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 30 January 2024 |
| Performance report date: | 28 February 2024 |
| 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 assessment team’s reports for the Assessment contact conducted 11 July 2023 and 17 October 2023.
* the provider’s response to the assessment team’s report received 13 February 2024 providing additional information and documentation to evidence ongoing improvements implemented.

# Assessment summary

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| 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

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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. | Compliant |

Findings

The service has taken action to remediate deficits leading to non-compliance in this Requirement as identified under the assessment contact conducted 11 July 2023 and 17 October 2023.

Overall, consumers and representatives gave positive feedback in relation to meals provided by the service, said consumers are offered plenty of choice, and confirmed consumers’ specific dietary requirements and preferences are being met.

Observations of the meal service and dining environment evidenced menus are displayed, meals are varied and of suitable quantity and quality, and staff provide meal assistance in an appropriate manner.

Care documentation identified up-to-date consumer dietary profiles including information on allergies and food sensitivities. Staff demonstrated knowledge of individual consumers’ dietary requirements and preferences.

The service obtains feedback from consumers, representatives, and staff via a range of methods including monthly consumer/representative meetings, staff meetings, and food advisory committee meetings. These are used to inform improvements. Review of recent food survey results identified increased consumer satisfaction with meals.

The service was found to have ongoing non-compliance in the previous assessment contact due to various deficits. This included not demonstrating meals provided are varied, of adequate quality and meet consumers’ specific dietary needs and preferences; feedback and complaints not being documented, addressed, and used to inform improvements; inappropriate staff practice in relation to meal assistance and dining service; and consumers’ dietary information not being kept updated. The service has implemented the following improvement actions to remediate these deficits:

* Training completed for all care staff in relation to feedback and complaints handling, food safety and dining experience, and utilising food, nutrition, and dining resources as guidance material.
* Consumer dietary profiles reviewed and updated to accurately capture information on consumers’ dietary requirements, preferences, allergies, and any cultural or religious considerations.
* Current menus displayed in each dining area.
* Feedback process reviewed and associated policy, procedures and feedback forms updated and made available for both service and contracted caterers.
* Monthly Food Advisory Committee meetings and consumer, families, and representative meetings commenced. Feedback from food satisfaction surveys and monthly meetings is reviewed and used to inform improvements.
* Tea and coffee stations set up in each dining area with a range of kettles for consumer use. Coffee cart commenced for coffee mornings in the service’s memory support unit garden. Fruit bowls placed in dining rooms to provide consumers with a choice of fruit. Food items and snacks made available in all areas for consumers to access between meals. Bread makers placed in common areas to increase aroma.
* Increased choices for consumers who require a specialised diet, including tracking documentation to monitor meal compliance with dietary requirements.
* Ongoing one on one consultation with consumers regarding their specific dietary needs and preferences.

Based on the information recorded above and the positive feedback received from consumers and representatives, it is now my decision this Requirement 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)