Performance

Report

**1800 951 822**

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| Name: | Graceland Manor |
| Commission ID: | 3553 |
| Address: | 508 Glen Huntly Road, ELSTERNWICK, Victoria, 3185 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 9 January 2024 |
| Performance report date: | 30 January 2024 |
| Service included in this assessment: | Provider: 2500 Graceland Hostel Services Pty Ltd  Service: 2301 Graceland Manor |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Graceland Manor (**the service**) has been prepared by S Byers, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |

Findings

The service was found non-compliant in Standard 3 in relation to Requirement 3(3)(f) following a site audit in March 2023 where it did not demonstrate timely and appropriate referrals to individuals, including dietitians, and other organisations and providers of other care and services.

At the January 2024 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit.

Consumers were satisfied with staff management of individual care and subsequent referral needs. There was evidence of referrals to general practitioners, other health professionals, and external organisations when changes occur that require specialist review. Staff described the services referral process consistent with policy and guidance to access external providers including dietitians, physiotherapy and wound specialists. Staff also described indications and the referral processes to a wound specialist where required.

Consumer files reflected effective strategies to address unexpected weight loss. There was evidence of medical and dietitian involvement as well as referrals for allied health and medical review following a consumer fall. Staff confirmed they had received nutrition and hydration related training and demonstrated access to a list of referral contacts and the communication diary. The service also reviewed and updated the nutrition and hydration policy to include clear indicators that ensures timely referral to a general practitioner and the dietitian. The Assessment Team noted the services recent transition to the electronic information system and the strategies to include unexpected weight loss in incident reporting.

Based on the available evidence, I find Requirement 3(3)(f) is Compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |

Findings

The service was found non-compliant in Standard 8 in relation to Requirement 8(3)(c) following a site audit in March 2023 where it did not demonstrate effective governance systems in relation to workforce governance, information management and regulatory compliance.

At the January 2024 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit.

Management explained that policies and procedures have been reviewed and updated to reflect current legislative requirements. The Assessment Team noted the review of information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints policies.

There was evidence of additional training in Serious Incident Response Scheme (SIRS) and restrictive practices. Staff confirmed they had received additional training and described types of restrictive practice as well as their role in incident reporting.

There are processes in place to ensure oversight of workforce governance systems including training records, and performance appraisals. An internal audit calendar prompts reviews for internal audits across all areas of the service as part of its compliance and oversight process. Staff described how to access information relevant to their position and confirmed performance appraisals occur annually.

The Assessment Team noted ongoing changes to the formatting of the Plan for Continuous Improvement (PCI) and completion of actions related to previously identified areas of non-compliance.

Based on the available evidence, I find Requirement 8(3)(c) is Compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)