Performance

Report

**1800 951 822**

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| Name: | Forest Lodge Residential Aged Care |
| Commission ID: | 3825 |
| Address: | 23 Forest Drive, FRANKSTON NORTH, Victoria, 3200 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 15 April 2024 |
| Performance report date: | 1 May 2024 |
| Service included in this assessment: | Provider: 1122 Great Oaks Pty Ltd  Service: 6833 Forest Lodge Residential Aged Care |

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 Forest Lodge Residential Aged Care (**the service**) has been prepared by N Eastwood, 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.
* the provider’s response acknowledging the assessment team’s report received 30 April 2024.

# Assessment summary

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| 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 8

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| Organisational governance | |  |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The service was previously found non-compliant with this Requirement. At the Assessment Contact of 15 April 2024, the service demonstrated effective actions have been implemented to address the identified deficits and sustain evidence of improvement.

The service demonstrated it has an effective clinical governance framework in place. Staff are supported to complete comprehensive assessments of consumers to determine if interventions related to the locking/securing of living environments constitutes environmental restraint. Representatives confirmed case conference discussions have occurred with general practitioners regarding restrictive practice indicating they had been informed of the associated risks and providing authorisation as appropriate Clinical and care staff described and demonstrated initial and ongoing assessment, planning, monitoring, and review processes and management demonstrated review and update of organisation policy, and delivery of restrictive practice training. Clinical staff demonstrated how initial and ongoing assessment of individual consumers identifies consumer capacity to operate the keypad and access code.

There was evidence of residential agreements, cognitive assessments, consumer and representative consultation as well as environmental restrictive practice authorisation including informed consent and associated support plans.

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)