Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Forest Lodge Residential Aged Care |
| Commission ID: | 3825 |
| Address: | 23 Forest Drive, FRANKSTON NORTH, Victoria, 3200 |
| Activity type: | Site Audit |
| Activity date: | 14 November 2023 to 17 November 2023 |
| Performance report date: | 5 January 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 Katherine Richards, 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 Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others.
* the service’s response to the Assessment Team’s findings, received on 19 December 2023.

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* **Requirement 8(3)(e):** The service ensures there is an effective Clinical Governance Framework in place which encompasses up-to-date and best practice policies relating to the use and minimisation of restrictive practices. The service ensures staff receive education and training on these topics.

# Standard 1

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers said staff treated them with dignity and respect, and that they received safe and effective care. Care plans contained information about the backgrounds, identities, and culture of consumers. Staff spoke about consumers respectfully and were able to describe the measures they take to uphold respect when providing care.

Consumers said the service recognised their cultural backgrounds and provided care consistent with their traditions. Staff knew which consumers had care preferences based on their culture. Management reported that the service celebrated consumers’ cultural diversity through cultural days, and consumers were invited to contribute to a ‘culture wall’ formed a place to display information of cultural significance. The diversity and inclusivity policy outlined the commitment to recognise and incorporate diverse characteristics, backgrounds, and life experiences into consumer care.

Consumers said staff supported them to exercise choice and independence when making care decisions. Staff described methods for supporting consumers to make informed choices and remain in contact with their loved ones. Care plans contained detail about consumers’ individual care choices, including who was involved in their care.

Consumers said the service supported them to take risks and live how they wanted, although some consumers felt there could be more encouragement to do so. During interview, management knew which consumers had chosen to take on risks, and how the service mitigated those risks. Care plans contained risk assessments and planning for associated mitigations.

Consumers said the service kept them informed through printed information, verbal and visual reminders, and email and phone communications. Staff reported modifying their methods of communication to support consumers with language barriers or sensory and/or cognitive impairment. Observations showed staff communication with consumers was timely, clear and easy-to-understand.

Consumers said the service respected their privacy and confidentiality. Staff and management could cite several methods they used to ensure consumers’ privacy and confidentiality remained protected. Staff were observed following protocols designed to protect consumer privacy and confidentiality.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

The Assessment Team recommended Requirement 2(3)(d) not met, as whilst consumers and representatives were informed of the outcomes of assessment and planning, most were not aware they could access a copy of their care plan and staff advised consumers and representatives would need to apply through freedom of information processes to view it.

The provider refuted the finding, stating all consumers have access to their care plan at any time, however, in consideration of privacy legislation, requests from representatives are checked to ensure they are authorised. In response to feedback from the Assessment Team, a continuous improvement activity was created to review policies and procedures, discuss with clinical staff at a management meeting, and review consumer handbooks and agreements. A copy of the continuous improvement plan has been submitted within the provider’s response with summary of actions taken including educating staff to offer written copy following discussion and adding to agenda for next consumer’s meeting to ensure awareness of their right to access this information.

In coming to my finding, I have placed weight on consumers and representatives stating care outcomes were regularly provided to them in person or over the telephone. Whilst consumers and representatives may not have been aware of their access to a documented care plan, there were no concerns raised; feedback reflected they felt well informed, and staff explained care needs. Based on the evidence before me, I find the service Compliant with Requirement 2(3)(d).

I am satisfied the service is compliant against the remaining Requirements under Standard 2.

Consumers said the service had engaged them throughout its care planning process, and that care planning had considered their risks. Staff knew the care planning process in detail, and its connection to care delivery. The service had comprehensive guidelines about assessment and planning, and these required staff to consider consumers’ risks.

Consumers said assessment and planning identified and addressed the current needs, goals, and preferences, including for end-stage care. Care files contained information about consumers’ end-of-life wishes. The service had advance care and end-of-life care planning to guide staff in assessment and care delivery.

Consumers said the service partnered with them and/or their representatives to assess and plan their care. This included coordinating care planning among external providers, where appropriate. Planning records showed evidence of regular case conferences and engagement with external providers. The service had policies and procedures to guide staff in partnered care planning.

Care plans showed evidence of regular reviews and reviews in response to incidents and changes of circumstance. During interview, staff knew the process for reviewing care plans, and the triggers that led them to initiate reviews. Consumers confirmed the service regularly reviewed their care.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers said they received safe and effective personal and clinical care that was best practice, and that optimised their health and well-being. The information within care files reflected provision of safe, effective, and individualised care, although wound care documentation was not always completed in line with directives. The service had policies that informed best practice care protocols.

Staff explained risks and mitigating strategies for consumers in line with care planning documentation. Representatives said staff understand consumer risks and use recommended strategies to minimise occurrence and/or harm.

Staff and management explained how care was adapted for consumers nearing end-of-life to optimise dignity and comfort, manage pain, and provide emotional support. Care planning documentation for a late consumer included palliative care assessment outlining physical, emotional, and spiritual preferences and demonstrating supportive actions, such as positioning for comfort, monitoring and managing pain, supporting the family, and arranging religious visits.

Care plans and progress notes showed clear evidence that staff had responded to deterioration promptly through assessment and escalation processes. Consumers and representatives said the service promptly identified change to health or condition and responded appropriately. Staff knew appropriate operating procedures for monitoring, recognising, and responding to consumer deterioration.

Consumers said that staff communicated about their care needs effectively, and that they did not have to repeat their instructions to different staff. Staff described use of multiple channels to exchange information among themselves and with external providers, such as handover, progress notes, care planning documentation, emails, and referrals.

Care plans and progress notes showed evidence of referrals to external providers. Consumers and their representatives confirmed the service had referred them to other appropriate providers. Staff were familiar with available providers and the process for referral.

Consumers said they were satisfied with how the service managed infections and described precautions used when unwell, including staff use of personal protective equipment. Staff knew the service’s infection control protocols including precautions to prevent infection and ensure appropriate antibiotic use when required. Staff were observed following infection control procedures, including entry screening processes.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

The Assessment Team recommended Requirement 4(3)(f) not met, as 9 of 15 consumers were dissatisfied with the quality and quantity of provided meals, with many dissatisfied with the temperature of the food, and some saying they did not receive meals aligned with their choices.

The provider acknowledged the concerns raised within the report but provided further insight into challenging temporary circumstances impacting the food service, namely, significant infectious outbreaks within the service requiring an extended environmental lockdown. Measures taken to avoid infection spread resulted in delays delivering food, including donning and doffing of personal protective equipment and use of disposable plates that did not retain heat, and management was aware of issues and working with kitchen staff for improvements. Continuous improvement activities relating to food were raised in June and October 2023 and further actions added following feedback from the Assessment Team focusing on temperature and dining experience for consumers within their rooms. The provider has also commenced verification forms to ensure consumers were satisfied they received the correct meal.

I have found the service compliant with Requirement 4(3)(f), acknowledging the challenges faced by the service impacting meal temperature, and responsive actions implemented to resolve, communicate actions, and prevent recurrence. The Assessment Team reported management were not aware of consumers receiving incorrect meals, and I am satisfied actions taken will drive improvements and address consumer concerns.

I therefore find the service compliant with Requirement 4(3)(f).

I am satisfied the service is compliant against the remaining Requirements under Standard 4.

Consumers described how services and supports optimised their independence and improve their quality of life. Staff could explain consumer needs, goals, and preferences and supports provided in line with care planning documentation.

Consumers explained how staff supported them when they felt low, and provided opportunities to connect with their faith through pastoral care, church services, and volunteer visits. Care documents showed information about consumers’ desired psychological and emotional supports. Records of care offerings showed the service had activities and supports in place to promote consumers’ spiritual well-being and connect with the local churches.

Consumers said the service supported them to participate in communities within and outside the service facility and described how staff helped them keep in touch with their loved ones. Staff knew which consumers wanted to participate in external activities, and how to support them to do so. Consumers were observed engaging in preferred activities and socialising with other consumers.

Consumers said staff communicated well about their care preferences, including with external providers. Staff could explain the methods they used to share information with all stakeholders to a consumer’s care, such as communicating dietary needs with kitchen staff. Care documents contained adequate information relating to services and supports.

Consumers confirmed the service referred them to external providers when appropriate. They said these referrals were timely and appropriate. Care plans contained evidence of timely referrals, including to external providers and organisations such as social work, pastoral care, and volunteers. Management and lifestyle staff advised they have sourced a range of external services to broaden activities and supports for consumers.

Consumers said the service’s equipment was safe, suitable, clean, and well-maintained. Staff reported having access to enough equipment to meet consumer needs and described cleaning processes. Equipment was observed to be clean and well-maintained.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

The service was observed to have a welcoming ambience, with wide corridors, clear signage, and obstruction-free walkways. Consumers said they felt at home within the service and that staff were welcoming and supportive. Consumers had personalised their rooms with their own furniture, décor, and personal effects.

Consumers said the service environment was safe, clean, and well maintained. They said they had no trouble moving around the service and through outside spaces. Management demonstrated the various features of the service that assisted mobility-impaired consumers. The service’s cleaning regimen was monitored through cleaning logs, schedules, and checklists.

Consumers said the service’s furniture and equipment was clean and well-maintained. Staff knew the service’s processes for cleaning furniture, fittings, and equipment, including how to raise maintenance requests when needed. Equipment was observed to be safe, clean, and well-maintained.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers said the service encouraged them to provide feedback or make complaints, when appropriate. Staff knew how to give support to consumers to raise complaints and they could cite instances of having done so. Management advised staff spend additional time with consumers who are less active and communicate and use this time to identify feedback and complaints for escalation. The service had procedures and systems to ensure consumers were supported to raise complaints.

During interview, staff knew the various available external advocacy services, and how to connect consumers with them. Advocacy material was available for consumers and representatives across the service. Whilst consumers were not aware of available advocacy services, an external advocacy group had been scheduled to visit in January 2024 to explain their role and services.

Consumers said the service responded to their complaints when they raised them and expressed satisfaction with communication and outcomes. Management knew the principles of open disclosure, and explained how the service applied them in its handling of complaints. Complaints records showed the service logged feedback and complaints and took appropriate action in response.

Consumers said the service used feedback and complaints to improve the quality of its care. Management could cite specific improvements made in response to consumer feedback. The service’s plan for continuous improvement showed consumers feedback was used to inform items and activities.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers said there were enough staff at the service to provide quality care. Management detailed the thorough process for ensuring staff coverage, including for unplanned absences. Staff said they were unrushed and had enough time to complete their responsibilities. Care delivery was observed to be calm and professional.

Consumers described staff as kind, caring and respectful. Staff described, and were observed, treating consumers in a caring and respectful manner. Staff receive training on expectations, including on Code of Conduct, and are guided on delivery of person-centred care through policies and procedures.

Consumers said staff were competent and effective. Staff could describe the competencies and qualifications required for their role, and the mandatory training undertaken. The service had a talent acquisition team that used comprehensive processes to ensure staff were competent and capable, holding the qualifications and knowledge required for their position.

Consumers said they found staff to be well trained. Management demonstrated the service’s system for monitoring training participation and staff confirmed they participate in regular mandatory and discretionary training. Training records showed staff compliance with mandatory training requirements.

The service’s performance appraisal records showed it was up to date with appraisals. Staff reported regular participation in the performance process. Management gathered data from a range of sources to support performance monitoring, including incident and quality reports, other staff, and consumer feedback.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| 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 |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| 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. | Not Compliant |

Findings

This Quality Standard is non-compliant as one of the 5 Requirements have been assessed as non-compliant.

The Assessment Team recommended Requirement 3(3)(e) not met as the service had not considered whether consumers were subject to environmental restraint practice with requirement for staff assistance to exit or enter the service between 5:00pm until 8:00am due to locking of the front doors. Whilst the code was displayed next to the keypad, and management said it was provided to consumers and representatives upon entry, sampled consumers were not aware of the code, and staff said they would open the door upon request.

The provider refuted the finding, saying the door was locked for the safety and security of consumers, and all consumers and representatives are notified of this within the Resident Agreement, identifying in the document it may be viewed as environmental restraint. Assessment processes upon entry include consideration of mobility, dexterity, cognitive function, and vision, all of which are abilities to access the keypad, and no consumer has requested to be able to leave independently after hours. The provider asserts it would not be safe to leave the door unlocked overnight due to the geographical area. Continuous improvement activities have been created including reminding consumers and representatives of the code, and reviewing the Resident Agreement wording to ensure it accurately reflects potential for environmental restraint.

Whilst the provider undertakes assessment of consumer capacity for abilities, I do not consider this evidence demonstrates how the individual assessment outcomes are applied to determine each consumer’s capacity to operate the keypad. I acknowledge the provider has advised representatives doors being locked could be a restrictive practice, but this does not support how informed consent has been obtained nor how each individual consumer has been assessed to determine if a restrictive practice has been applied to them.

The evidence and information in the Assessment Team’s report supports effective clinical governance in relation to antimicrobial stewardship and open disclosure. However, I find the clinical governance framework does not support staff to comprehensively assess each consumer to determine if the practices and interventions of locking/securing living environments constitutes environmental restraint, consistent with legislative requirements and responsibilities.

I therefore find the service non-compliant with Requirement 8(3)(e).

I am satisfied the service is compliant against the remaining Requirements under Standard 8.

Consumers said the service engaged them for input into how it developed, delivered, and evaluated their care. Management could cite the specific methods the service used to engage consumers. Engagement records showed evidence of consumer involvement in designing and evaluating care.

Consumers said the culture of care within the service was safe and inclusive. Various clinical and operations reports showed that the governing body took accountability for the service’s operations. Management could state the specific reporting and governance structures that gave responsibility to the governing body, including the Board, its sub-committees and risk teams.

The service’s records showed it had effective organisation-wide governance systems in all applicable domains. Staff and management knew the key principles of the service’s governance systems. The service had policies and procedures to guide staff in each aspect of its governance framework.

The service had effective policies, frameworks, and procedures to support effective risk and incident management. Management and staff knew the service’s risk profile and the interventions it had developed to address high-impact and high-prevalence risks. The service has robust systems for managing reportable incidents, and policies and procedures to inform staff on identification and management of abuse and neglect.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)