Australian Government

Australian Aged Care Quality Agency

Graceland Manor

RACS ID 3553
508 Glenhuntly Road
ELSTERNWICK VIC 3185

Approved provider: Graceland Hostel Services Pty Ltd

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 2017.

We made our decision on 10 April 2014.

The audit was conducted on 03 March 2014 to 04 March 2014. The assessment team's report is attached.

After considering actions taken by the home, decided the home does now meet expected outcome 2.7 Medication management.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (or his or her representative) and the health care team.

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

Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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

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Audit Report

Graceland Manor 3553

Approved provider: Graceland Hostel Services Pty Ltd

Introduction

This is the report of a re-accreditation audit from 03 March 2014 to 04 March 2014 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents 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, resident 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:

- 43 expected outcomes

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

- Expected outcome 2.7 Medication management

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 03 March 2014 to 04 March 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 1998. 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 1997.

Assessment team

Team leader:	Mary Jo Nash
Team member:	Nicola Walker

Approved provider details

Approved provider:	Graceland Hostel Services Pty Ltd

Details of home

Name of home:	Graceland Manor
RACS ID:	3553

Total number of allocated places:	45
Number of residents during audit:	41
Number of high care residents during audit:	14
Special needs catered for:	N/A

Street:	508 Glenhuntly Road
City:	ELSTERNWICK
State:	VIC
Postcode:	3185
Phone number:	03 9528 2623
Facsimile:	03 9528 2523
E-mail address:	gracelandmanor@primus.com.au

Audit trail

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

Interviews

Category	Number
Director	1
Clinical Co-ordinator	1
Care staff	4
Administration assistant	1
Catering staff	1
Physiotherapist	1
Residents/representatives	12
Activity co-ordinator	1
Laundry staff	1
Cleaning staff	1
Maintenance staff	1

Sampled documents

Category	Number
Residents' files	9
Resident agreements	4
External supplier contracts	7
Medication charts	10
Personnel files	4

Other documents reviewed

The team also reviewed:

- Aged care certification assessment instrument

- Audit documentation

- Certificate of registration of food premises

- Clinical incident reports and trending records

- Comments, suggestions and incidents register

- Communication book and diary

- Continuous improvement documentation

- Contract renewal calendar and contractors' list

- Essential services schedule and related documentation

- Food safety program and related documentation

- Independent food safety audit

- Infection records, reports and trending information

- Kitchen, laundry and cleaning procedures and schedules

- Mandatory reporting folder

- Material safety data sheets

- Meeting minutes

- Mission statement

- Newsletters

- Nursing registration record

- Personal care workers' medication training information and competency assessments

- Pest control records

- Police certificates register

- Policies and procedures

- Position descriptions and duty lists

- Preventative and corrective maintenance documentation

- Re-accreditation audit notice and re-accreditation audit notification to stakeholders letter

- Residents' activity participation records

- Residents' dietary information – kitchen

- Residents' evacuation list

- Residents' general information handbook

- Residents' menu information

- Residents' surveys

- Roster

- Staff information handbook

- Staff/contractor induction program

- Statutory declarations

- Training and education documentation.

Observations

The team observed the following:

- Activities in progress

- Blood spills cleaning kit

- Charter of Residents' rights and responsibilities

- Cleaning equipment, trolley and cleaning in progress

- Clinical care equipment

- Continence supplies

- Equipment and supply storage areas

- Evacuation plans and kit, exit signage and egress pathways

- External complaints mechanisms and advocacy brochures

- Hand hygiene practices and equipment

- Interactions between staff and residents

- Kitchen pantry and fridge/freezer

- Laundry

- Living environment

- Meal service and resident assistance

- Morning and afternoon tea service

- Noticeboards

- Resident mobility and transfer equipment

- Residents' smoking area

- Secure chemical storage areas

- Security system and processes

- Storage of medications

- Suggestion boxes.

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 residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Management pursues continuous improvement with staff, residents and representatives supported and encouraged to participate. Management identify opportunities for improvement from a range of sources including resident, representative and staff feedback, meetings, incidents, survey and audit results. Management maintains a continuous improvement register and monitors improvement opportunities through a monthly continuous improvement meeting. Management provides feedback to stakeholders through meetings, newsletters, noticeboards and education. Residents, representatives and staff said they participate in the continuous improvement process and are satisfied ongoing improvements occur.

Examples of improvement initiatives implemented by management relevant to Standard 1 Management systems, staffing and organisational development include:

- At a staff meeting, staff said they needed more time to complete their duties in line with increasing care needs of residents. Management reviewed duties across all care positions and identified an extra half hour was required for the afternoon shift. Afternoon shift staff said the additional half hour enables them time to complete their duties. Residents said they are satisfied there are enough staff available to attend to their needs and preferences.

- During manual handling training, staff identified single fitted sheets did not fit all beds. Management purchased king single sheets to meet the variations in bed sizes. Informal feedback from staff is positive, with staff stating the new sheets are easier to fit.

- Management identified it was difficult to manually manage resident agreements in line with legislative updates. Management purchased an electronic tool which generates resident agreements with automatic updated information. Management said this has resulted in ensuring compliance with legislative and regulatory updates and changes.

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

Regulatory and legislative updates and information are available through a legal update system, government and municipal correspondence and through the advice of a consultant. The director monitors regulatory and legislative changes and informs staff of changes through memorandum, the communication book, handover, meetings and education. All staff are required to provide a current police certificate and this process is monitored to ensure currency is maintained. Management informed all stakeholders of the re-accreditation audit and stakeholders have access to internal and external comments and complaints and advocacy mechanisms. The organisation informs the Department of Social Services of all key personnel and any changes.

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 identify educational needs for staff through performance monitoring, analysis of audit results, incident reviews and changing resident needs. Management ensure staff have appropriate skills and knowledge through competency testing, audits and observation.

Management develops an annual education calendar to meet identified staff development needs and mandatory training requirements. Management and staff confirm the type, frequency and availability of education meets their needs. Residents and representatives are satisfied staff have the appropriate knowledge and skills to deliver quality care.

Examples of recent education relevant to Standard 1 Management systems, staffing and organisational development include:

- documentation

- assessing the Accreditation Standards.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Management displays internal and external complaint brochures and forms and documents the complaints process in the resident handbook. On entry staff show residents and

representatives the location of continuous improvement forms, external complaints and advocacy brochures. Management and staff reinforce the comments and complaints process at resident and relative's and staff meetings. Residents, representatives and staff know about making comments or expressing concerns through appropriate means and said that management is responsive to concerns or suggestions.

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

Management documents the home's mission statement which captures their commitment to quality care. Management have documented the mission statement in handbooks and displayed the mission statement throughout the home.

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

Management employs appropriately skilled and qualified staff to meet resident care needs. The management team facilitates recruitment and employs a range of staff with a skill mix to achieve their objectives. Permanent part time staff replace permanent staff on annual or sick leave and agency staff generally replace the registered nurse. Position descriptions and duty lists inform and guide staff and new staff undergo an orientation program and complete 'buddy' shifts. Staff complete mandatory education including manual handling and fire and emergency and appropriate staff complete medication competencies. Staff said management provide them with an orientation of work practices and management and staff said staff have appropriate skills to meet residents' needs. Staff said they enjoy their work and express a commitment to the residents and to the management team. Residents and representatives express confidence in the abilities of staff and say they are very satisfied with the services staff provide to them.

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.

Management has a system to ensure appropriate stocks of goods and equipment for quality service delivery are available. Staff and management monitor and maintain stock levels through regular and periodic ordering. Storage areas are accessible, clean and secure.

Monitoring of equipment availability and safety occurs and there is a preventative and corrective maintenance program. Staff said they have sufficient equipment and supplies to undertake their roles effectively. Residents and representatives said there are sufficient goods and appropriately maintained 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

Management and staff gather information through the assessment and care planning process, financial and contractual information, staff employment, continuous improvement activities, meetings and correspondence. Management and staff have access to resident care information and a registered nurse regularly reviews this information. Resident and personnel files are stored securely in restricted access areas; electronic information is password protected and backed-up and management archives resident and staff documentation. Residents and staff receive handbooks that provide information on the home's processes and requirements. Management holds regular minuted meetings. Staff said they receive information through the communication book, in memoranda and at staff meetings. Residents and representatives said management and staff ensure they are aware of information relevant to them through noticeboards, newsletters, in meetings and by mail.

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

Management has established service agreements with external contractors who provide specialist care to residents and various services to management. Services include podiatry, pharmacy, chemical supplies, waste management, pest control and essential services.

Management monitor the performance of tradespeople and specialist care services annually. Staff, residents and representatives said they have opportunities to provide feedback on external contractors and are satisfied with the care and services provided.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Management informally conducts continuous improvement activities across Standard two. Some clinical audits occur however, issues arising from these audits do not inform the continuous improvement system. Instead, staff write-up these issues in the clinical communication book. Staff said improvements occur across clinical areas and residents said they were satisfied improvements occur.

Examples of improvement initiatives implemented by management relevant to Standard 2, Health and personal care include:

- Clinical management identified a need for a pain clinic to address residents' increasing pain requirements and to maintain residents' mobility. Clinical management worked with the physiotherapist to develop a physiotherapy plan for each resident. The physiotherapist works four days a week and residents attend the pain clinic individually. Staff said residents are more active and some residents have experienced a reduction in pain. Residents said they are satisfied with the regular treatments and said they 'feel good' after their treatments.

- Clinical management identified sensory assessments were not capturing sense of smell and taste. The clinical coordinator researched sensory assessment tools and introduced a tool that assesses the five senses.

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

Management has systems to generally ensure compliance with relevant legislation, regulations and guidelines in regard to health and personal care. Management monitors compliance through staff competencies, audits and surveys. There are systems for checking nursing registration and the registered nurse assesses, plans and evaluates residents' medications and specialised care needs. Staff said they receive information and education on the mandatory reporting of residents who are absent without explanation and about the legislative and regulatory requirements relating to health and personal care. Refer to expected outcome 1.2 Regulatory compliance for information about management's regulatory compliance systems and processes.

2.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about management's education and staff development systems and processes.

Examples of education and training provided by management relevant to Standard 2, Health and personal care include:

- medication management

- foot care

- first aid

- dementia training

- pain management.

2.4 Clinical care

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

Team's findings

The home meets this expected outcome

There is a system to ensure residents receive clinical care appropriate to their needs and preferences. The registered nurse assesses each resident's clinical needs and preferences when they move into the home using assessment techniques, information provided by other health professionals and discussions with the resident and their representatives. The registered nurse develops a comprehensive and personalised care plan and reviews all care plans monthly to ensure they remain consistent with the residents' needs and preferences. The care plan is located in the progress notes for easy access and rewritten every three months. Care staff and the registered nurse record changes to care needs and other current information or instructions in the communication book. All staff are required to read this information when they commence their shift to ensure continuity of care and communication of information. Clinical incident data collection occurs monthly and this information is analysed to identify trends. Residents and representatives said staff communicate relevant changes when residents' clinical needs change.

2.5 Specialised nursing care needs

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

Team's findings

The home meets this expected outcome

Management has a system to ensure appropriately qualified staff identify and generally meet residents' specialised nursing care needs. A registered nurse, in conjunction with the resident's doctor or other health care consultants assesses each resident's specialised care needs when they move into the home, documents this in the care plan and reviews it on a monthly basis. The registered nurse trains care staff, as necessary, to perform selected specialised nursing care and provides varying levels of supervision and oversight. Residents said they are happy with the way staff meet their specialised care needs.

2.6 Other health and related services

This expected outcome requires that "residents are referred to appropriate health specialists in accordance with the resident's needs and preferences".

Team's findings

The home meets this expected outcome

The registered nurse promptly refers residents with special needs to appropriate health specialists. The system includes identification of needs, consultation with the resident or representative, referral procedures and a process of information sharing and ongoing communication. Specialists include mental health professionals, dietitians, speech pathologists, podiatrists, optometrists, audiologists, physiotherapists, palliative care services, wound specialists and outreach services provided by the local hospital. Residents said they are satisfied with the way the registered nurse arranges referrals to relevant health specialists when required.

2.7 Medication management

This expected outcome requires that "residents' medication is managed safely and correctly".

Team's findings

The home does not meet this expected outcome

Management does not have a comprehensive system to ensure staff manage residents' medication safely and correctly. The registered nurse provides annual training and competency assessments for care staff care and provides an 'on-call' after-hours service. However, there is no system in place to ensure care staff receive or seek adequate supervision after-hours to enable them to effectively manage risks associated with the complex pain management needs of some residents with high level care needs.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

The registered nurse has an effective system to ensure residents are as free as possible from pain and discomfort. All residents undergo a pain assessment when they move into the home and the registered nurse develops a comprehensive and individualised plan of care. Extended observation periods enable the registered nurse to develop an understanding of the causes, quality, frequency and types of pain and discomfort experienced by a resident and implement appropriate management strategies. Care staff communicate resident needs and experiences and the registered nurse makes referrals as relevant to the resident's doctor and/or the physiotherapist. A physiotherapist provides specialised support for residents on a one-on-one basis so residents can be as free as possible from pain and discomfort and continue their daily routines and activities. The registered nurse re-evaluates the care plan in conjunction with carers and the resident every month or when needs change. Residents expressed satisfaction with the way staff optimise pain management.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

There is a palliative care program to ensure management and staff are able to provide for the comfort and dignity of terminally ill residents. The registered nurse sensitively discusses 'end of life' issues with residents and/or their representative and documents these to ensure staff are able to meet the needs of the resident and their family. The palliative care program aims to support each resident and their family's needs. Staff arrange for the involvement of religious personnel and an external palliative care service to provide additional support for residents, families and staff as required. Staff said they have access to appropriate equipment to assist in resident care during this time.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

There is an effective system to ensure residents receive adequate nutrition and hydration. The registered nurse assesses each resident's nutrition and hydration status as well as food preferences and swallowing risks when they move into the home and develops a care plan. Staff weigh residents monthly or more regularly and complete fluid balance charts if indicated. The registered nurse refers residents to a speech pathologist or dietitian if residents are at risk of swallowing difficulties, poor nutritional and hydration status or experience weight changes. Residents and representatives said they are satisfied with the way residents' nutrition, hydration and associated support needs are met.

2.11 Skin care

This expected outcome requires that "residents' skin integrity is consistent with their general health".

Team's findings

The home meets this expected outcome

There is a system to assess each resident's skin care needs when they move into the home and the registered nurse documents strategies to minimise skin integrity risks in each resident's care plan. Strategies include regular repositioning, limb protectors, pressure relieving equipment and use of emollient creams. A podiatrist visits residents regularly. The registered nurse assesses injuries such as skin tears, pressure injuries, bruising and any skin trauma and implements treatment strategies for care staff to follow. Consultation with a wound management specialist occurs if necessary. There are processes to collate, analyse and review skin integrity data to ensure maintenance of expected standards of care.

Residents and representatives said they are satisfied with the way staff assist residents maintain skin integrity.

2.12 Continence management

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

Team's findings

The home meets this expected outcome

The registered nurse and staff have a system to manage residents' continence needs effectively. The registered nurse assesses each resident's toileting and continence needs when they move into the home and may implement extended assessments to collect detailed information over a period of several days. There is regular communication between the registered nurse and care staff to ensure care plans and continence aides remain consistent with resident needs. A number of different continence aids and toileting equipment are available and supplied by management. Care staff receive education and training in the availability and use of continence aids, equipment and manual handling. Residents and representatives said staff assist residents in meeting residents' continence needs.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

There is a system to manage the needs of residents at risk of demonstrating challenging behaviours. The registered nurse assesses each resident's behaviour patterns and characteristics when they move into the home and obtains further information from representatives and previous caregivers. Extended periods of assessment and observation occur if indicated and staff document behaviour related issues in the progress notes. The registered nurse develops a plan of care to reflect the assessment and other findings and reviews this every month. Staff access external specialist services for residents who require

further review and management. Residents and representatives said they are happy with the way staff manage residents experiencing challenging behaviours when these occur.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

There is a system to ensure qualified staff assist residents achieve optimum levels of mobility and dexterity and maintain their independence. The registered nurse and, if indicated, a physiotherapist assess each resident's mobility, dexterity and rehabilitation needs when they move into the home and develop a care plan. The care plan outlines equipment or support needs and is reviewed on a monthly basis. Physiotherapists provide pain management and support for residents through exercise programs, balance and strengthening exercises and other therapies. Equipment is available to assist residents with mobility and dexterity. The registered nurse assesses residents for their risk of falling and implements strategies to manage this risk. Residents and representatives said they are satisfied with the way staff support residents' mobility, dexterity and rehabilitation needs.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

There is has a system to ensure residents are able to maintain or improve their oral and dental health. The registered nurse assesses each resident's oral and dental health when they move into the home and develops a care plan. The care plan details the degree of assistance residents require to manage their own oral hygiene and is reviewed on a monthly basis or more frequently if care needs change. Residents and/or representatives choose a preferred dentist or staff will arrange for a dental service to visit the home. Management has dental and mouth care supplies available for residents, which includes swabs, mouthwashes and toothbrushes. Residents and representatives said staff assist residents with mouth care as required and support their independence.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

There is a system for identifying and managing any visual, auditory and communication loss and the registered nurse has recently introduced a process to assess smell and taste. The registered nurse arranges appointments to relevant specialists as required and a mobile optical service and audiology service regularly visits the home. Resources are available to minimise the impact of sensory loss and the lifestyle program provides activities that highlight

the different senses and compensate for sensory loss. Residents and representatives confirmed they are happy with the way staff support sensory loss.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

The registered nurse assesses each resident's preferences and usual routine in relation to sleep and develops strategies to assist residents achieve natural sleep patterns. Initial and extended observational assessments ensure staff obtain a good understanding of each resident's sleep patterns and identify any problems they are having. The registered nurse documents resident preferences and care strategies in the care plan and evaluates this every month to ensure it remains current. Staff use a variety of methods to promote sleep and consults with a resident's doctor if medication is required. Staff use strategies such as pain relief, music, warm milk and other comfort measures to assist residents get to sleep. Residents said they general sleep well.

Standard 3 – Resident lifestyle

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

3.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about management's continuous improvement systems and processes.

Examples of improvement initiatives implemented by the home relevant to Standard 3, Resident lifestyle include:

- Management suggested birthday celebrations could be more fun. Management and staff put together a birthday box which contains a variety of fun items including tiaras, wands, glitter hats and table decorations such as a birthday tablecloth and centrepieces. Residents choose the decorations they would like to use and staff provide a birthday afternoon tea with residents' families invited. Some residents choose not to participate. Residents' said they thoroughly enjoy the birthday celebrations.

- Management suggested having a garage sale to introduce another activity for residents and to raise funds for further resident activities. Management, staff and some residents sourced goods for the garage sale from a build-up of clutter in the home. The garage sale was held in the car park with residents 'manning' the stalls. Staff also ran a sausage sizzle. The day was a great success resulting in de-cluttering the environment and providing an activity of interest to many residents.

3.2 Regulatory compliance

This expected outcome requires that "the organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about resident lifestyle".

Team's findings

The home meets this expected outcome

Management has a system for identifying and ensuring compliance with relevant legislation, regulations and guidelines in regard to resident lifestyle. Management monitors compliance through regular reviews, audits and surveys. Management provides residents and representatives with a resident agreement which details information relating to their security of tenure, privacy and rights and responsibilities. Staff said they receive information relating to privacy, elder abuse, mandatory reporting responsibilities and residents' rights. Refer to expected outcome 1.2 Regulatory compliance for information about regulatory compliance systems and processes.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about management's education and staff development systems and processes.

Examples of education and training provided by management relevant to Standard 3, Resident lifestyle include:

- compulsory reporting including elder abuse

- dementia care.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Prior to or on entry, all residents receive an information package which explains the services offered. Residents and representatives are oriented with a tour to familiarise them to the new environment and to introduce staff and fellow residents. In consultation with the resident and representatives; full assessments are undertaken which include assessment of residents' emotional preferences and needs. The registered nurse develops an individualised emotional dependence care plan to guide staff in assisting residents with their emotional needs.

Residents are encouraged to personalise their room and family and friends are encouraged to maintain close contact. We observed staff interacting with residents in a friendly, supportive and caring manner. Residents and representatives complimented management and staff on the support provided and in particular, expressed their gratitude to the staff who care for them.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Residents are encouraged and supported to maintain their independence at a level that is appropriate to their individual needs and abilities. The lifestyle program offers a range of physical activities designed to maximise residents' physical strength and independence and includes exercise programs and outings. Staff assist and encourage residents to maintain friendships within and outside the home. Residents are encouraged to use aids such as hearing aids and walking frames to maintain their independence. They are also encouraged to

participate in decisions about their physical, intellectual, spiritual, financial and social care. Residents and representatives said they are satisfied with the support and encouragement given by staff to enable residents to remain as independent as possible.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Management has systems to support residents' privacy and dignity. Staff identify and the registered nurse documents residents' privacy, dignity and confidentiality wishes and preferences in care plans. Information on residents' right to privacy is contained in the resident agreement and in the resident handbook. Residents' and staff information is stored and archived securely and a confidential handover occurs at each shift change. Staff practices maintain residents' confidentiality and staff are discreet when managing care needs. Residents and representatives said staff are respectful of residents' privacy and dignity when caring for them.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

On entry, the registered nurse completes a leisure and lifestyle profile and assessment with residents and representatives and this information assists in the development of a lifestyle care plan. Staff support and encourage residents to participate in various activities of interest such as bingo, carpet bowls, footy tipping, music and an exercise program. Graceland Manor has its own minibus for fortnightly outings which include a mix of shopping and scenic tours. Activities staff offer an individualised program for residents who choose not to be involved in group activities. The activities coordinator schedules group activities and records individual attendance at activities. Resident participation and level of interest is monitored and evaluated and review of the activity program occurs through observation, resident feedback and regular meetings. Residents and representatives said they are satisfied with lifestyle options offered to residents by staff.

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

On entry, the registered nurse captures individual cultural and spiritual preferences and interests in consultation with the resident and family. Residents are encouraged to maintain their spiritual practices if they so wish and staff support residents as required. Graceland Manor has a number of Jewish residents and rabbis from a nearby synagogue attend the

home for special events and advise management on how to prepare for these events. A Catholic nun offers communion every Sunday and a Catholic priest holds a Mass once a month. Pastoral carers from the Anglican and Uniting Churches also visit the home. The resident cohort primarily speaks English however staff speak a range of other languages enabling them to communicate with all residents. Days of religious or cultural significance for residents are included on the activities calendar and celebrated and these include ANZAC Day, Hannukah, Christmas, Easter and Melbourne Cup day. Residents and representatives said they are satisfied residents' cultural and spiritual needs are being met.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The registered nurse records individual preferences in relation to all activities of daily living, medications, lifestyle, cultural and spiritual needs in residents' care plans. Management encourages resident input into care and lifestyle decision making and assesses each individual's ability to do so. Management consult authorised representatives if residents are unable to make decisions and information is available to residents about the path to take if the resident does not feel able to exercise choice and control. Management also supports resident choice and decision making through a system of resident and relatives meetings and resident surveys. Residents and representatives said management and staff support residents' involvement in making personal choices and decisions.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Prior to or on entry, administration staff provide an information pack to residents and representatives which includes information on fees, an application form and a resident handbook. Management contacts residents and representatives prior to entry and discusses the schedule of fees. Management offers all residents a resident agreement which details security of tenure, privacy and care and services provided. The Charter of residents' rights and responsibilities is documented in agreements and management provide annual prudential information to residents' with bonds. Management informs residents and representatives of any changes to care and services in resident meetings, by direct communication with management or by written correspondence.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about management's continuous improvement systems and processes.

Examples of improvement initiatives implemented by management relevant to Standard 4 Physical environment and safe systems include:

- During infection control education, staff suggested disposable cutlery and crockery would improve infection control during an outbreak. Management purchased disposable cutlery and crockery which are located in the kitchen. There has not been a confirmed outbreak since management purchased the cutlery and crockery.

- Residents' complained informally and at meetings that laundering of woollen clothing was shrinking the garments, making them unwearable. Management developed a new laundry process which required staff to sort all personal clothing prior to placing it in the washing machine. Management said there have been no further incidents of shrinkage since the introduction of the new process and residents said laundry processes have improved.

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

Management has a system for identifying and ensuring compliance with relevant legislation, regulations and guidelines in relation to the home's physical environment and safe systems. Management monitors compliance through regular reviews, internal and external audits and surveys. There is an audited food safety plan, systems to ensure staff practice complies with workplace health and safety guidelines, emergency and fire safety regulations and recommended infection control guidelines and procedures. Refer to expected outcome 1.2 Regulatory compliance for information about management's regulatory compliance systems and processes.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome.

Refer to expected outcome 1.3 Education and staff development for information about management's education and staff development systems and processes.

Examples of education and training provided by management relevant to Standard 4, Physical environment and safe systems include:

- fire and emergencies

- food safety

- 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 residents' care needs".

Team's findings

The home meets this expected outcome

Management actively work to provide an environment which reflects the safety and comfort needs of residents. The maintenance officer conducts a monthly environmental audit and responds to issues as needed. Hydrostatic heaters, fans and air conditioners maintain a comfortable temperature throughout the home. Sufficient and appropriate furniture is available and there several private areas and communal areas. The internal communal areas and furnishings are clean and well maintained. Residents have access to external areas within the grounds. Residents and representative say they are satisfied with the environment and feel safe and secure.

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 has a system for identifying, evaluating and rectifying incidents and hazards. The orientation program and annual training calendar for staff includes mandatory sessions in manual handling and there is an appropriately trained workplace health and safety representative. An occupational health and safety committee reviews incidents, infections and workplace health and safety issues monthly and workplace health and safety is a standing agenda item at meetings. Maintenance routines ensure that the environment is safe and

equipment is fit for its intended use. New equipment is tested and staff are trained in its use. Staff demonstrated an understanding of reporting of workplace hazards and incidents and said management deals with matters promptly.

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 has systems to manage fire, security and other emergencies with fire equipment, floor plans and fire orders located throughout the home. An evacuation kit with a current resident register and appropriate emergency equipment, including torches, is located in the foyer. Emergency exits are clearly marked and generally provide clear access and egress. Specialist contractors regularly test and maintain fire detection and fire-fighting equipment and there is a process for tagging and testing electrical appliances. Staff are provided with orientation education on fire and emergencies which is supported by annual mandatory fire and emergency training and regular evacuation drills. Building security is maintained through key padded entries and staff follow lock-up procedures after hours. Staff stated they know what to do in the case of fire or other emergencies. Residents' are involved in evacuation drills and generally know what to do in the case of a fire or other emergency.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

There is an effective infection control program in place. Education on infection control practices occurs and the registered nurse conducts observational audits of staff and practices. Proactive infection control measures include influenza vaccinations, outbreak management plans and adequate supplies of personal protective equipment for gastroenteritis and other infectious outbreaks. The registered nurse collects, reviews and analyses data on infections for trends and implements actions required. Residents and representatives said staff demonstrate appropriate infection control practices.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Graceland Manor prepares its own meals, in accordance with a food safety plan. All food is prepared in the kitchen and served in the dining room, or delivered to resident's rooms.

Catering staff have relevant resident information identifying specific nutrition and hydration requirements, food allergies, food preferences and choices. Schedules are in place to ensure cleaning tasks are completed and the team observed the living environment and resident

rooms to be clean during the visit. Care staff launder all linen and residents' personal items on-site. Staff and residents said they are satisfied with the catering, cleaning and laundry services.