Performance

Report

**1800 951 822**

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| Name of service: | Grant Lodge Aged Care Facility |
| Service address: | 6 Clarinda Street BACCHUS MARSH VIC 3340 |
| Commission ID: | 3444 |
| Approved provider: | Western Health |
| Activity type: | Site Audit |
| Activity date: | 31 January 2023 to 2 February 2023 |
| Performance report date: | 10 March 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 Grant Lodge Aged Care Facility (**the service**) has been prepared by K. Spurrell, 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 staff, consumers/representatives.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| 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 | **Compliant** |

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 1

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| 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

Consumers and representatives said the service treats consumers with dignity and respect, and their identity and culture are valued. Staff demonstrated a respectful approach to consumers and an understanding of their backgrounds and culture; staff were observed addressing consumers by their preferred name and asking their preferences whilst delivering care. Care planning documentation reflected consumers’ backgrounds, culture and preferences.

Consumers and representatives said consumers’ identities and cultures are valued at the service. Staff were familiar with consumers’ cultural needs and backgrounds. Care planning documentation evidenced cultural needs and preferences, including their spirituality, and reflected sensitivity towards consumers’ cultural needs. Policies and guidelines reflected culturally safe principles.

Consumers and representatives said consumers are supported to make and communicate decisions about their care, those who are involved in their care, and to maintain relationships of choice. Staff reflected a supportive and person-centred approach to care and service delivery. Care planning documentation demonstrated implementation of supports for consumers to exercise choice and independence and maintain relationships of choice.

Consumers and representative said consumers are supported to do the things they wish. Staff were familiar with supports provided to consumers to take risks to live their best life. Risk assessments and policies demonstrated a robust approach to enabling consumers to engage in activities of their choice, even when they pose some risk to the consumer. The service has a suite of policies and procedures to support dignity of choice and risk taking for consumers.

Consumers and representatives advised they get enough information to make decisions about care and services. Staff described ways in which they provide consumers with information to enable them to make choices around care and services, this included printed information about meals, activities, and support services, and updates. Care planning documentation showed consumers’ communication needs are considered including for vision, hearing, cognition and other impairments.

Consumers and representatives said staff respect consumer privacy such as knocking on the door before entering the room. Staff described ways they respect consumers’ privacy, including knocking before entering, closing doors during provision of personal care, and being mindful of who can hear conversations. Organisational documentation demonstrated the service promotes appropriate practices to maintain consumer’s privacy and confidentiality.

# Standard 2

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| 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

Consumers and representatives said they are involved in the assessment and planning process and receive safe and effective care and services. Staff described assessment and planning processes and the identification of factors influencing health and well-being, including risks. Care planning documents showed identification of individualised risks and the management of these when delivering care and services.

Consumers and representatives reported that the service asks for and utilises information about the needs, goals and preferences of consumers. Representatives reported they are involved in discussions regarding advance care and end of life planning. Staff at the service were knowledgeable of end-of-life processes, described how information regarding preferences is obtained, how conversations are initiated, and are guided by relevant policies. Care planning documentation reflected advance care and end of life preferences and goals.

Consumers and representatives reported they feel they are involved in assessment, planning and review of consumer care plans. Staff described strategies to involve consumers, representatives and other allied health professionals and services in ongoing planning. Care planning documentation evidenced detailed the involvement of other providers of care and services.

Consumers and representatives said the service communicates the outcomes of assessment and planning, and they could access a copy of their care plan if they request it. Staff said consumers and representatives are offered copies of their care plan at monthly reviews. Care planning documentation showed the service obtained consent to share care plans and provide copies when requested.

Consumers and representatives reported the service communicates and engages with consumers and their families during care plan reviews, when incidents occur and when needs change. Staff described how care plans are reviewed monthly or when there has been a change in care needs or incident, and a multidisciplinary case conference takes place annually for all consumers. Care planning documentation demonstrated regular review and standardised assessments are utilised.

# Standard 3

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| 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

Consumers and representatives reported the service provides safe and effective personal and clinical care to consumers, which reflects their needs and preferences. Staff said they participate in regular training and are encouraged to engage in external professional development courses. Care planning documentation demonstrated the provision of safe and effective clinical care. The service maintains best practice resources covering clinical topics and has policies that guide staff in managing different conditions, presentations and risks.

Staff identified high prevalence and high impact risks to consumers, including unplanned weight loss, pressure injuries, falls and choking. Management described ways that the service identifies, tracks and develops interventions to address risks to consumers. Policies and procedures are in place to guide staff in effective management of all identified risks.

Consumers and representatives reported the service had initiated conversation around end-of-life planning. Documentation, policies and processes are in place to guide staff through the end-of-life process. Staff were familiar with consumers who had passed away recently and current consumers who had experienced deterioration in health and described processes to support their end-of-life care in line with policies.

Consumers and representatives reported that staff respond to any deterioration or changes in consumers’ health appropriately and in a timely manner. Staff explained that due to the small size of the service, any deterioration or change in consumers is identified quickly and appropriate measures put in place to manage the deterioration, care plans are updated, and staff and representatives are notified of the consumer’s condition. Care planning documentation evidenced that for consumers who experienced changing health conditions, appropriate assessment and monitoring were completed. Policies are in place to guide staff in recognising and responding to deterioration.

Consumers and representatives said staff are aware of consumer’s needs and preferences, and relevant information is shared between them and the service, medical officers and other health professionals. Staff described how information is handed over and accessed through care planning documentation systems. Staff were observed sharing information with other staff, families and other relevant parties through meetings, progress notes and care planning documentation.

Consumers and representatives were satisfied that consumers can access a range of services, including medical officers, allied health professionals and specialists. Staff identified resources available and the referral process to external care providers. Care planning documentation detailed involvement of various health professionals and outcomes of involvement.

Consumers and representatives said staff visibly engage in infection control practices, including hand washing, wearing of personal protective equipment and regular cleaning. Representatives reported they were kept informed of COVID-19 updates and procedures. Staff demonstrated good understanding of infection control practices, described their role in an outbreak and were familiar with antimicrobial stewardship principals. The service has policies in place to guide staff in infection prevention and control, COVID-19 management, and antibiotic use.

# Standard 4

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| 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

Consumers and representatives said consumers’ daily living needs, goals and preferences are supported and optimises their independence, well-being, and quality of life. Staff said consumers are assessed when joining the service to understand their life and interests. Care planning documentation reflected consumers’ preferences, health, and goals. Consumers were observed freely participating in activities around the service.

Consumers stated they felt their emotional, spiritual, and psychological needs were being supported. Staff described various activities and services provided to consumers to support their beliefs, needs, and interests. Care planning documentation demonstrated that supports and services are tailored to consumers and based on a lifestyle assessment that outlines the needs and preferences of each consumer. Consumers were observed being supported emotionally and psychologically through interacting with pets and one on one time with staff.

Consumers and representatives said the service provides consumers with support and services that encourage social and personal relationships, participation within and outside the organisation’s environment, and do things of interest to them. Staff described how they support consumers to have social and personal relationships and participate in activities. Care plans reviewed noted the interests of consumers and the relationships important to them. Consumers were observed engaging in various activities and spending quality time with family.

Consumers said their care needs are effectively communicated within the service and with others where care is shared. Staff explained how they are kept informed when a consumer’s condition, needs and preferences are changed. Care planning documentation provided adequate information to support staff with the care of consumers. Staff were observed sharing consumer information in handover meetings.

Representatives said the service had provided them with timely and appropriate referrals. Staff stated the service brings in volunteers and community groups to assist with consumer care. The service has processes and documentation for making referrals for individuals and providing support for the consumers lifestyle needs. Volunteers were observed visiting the service to facilitate activities with the consumers.

Consumers and representatives said the meals provided by the service were of suitable quantity and quality. Staff said they ensure the menu is varied and suits the needs and preferences of the consumers and a detail record was kept in the kitchen regarding consumers dietary preferences, likes and dislikes. Care planning documentation outlined the dietary requirements and preferences for consumers including allergies. The kitchen was observed to be kept clean and food storage, preparation, and delivery was done correctly according to relevant practices.

Consumers and representatives said they found the service to be safe, clean, and well-maintained. Staff stated they found the equipment to always be available when needed and it was cleaned between use by each consumer. Maintenance logs demonstrated that a preventative maintenance schedule was in place and all maintenance issues were attended to in a timely manner.

# Standard 5

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| 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

Consumers and representatives said the service has a welcoming environment and is easy to navigate. Staff described actively engaging with the consumers to create an environment where they feel welcomed and comfortable. Consumers were observed participating in activities at various times throughout the day in the dining area, lounge area, and outside patio.

Consumers and representatives said they feel safe and comfortable in the service. Care, maintenance, and environmental service department staff were able to explain the processes of managing and reporting hazards. Documentation of the cleaning and maintenance schedules indicated that the service was cleaned daily, and all maintenance issues were fixed as soon as possible. Consumers were observed moving indoors and outdoors within the service.

Consumers and representatives reported the service is safe, well-maintained, and clean and meets the needs and preferences of consumers. Staff described reporting processes for dealing with hazards when they occur and confirmed that equipment is are cleaned daily and between use. Furniture and fittings were observed to be well maintained, cleaned, and tagged for maintenance checks.

# Standard 6

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| 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

Consumers and representatives said they felt safe and comfortable to provide feedback and raise concerns, including speaking directly with staff and management and providing feedback at consumer meetings. Feedback and complaint forms and boxes and signage inviting feedback was observed throughout the service. Minutes from consumer and management meetings, and documented quality improvement actions demonstrated feedback is regularly sought from a variety of sources and used to make service improvements.

Consumers reported they were aware of and have access to advocates and external organisations for raising and resolving complaints. Staff discussed access to information about methods and processes for supporting consumers to access advocates, language services and external organisations to raise and resolve complaints. The staff information booklet identified how to support consumers to access advocacy and interpreter services and external avenues for complaint. Information about advocacy and external complaints methods was observed to be available to consumers throughout the service.

Consumers and representatives reported appropriate action taken by the service in response to complaints and expressed satisfaction with the resolution of complaints. Staff described how actions are taken in response to complaints and discussed open disclosure processes. Feedback documentation demonstrated the service is responsive to feedback from consumers and representatives and acts in a timely manner. Policies were consistent with the principles of open disclosure, fairness, accessibility, and quality improvement.

Consumers and representatives reported that improvements are made to care, and services provided to them based on feedback and complaints raised. Staff described how the service captures feedback and complaints to improve the quality of care and services. The complaints and feedback management system demonstrated robust a continuous improvement system and activities based on feedback and complaints, with evidence of progress achieved. Meeting minutes showed review of complaints and feedback at high levels of governance.

# Standard 7

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| 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

Consumers and representatives said there is adequate staff and care is delivered in a timely manner. Staff described a team approach to ensuring adequate staffing and a prioritisation of consumer needs. Staff rosters and observations showed that the workforce is adequate in number and mix to enable delivery of safe and quality care and services, and all shift vacancies had been filled adequately over previous weeks.

Consumers and representatives said staff are kind, caring and respectful. Staff spoke respectfully about consumers and were observed interacting with consumers in a kind, attentive and considerate manner. Policies and guidelines addressed interacting with consumers with dignity and in a manner respectful of their identity, culture and diversity.

Consumers and representatives stated staff are competent and have the knowledge needed to provide care and services. Management described how the service determines whether staff have relevant qualifications and competencies. Staff documentation demonstrated staff have appropriate qualifications, knowledge, and experience to effectively perform their roles.

Consumers and representatives said they believe staff have adequate training. Management described how staff are supported to access training and professional development in care and service delivery. Staff spoke of a supportive work environment. Training records evidenced the workforce is satisfactorily trained to deliver the outcomes required by these standards.

The service has an appropriate staff performance framework with regular assessment, monitoring and review of staff performance. Management and staff interviewed described the performance review process, and a review of staff records showed a robust and up to date performance assessment and review process.

# Standard 8

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| 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. | Compliant |

Findings

Consumers reported they are engaged in the development, delivery and evaluation of care and services through the monthly consumer/representative meetings. Staff described the various means of engaging consumers such as consumer and representative meetings and proactive and everyday collection of feedback from consumers and representatives. The service could provide documented evidence to demonstrate that consumers are engaged and supported in providing input on service delivery.

Consumers and representatives said the service is well run and they feel safe and at home in the service. Management explained how the governing body is accountable for the delivery of care and services via leadership in place. Organisational documentation demonstrated oversight by the governing body of delivery of safe, inclusive and quality care and services.

The service has appropriate governance systems in place including electronic information management, continuous improvement, financial and workforce governance, management policies and procedures and reporting practices including management meetings and analysis of data and information that provide oversight and information to the Board. The Board satisfies itself via these systems that service provision meets the Aged Care Quality Standards.

The service has a risk management system in place that identifies and manages risks associated with the care of consumers, including identifying and managing high impact or high prevalence risks and abuse and neglect of consumers. Staff reported adequate awareness and training around risk management and dignity of risk principles. Documentation relating to risk and incident management and prevention of abuse and neglect evidenced that risks at the service are identified through incidents logged in the incident management system.

The organisation has a clinical governance framework in place that includes policies, procedures, service delivery practices, and staff training requirements across areas including antimicrobial stewardship, medication administration, restrictive practices, and open disclosure. Staff demonstrated an understanding of the principles of open disclosure and explained appropriate processes for managing an incident involving a consumer. The service has policies in place for antimicrobial stewardship, minimising restrictive practices and open disclosure.

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