Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Grandview Lodge |
| Service address: | 19 Grandview Street WYCHEPROOF VIC 3527 |
| Commission ID: | 3490 |
| Approved provider: | East Wimmera Health Service |
| Activity type: | Assessment Contact - Site |
| Activity date: | 11 May 2023 |
| Performance report date: | 13 June 2023 |

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 Grandview Lodge (**the service**) has been prepared by D Utting, 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 - Site; the Assessment Contact - 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

|  |  |
| --- | --- |
| Standard 4 Services and supports for daily living | 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 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)(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 |

Findings

Requirements 4(3)(a) and 4(3)(c) were found non-compliant following a site audit conducted between 19 July 2022 to 22 July 2022. The service was unable to demonstrate that consumers were receiving safe and effective services and supports for daily living to meet their needs, goals and preferences to optimise well-being and quality of life. At the time of the site audit the service did not have a dedicated lifestyle coordinator to plan and provide activities of interest to consumers. There was limited support for consumers to do things of interest to them or engage with the outside community.

At the May 2023 assessment contact the Assessment Team found the service has implemented improvements to address the deficits. Consumers and representatives said they are satisfied with the activities available and said they could choose to participate in activities of interest to them. A lifestyle coordinator is now employed by the service and the monthly activities calendar is developed with input from consumers. Staff explained how they use information from consumers and feedback from the resident and relative meetings to develop the activities program.

All consumers and representatives expressed satisfaction with the support provided for consumers to participate in the community, maintain relationships, and do things they enjoy. Staff outlined group activities provided at the service, and how consumers are supported with individual pursuits where preferred. The Assessment Team review of the Plan for Continuous Improvement (PCI) includes an action to implement a formalised evaluation process to ensure that consumers are satisfied with the program being offered. Consumer care plans contained information regarding preferred activities and important relationships. The Assessment Team observed consumers participating in a range of group activities that were reflective of their documented interests.

Based on the available evidence summarised above, I am satisfied that the service is delivering services and supports for daily living. Consumers have opportunities to participate in activities of interest to them and continue to maintain connection with the community. The service has made improvements to the provision of supports for daily living. I am satisfied the approved provider will continue to embed these improvements into usual practice. I find Requirement 4(3)(a) and 4(3)(c) 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)