Performance

Report

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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: | Assessment Contact - Site |
| Activity date: | 18 September 2023 |
| Performance report date: | 18 October 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 N Chahal, 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

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| Standard 4 Services and supports for daily living | 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 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 |

Findings

Consumers confirmed that the services are safe and effective and they receive support to optimise their independence, health, and well-being. Staff demonstrated knowledge of consumers individualised preferences, choices, and the supports required to optimise their well-being including the provision of emotional support through one-on-one care. Staff discussed that the lifestyle activities schedule is developed in consultation with consumers and is tailored to consumer requirements. Documentation including care plans was individualised and recorded the consumer’s daily preferences and past and present interests. The Assessment Team observed that consumers were engaged in a variety of social, leisure, and lifestyle activities and were supported to maintain their abilities and function.

Based on the available evidence, I find Requirement 4(3)(a) is Compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The service has effective risk management systems to monitor and assess high-impact or high-prevalence risks associated with the care of consumers. There are processes to report, escalate, and review risks at the service and organisational level to ensure action is taken and consumers are supported to live their best lives. The service has organisational reporting requirements and appropriate registers for reportable and non-reportable incidents including Serious Incident Reporting Scheme (SIRS) incidents. Staff discussed that consumers are supported to live the best life they can by identifying what is important to the consumer and completing risk assessments. Management discussed that the high-impact, high-prevalence risks at the service include falls, chemical restraint, and weight loss. Documentation including incident registers, feedback and complaints registers, and internal audit reports reflect that the service is identifying, managing, and reporting high-impact or high-prevalence risks and implementing strategies to minimise risks.

Based on the available evidence, I find Requirement 8(3)(d) 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)