Performance

Report

**1800 951 822**

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| Name: | Akooramak Care of Older Persons |
| Commission ID: | 5084 |
| Address: | 267-269 Wood Street, WARWICK, Queensland, 4370 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 17 October 2023 |
| Performance report date: | 16 November 2023 |
| Service included in this assessment: | Provider: 316 Warwick Benevolent Society Inc  Service: 3441 Akooramak Care of Older Persons |

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 Akooramak Care of Older Persons (**the service**) has been prepared by P. Sherin, 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 to the assessment team’s report received 3 November 2023 providing additional information.

# Assessment summary

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| Standard 4 Services and supports for daily living | Non-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 4(3)(f): fully implement improvement actions and ensure their sustainability in relation to meals provided to consumers being varied, of suitable quality, and meeting individual consumers’ needs and preferences.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Non-Compliant |

Findings

Whilst the service has taken some actions to address the non-compliance in this requirement following the previous assessment contact conducted on 11 July 2023, deficiencies remain. The service did not demonstrate food provided is varied, of suitable quality, and meets consumers’ needs and preferences.

The service has implemented actions including but not limited to hiring of a new chef, introducing a new menu in consultation with consumers, commencing regular consumer/representative food advisory meetings, and engaging a new supplier. However, the Assessment contact report brought forward the following information:

* Whilst some consumers expressed an improvement in food and the dining experience, other consumers expressed dissatisfaction with the meals stating there was not enough variety, meals did not meet their individual preferences, or cater to their dietary requirements.
* No menus were observed on display in dining areas across the service.
* Inappropriate staff practice was observed in relation to dining service and meal assistance for consumers in the service’s memory support unit.
* Information under consumer dietary profiles was not consistently up to date.
* Staff expressed concerns regarding consumers’ dietary requirements not being consistently catered to and consumers in the memory support unit not being provided meals as per their preference.
* Feedback and complaints from consumers and staff in relation to food is not being consistently documented and addressed, with no complaints documented under the complaints register for the past 6 months.
* No evidence was provided to demonstrate photograph spot checks used to ensure adequate meal temperatures and presentation are being conducted and reviewed regularly.

The Provider submitted information regarding actions implemented and underway at the service to address the above deficits. These include but are not limited to staff training; display of menu and feedback forms; review and update of consumer dietary profiles; implementing a complaint register; additional menu options for consumers with specialised dietary requirements; and increased availability and variety of food between meals to promote consumer choice.

I acknowledge the Provider’s efforts since the previous Assessment contact in July 2023; however, actions have not resulted in sustained improvements as evidenced by feedback from consumers and staff, review of documentation, and observations on-site. Having considered the Assessment contact report and the Provider's response, I find deficiencies remain. I have based this decision on improvement actions not having been fully completed, requiring time to be embedded within the service’s processes, and testing to ensure their effectiveness and sustainability.

I, therefore, find this Requirement non-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)