interactions between staff and care recipients
* Living environment and nursing station
* Mission statement displayed
* Noticeboards, displays and noticeboard posters advising of visit
* Refreshment and lunch service with menu displayed
* Short group observation in dining room before lunch
* Storage and administration of medications
* The ‘Charter of care recipients’ rights and responsibilities – residential care’ displayed.

# 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 services, 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 and monitors performance against the Accreditation Standards. The use of a quality framework with various mechanisms such as feedback from stakeholders, infection control information, audit results, observations and incident data assists in the identification of areas for improvement. Management encourages stakeholders to contribute to the continuous improvement system through means such as attending meetings, completing feedback forms and the home’s open door policy. In addition, care recipients, representatives and staff complete regular surveys. Management drives and evaluates the improvements to aid in successful implementation. There are processes such as internal and external audits to review performance. Management provides feedback to stakeholders as appropriate verbally through meetings and consultations or written through electronic mail and letters.

Examples of improvement initiatives implemented in relation to Standard 1 Management systems, staffing and organisational development include:

* Management identified the need to improve care recipient and staff feedback and commenced a new process at the end of meetings. Each participant is asked individually for any suggestions to improve the home. There has been positive feedback from care recipients, representatives and staff regarding the initiative.
* Staff suggested new summer uniforms and management sought their advice on colours and style. There has been positive feedback from staff regarding the new uniforms, which are both professional in appearance and comfortable.

### 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 organisation’s management has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines across the Accreditation Standards. Management subscribes to various legislative services, government agencies and industry bodies to receive notification of changes in legislation. The home then develops or modifies policies, procedures and education processes to ensure alignment with any changes. Staff receive information of any regulatory changes through avenues such as memoranda, meetings or education. Management monitors compliance through the audit process.

Examples of regulatory compliance in relation to Standard 1 Management systems, staffing and organisational development include:

* Management maintains a continuous improvement plan.
* There is a system to monitor legislative compliance with police certificate requirements and overseas statutory declarations for all relevant staff.
* Management monitors the professional registrations of staff to provide performance of tasks by qualified individuals.

### 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. Prior to commencement of employment, staff confirm relevant certification. Staff successfully appointed participate in orientation training and mandatory education relevant to their role. Management identifies and implements any additional training activities as required based on training needs identified from prompts such as staff surveys, meetings, incident reports and observations. There are areas on site available to provide education to staff. There is a process to maintain attendance records and evaluations. Staff said they are satisfied with education opportunities in the home. Care recipients and representatives are satisfied management and staff have the appropriate knowledge and skills to deliver quality care and services.

Examples of recent education in relation to Standard 1 Management systems and staffing include:

* Accreditation training
* Aged care funding instrument training
* Complaints and resolution.

### 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

Each care recipient and/or their representative and other interested parties have access to internal and external complaints mechanisms. The system includes completing feedback forms and attending meetings as well as information obtained from handbooks and brochures. A locked box to lodge forms provides anonymity if desired and there are interpreter services available for care recipients from non-English speaking backgrounds if needed. Care recipients, representatives and staff also verbalise any comments or complaints through management’s open door policy. Management monitors stakeholder satisfaction through regular surveys. There is a process to log any feedback, as required, to identify trends with relevant data used to assist in continuous improvement. Management investigates any suggestions in a timely manner and provides feedback to stakeholders, as appropriate, through meetings, individual consultation, electronic mail or letters. Care recipients, representatives and staff are satisfied they are aware of how to make a complaint and would do so if required.

### 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 organisation has documented its mission statement with a commitment to provide a quality service, which is on display.

### 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 the delivery of services in accordance with these Standards and the residential care service’s philosophy and objectives. The recruitment process includes interviews, reference and qualification checks with most staff employed following work placements. There is a system to ensure staff possess current police certificates with associated documentation as necessary. The orientation process includes education and ‘buddy’ shifts with the provision of position descriptions and duty lists to document staff roles. There is a process to monitor performance through various means such as competency assessments, performance appraisals or observation of practice. To meet the current and changing needs of care recipients, management monitors staffing levels and skill mix for appropriate roster coverage, through the home’s staff or temporary personnel. Staff are satisfied with the number of staff and adequacy of skills. Care recipients and representatives are satisfied care recipients receive adequate care and services in a timely manner.

### 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

### There is a system to ensure stocks of appropriate goods and equipment for quality service delivery are available. Management provides education and/or training for staff on any new equipment purchased for the home. Management and relevant staff monitor equipment through the preventative and reactive maintenance program with specific personnel designated to order any required goods and to clean equipment. The home has sufficient storage for goods and equipment including suitable locked storage areas. Care recipients, representatives and staff are satisfied with the supply of goods and the provision of equipment.

### 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

##### There are effective information management systems with confidentiality and privacy maintained throughout. Stakeholders have access to current information, activities and events of the home as appropriate through means such as meetings, noticeboard displays, newsletters and calendars. Care recipients and representatives receive adequate information to assist them to make decisions about each care recipient’s care and lifestyle. Management and staff receive accurate information to assist in the performance of their roles through various means such as education, handover, meetings, policies and procedures. There is a process to regularly back up the computer system. Care recipient information is securely and confidentially stored with processes for archiving documents. Care recipients, representatives and staff are satisfied with the home’s information systems and communication processes.

### 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

There is a system to provide externally sourced services to meet the residential care service’s needs and service quality goals. Management maintains records of contracted providers and reviews the service agreements regularly. Input from care recipients and staff, as appropriate, is sought to ensure the provision of optimum service. There is a system to monitor contractors in regards to having a current police certificate with associated documentation, as necessary. Care recipients, representatives and staff are satisfied with the services provided by external contractors.

## 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 information regarding the home’s continuous improvement system and processes.

Examples of improvement initiatives implemented in relation to Standard 2 Health and personal care include:

* Clinical care staff suggested the benefits of dementia care training and management organised for a registered training organisation to provide the education. There has been positive feedback from staff who report the training has improved their skills to ensure timely management of care recipients with responsive behaviours.
* Management recognised clinical documentation and care could be improved with an additional care staff member to assist the registered nurse with reviewing and updating care recipient files. A consultant was also employed to educate staff. Management spoke positively of the improved clinical care documentation.

### 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 information regarding the home’s regulatory compliance system and processes.

Examples of regulatory compliance in relation to Standard 2 Health and personal care include:

* There are policies, procedures and secure storage areas regarding medication management.
* Qualified staff oversee specific care planning activities and care tasks.
* There are procedures to ensure compliance with legislation in the event of a care recipient’s unexplained absence.

### 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 regarding the home’s education processes.

Examples of recent education in relation to Standard 2 Health and personal care include:

* Dementia care training
* Diabetic management
* Falls prevention
* First aid
* Skin care and wound management
* Weight loss management.

### 2.4 Clinical care

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

#### Team’s findings

The home meets this expected outcome

Management and staff demonstrate there is a system to ensure care recipients receive appropriate clinical care. Staff assess care recipients on entry to the home and on an ongoing basis. Care plans are developed in consultation with the care recipient, representative, medical practitioner and other relevant allied and health practitioners. Care plans contain information regarding clinical condition, history, interventions and goals for care and are regularly evaluated. Staff have access to policies and procedures, training and equipment to assist in provision of clinical care. Staff transfer care recipients to relevant acute services as necessary. Care recipients and representatives are satisfied with the clinical care provided.

### 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 qualified staff to identify, assess and plan care to meet care recipients’ specialised nursing care needs. The registered nurse coordinates the assessment and care planning of specialised nursing care including diabetes management, wound management and oxygen therapy as needed. Locum medical services are available for after hours medical support. Specialised nursing is monitored through reviews, audits and key indicator data. Care recipients and representatives are satisfied with 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

Management and staff ensure the referral of care recipients to appropriate health professionals in accordance with assessed needs and preferences. Medical practitioners visit regularly with locum services available as needed. A range of health specialists including physiotherapists, dietitian and podiatry visit the home with referrals occurring to additional health services as required and in line with each care recipient’s assessed needs. Care plans reflect the specified care required. Care recipients are supported to attend external appointments. Care recipients and representatives are satisfied referrals to appropriate health specialists take place as necessary.

### 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

Management and staff demonstrate there is a system to ensure care recipients’ medication is managed safely and correctly. A registered nurse coordinates the assessment and management of the medication including the administration of ‘as needed’ medications. Medical practitioners complete medication charts and the home monitors medications delivered by the pharmacy. Medication is securely stored and medication reviews are conducted by an external consultant pharmacist. Staff administer medications according to their qualifications and competency. Care recipients who self-administer medications are monitored and supported. The home monitors the system through audits of medication charts, pharmacy meetings, incident reports and consultation with care recipients, representatives and medical practitioners. Care recipients and representatives are satisfied with the management of medication at the home.

### 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

Management and staff demonstrate there are processes to ensure all care recipients are as free as possible from pain. Staff assess care recipients for pain on entry, regularly as part of the scheduled review process and as required. Care plans document identified strategies to reduce the incidence of pain, which may include the application of heat packs, regular repositioning and analgesia. Individual exercise and pain strategies are implemented by the physiotherapist for care recipients with assessed needs. Care recipients and representatives are satisfied staff assist care recipients to be as free as possible from pain.

### 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

Management and staff demonstrate there is a system to maintain the comfort and dignity of terminally ill care recipients. Staff identify and document terminal care wishes with the care recipient and representative on entry and as needed. Palliative care and end of life planning is managed with medical practitioners and external consultants, where appropriate. Care recipients have private rooms and staff provide support for representatives. Care plans are updated to reflect changes to care strategies. Staff describe care interventions to manage the comfort and dignity of care recipients when caring for terminally ill care recipients.

### 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

There are processes to ensure care recipients receive adequate nourishment and hydration. Staff consult with care recipients and representatives to identify and assess each care recipient’s nutritional, cultural needs, preferences and level and type of assistance required. Staff monitor care recipients’ weights and follow policies and procedures to manage variations with analysis of each care recipient’s specific care needs and effectiveness of interventions. Catering staff provide meal choices and maintain current documentation of needs, preferences, food allergies, specialised and texture modified diets and fluid needs. Supplements are available as required and referrals to medical practitioners, speech pathologists, dietitians and dental services occur for advice and additional support. Care recipients and representatives are satisfied with the quality of food and beverages provided.

### 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

There is a system to maintain care recipients’ skin integrity in accordance with their general health. Staff assess care recipients’ skin integrity on entry to the home and care plans are developed that document needs and preferences, including level of assistance and equipment or management required. Breaks in care recipients’ skin are documented and staff provide follow up care. Wound care is documented to guide staff practice and staff have access to emollient creams and dressings as required. Care recipients and representatives are satisfied with skin care management and the promotion of skin care.

### 2.12 Continence management

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

#### Team’s findings

The home meets this expected outcome

Management and staff demonstrate the home has processes to ensure staff manage care recipients’ continence needs effectively. Assessment and care plans identify level of staff assistance required by the care recipient and continence support aids. Each care recipient is supported to encourage independence in managing their continence. Strategies to promote effective continence care include monitoring of care recipients, dietary and hydration care, exercise and clinical support. Staff have access to sufficient aids and continence products to meet care recipients’ needs. Care recipients and representatives are satisfied with the promotion of independence in the management of continence care.

### 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

Management and staff demonstrate there are processes to ensure the needs of care recipients with challenging behaviours are managed effectively. Staff assess each care recipient to identify challenging behaviours as needs and behaviours change. Care plans include consideration of behavioural triggers and strategies to prevent and manage identified behaviours. Staff have access to external consultants and specialists as required. Care recipients and representatives are satisfied with the management of the care needs of care recipients with responsive 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

Management and staff demonstrate there is a system to optimise the level of mobility and dexterity of care recipients. Assessment of each care recipient’s mobility and dexterity occurs on entry to the home and as care needs change. Care plans identify strategies to enhance care recipients’ mobility and falls risks. Staff follow internal procedures for the prevention and management of falls related incidents. Mobility equipment for effective manual handing of care recipients is available with other assistive devices, as needed, to promote care recipients’ mobility and dexterity. Care recipients and representatives are satisfied with the level of staff assistance provided to support mobility and dexterity of care recipients.

### 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 demonstrates processes to maintain the oral and dental health of care recipients. Staff assess care recipients’ oral and dental health on entry to the home and develop a plan of care. Care plans including oral and dental needs and preferences and level of support and care to be provided by staff. Staff refer care recipients to dentists and dental technicians as necessary in accordance with care recipient needs and preferences. Care recipients and representatives are satisfied with oral and dental care in the home.

### 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

The home has a system to identify and manage care recipients’ sensory losses effectively. Staff assess care recipients on entry to the home for their abilities regarding all five senses. Individualised plans of care include strategies to maximise senses and assist with sensory loss including fitting and management of sensory aids. Staff review care plans regularly and refer care recipients to specialists as necessary. Hearing and vision services visit the home and medical practitioners review care recipients as needed. Care recipients and representatives are satisfied with the management of sensory loss.

### 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 supported to achieve natural sleep patterns. Care recipients are assessed on entry to the home to establish needs and preferences to support sleep. Staff document patterns of rest and wakefulness in care plans to ensure care recipients achieve adequate sleep. Strategies to assist in achieving natural sleep patterns are documented and include preferred rising and settling times and bed time rituals and preferences, analgesia, sedation and physical and emotional comfort measures. Care recipients are satisfied with the assistance they receive from staff to achieve a good sleep pattern.

## 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 information regarding the home’s continuous improvement system and processes.

Examples of improvement initiatives implemented in relation to Standard 3 Care recipient lifestyle include:

* Care recipients suggested they missed a long term staff member on extended leave. Management organised for the staff member to return to the home for a special happy hour event. There has been positive feedback from care recipients who enjoyed visiting with the staff member.
* Care recipients suggested they would benefit from education regarding falls management. The physiotherapist gave a demonstration to care recipients to provide information such as how best to get out of a chair. There has been positive feedback from care recipients who enjoyed the education. The activities staff now reinforce this information during various programs.

### 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 regarding the home’s regulatory compliance system and processes.

Examples of regulatory compliance in relation to Standard 3 Care recipient lifestyle include:

* There is a privacy policy.
* Care recipients and representatives receive information on care recipient rights, responsibilities and services provided as well as information regarding the Aged Care Complaints Commissioner.
* There are policies and procedures concerning elder abuse and compulsory reporting and the home maintains a register.

### 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 regarding the home’s education processes.

Examples of recent education in relation to Standard 3 Care recipient lifestyle include:

* Compulsory reporting and elder abuse
* Dealing with grief and loss
* Privacy and dignity.

### 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

Management and staff ensure each care recipient receives support in adjusting to life in the new environment when they enter the home and on an ongoing basis. Care recipients and representatives receive information regarding the care and services of the home. Staff consult with the care recipient and representative and document individual emotional needs and preferences. Care recipients are supported to settle into the home and are provided with information on activities and events with a structured weekly plan. Staff monitor and evaluate the effectiveness of support and strategies through care reviews, meetings and feedback mechanisms. Care recipients and representatives are satisfied with the emotional support provided to care recipients and the friendly and supportive manner of staff.

### 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

Staff assist care recipients to achieve maximum independence, maintain friendships and links to communities and events within and outside the home. Assessment and care planning processes identify and plan for care recipients’ individual physical, social and emotional independence. There are strategies to maximise independence, appropriate for each care recipient’s needs and preferences. Various programs, such as physiotherapy, social, activity and exercises are provided to support independence with staff assisting with sensory devices, prompting and providing mobility aids and supporting care recipients to attend external activities. Visitors are welcome. Care recipients and representatives are satisfied staff encourage, support and assist 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

Management and staff ensure each care recipient’s right to privacy, dignity and confidentiality is recognised and respected. Staff assess and identify each care recipient’s individual preferences as to privacy and dignity and these are documented in care plans and reviewed regularly. Care recipients receive information about how the home protects their information. Management stores confidential information securely. All care recipients have single rooms and ensuites and access to various quiet areas internally and externally around the home. Staff engage with care recipients respectfully and describe strategies and work practices to support care recipients’ individual privacy and dignity needs. Care recipients and representatives are satisfied staff treat care recipients respectfully and maintain their dignity and confidentiality.

### 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

Care recipients are encouraged and supported to participate in a range of interests and activities. Staff identify each care recipient’s individual leisure and lifestyle needs in consultation with the care recipient and/or their representative through assessment and cultural, social and preferred recreation activities. Regular reviews occur to incorporate each care recipient’s previous life and current interests in relation to their interests, social, cultural, spiritual and other aspects of their care. A structured weekly activity plan is available that includes general activities with special activities added as relevant. External outings are planned fortnightly. An annual feedback survey is distributed to care recipients and in consideration of the feedback and other ongoing information the program is amended and updated as required. Staff support care recipients to engage in a range of activities of interest. Care recipients and representatives are satisfied with the range of activities offered and the support provided.

### 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

Management and staff demonstrate they foster and value care recipients’ cultural and spiritual lives, customs and beliefs. Initial assessments and care plans document preferences including religious choices and practicing status, cultural preferences and customs. Staff support care recipients to access relevant external supports and individual interests. Various religious denominations attend to provide religious services and pastoral care in alignment with care recipient preferences and requests. Special events and significant days are celebrated and care recipients’ dietary preferences accommodated as able. Care recipients and representatives are satisfied with cultural and spiritual life in the home.

### 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

Management and staff are committed to promoting the care recipients’ rights to participate in choices and decisions regarding their care and lifestyle preferences. Risk assessments are undertaken with care plans and documents reflecting care recipient choice and decisions in consultation with representatives. Displayed brochures and agreements contain information on care recipients’ rights and responsibilities, the complaints process, external advocacy services and care and lifestyle choices. Care recipients and/or their representatives sign various consent forms as required. Surveys and feedback monitor satisfaction. Care recipients and representatives are satisfied with opportunities provided to care recipients so they can continue to make independent choices and decisions.

### 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

Management demonstrates a system to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. Before and during entry, management meets with each care recipient and/or their representative to provide relevant information on life within the home. Information provided includes care recipients’ rights and responsibilities, security of tenure, privacy, confidentiality and the complaints mechanisms. Reinforcement of care recipient security of tenure occurs within residential agreements, information packs and displays and during meeting discussions. Care recipients and representatives are advised of any changes to specified care and services and where a room change may be required, this occurs only after consultation and approval by the care recipient and/or their representative. Care recipients and representatives are satisfied care recipients feel secure in their tenure at the home and are aware of care recipients’ 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 information regarding the home’s continuous improvement system and processes.

Examples of improvement initiatives implemented in relation to Standard 4 Physical environment and safe systems include:

* Staff suggested care recipients may benefit from improved lighting in their rooms at night and management organised for the installation of sensor night lights in all rooms. There has been early positive feedback from care recipients, representatives and staff who like the new lighting. Implementation and evaluation is ongoing.
* A care recipient suggested a gardening area for care recipients. Management sourced plants from local businesses and arranged for the installation of a tap and hose reel in an upstairs balcony, which has become a new garden area. There has been positive feedback from care recipients who enjoy both the plants and the gardening activities.

### 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 regarding the home’s regulatory compliance system and processes.

Examples of regulatory compliance in relation to Standard 4 Physical environment and safe systems include:

* There is an effective infection control program, including guidelines in the event of an outbreak and a food safety program to include third party auditing.
* Management has a system to monitor compliance with fire safety regulations.
* There are processes to provide a safe working environment to meet regulatory requirements.

### 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 regarding the home’s education processes.

Examples of recent education in relation to Standard 4 Physical environment and safe systems include:

* Fire and emergency
* Hand hygiene
* Infection control
* Manual handling.

### 4.4 Living environment

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

#### Team’s findings

The home meets this expected outcome

Management of the residential care service is actively working to provide a safe and comfortable environment consistent with the needs of care recipients. Rooms are single occupancy with private ensuites. There is safe access to clean, comfortable and well-maintained communal and private living areas, a dining room and gardens. There are small sitting areas throughout the two levels for the use of care recipients and their visitors. Appropriate furnishings provide a pleasant atmosphere and the internal living environment is maintained at a comfortable temperature throughout. Management and relevant staff monitor the comfort and safety of the home through preventative and reactive maintenance processes. Staff assist care recipients to remain safe and comfortable by monitoring access to items such as call bells and mobility aids. Care recipients and representatives are satisfied care recipients feel safe and comfortable and the home is well maintained.

### 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 to meet regulatory requirements. Staff have input into the home’s occupational health and safety system through reporting of any hazards. Occupational health and safety is an agenda item at staff meetings. Management organises for the completion of regular audits to monitor the workplace. Management and relevant staff monitor the functioning of equipment through the home’s preventative and reactive maintenance programs. There are areas to provide secure storage for chemicals and dangerous goods. Staff said they are aware of how to report hazards and are satisfied management provides a safe environment.

### 4.6 Fire, security and other emergencies

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

#### Team’s findings

The home meets this expected outcome

Management and staff actively work to provide an environment with safe systems of work to minimise fire, security and emergency risks. Approved professionals carry out testing and maintenance on emergency alarms and equipment. There are documented emergency policies and procedures and evacuation maps and care recipient lists are current. Exit doors and egress areas are free from obstruction. There is an electrical safety testing and tagging system for applicable goods. There are arrangements to provide an environment to generally minimise risks. Staff have received fire and other emergency training and know what to do in such an event. Care recipients and representatives are satisfied care recipients feel safe and secure in the home.

### 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 home has an effective infection control program in place to identify, prevent and management infections. The registered nurse oversees the infection control program and monitors infections, analyses trends in infection data and manages the home’s response to any outbreaks. Staff monitor care recipients and report any suspected infections. Waste control is managed and cleaning procedures and a food safety program are in operation. Hand hygiene equipment and personal protective equipment are available for staff. The home has a spills kit and outbreak management kit stocked with required information and equipment. Staff are aware of their responsibilities regarding infection control prevention and management.

### 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

Hospitality services are provided in a manner to enhance care recipients’ quality of life and the staff’s working environment. Meals are prepared fresh on site with care recipient allergies, likes, dislikes and special dietary needs taken into account. Care recipients have choices at meals to ensure a pleasant overall dining experience. Contracted cleaning personnel provide cleaning according to a schedule with processes for any extra cleaning tasks as required. Care staff process all laundry on site with provisions for labelling of care recipients’ clothes to assist in the prevention of lost items. Management monitors hospitality services through internal and external audits and provides regular staff education including chemical handling and infection control. Care recipients, representatives and staff are satisfied with the home’s catering, cleaning and laundry services.