Performance

Report

**1800 951 822**

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| Name of service: | Banfields Aged Care |
| Service address: | 192-198 Thompson Avenue COWES VIC 3922 |
| Commission ID: | 3955 |
| Approved provider: | Australian Aged Care Group Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 11 July 2023 |
| Performance report date: | 10 August 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 Banfields Aged Care (**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 6** Feedback and complaints | **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

This requirement was found non-compliant following a Site Audit conducted 21 February 2023 to 23 February 2023. The service was unable to demonstrate that meals were varied and of suitable quality and quantity. Most of the consumers and representatives interviewed expressed dissatisfaction with the quality of food. The food focus meeting minutes contained numerous complaints about the food provided by the service.

The service has implemented several actions in response to the non-compliance identified at the Site Audit on 21 February 2023 to 23 February 2023 which have been effective. These include:

* The service actively seeks and monitors feedback by conducting regular consumer surveys regarding meal quality, presentation, temperature, service, and taste. These are recorded in the feedback register.
* Improved channels of communication between management and the catering contractor regarding food, and to address consumer complaints and feedback.
* Toolbox training for staff regarding food service and consumer dietary and allergen requirements.

During the Assessment Contact on 11 July 2023, most consumers and representatives expressed satisfaction with the quality and quantity of meals, while 2 consumers provided mixed feedback. All consumers and representatives said the quality and quantity of food had improved over the last 3 months. All consumers said they received enough food, and where applicable, they receive meals in accordance with specific dietary needs and preferences.

Staff demonstrated an understanding of consumers' dietary requirements in line with the medical condition. Staff confirmed they had attended toolbox training about food service, particularly regarding consumer dietary needs and allergens.

Meals being delivered to consumers in their rooms had tray tags and stickers that identified consumer food preferences and dietary requirements.

The Assessment Team viewed the results of consumer feedback from the previous week conducted after meal service which demonstrated consumers were satisfied with the meal they had been served.

Based on the information provided in the assessment contact report I find the service has made the necessary improvements and is compliant with this requirement.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This requirement was found non-compliant following a Site Audit from 21 February 2023 to 23 February 2023. The service did not demonstrate complaints raised by consumers about the quality and quantity of food via various feedback methods were recorded or trended in the service’s complaints register. There was inadequate follow-up to address complaints and complaints about food did not result in any sustained improvements.

The service has implemented several actions in response to the non-compliance identified at the Site Audit from 21 February 2023 to 23 February 2023 which have been effective. These include:

* The service undertook an internal audit and gap analysis of its complaints process to identify gaps in its complaints and feedback system.
* Linking complaints and feedback from consumers and representatives into the service’s continuous improvement plan and addressing this within a timely manner.
* Educating staff around the process of receiving and recording feedback and complaints, to ensure trend analysis is accurate and drives continuous improvement.
* The use of an electronic management system to record complaints and the inclusion of complaints data in board meetings to increase transparency and trending data.

During the Assessment Contact on 11 July 2023, most consumers expressed a strong knowledge of the process around making complaints and providing feedback to the service. All consumers expressed confidence in the service’s response if they were to raise a concern or complaint including, around meals. The Assessment Team observed several feedback collection letter boxes were prominent and well stocked with compliments, suggestions, and complaints forms for consumers to utilise.

Staff described how they support a consumer with registering a complaint both internally, and externally. Staff confirmed they had received training in relation to recording feedback and complaints.

The service’s meeting minutes from the ‘food focus’, and ‘resident meeting’ note that compliments, feedback and complaints were documented in the online management system for transparency and action, where needed. All complaints in the feedback and complaints were closed and management explained the process of addressing, escalating, analysing, communicating, and implementing a resolution.

Management from the service meets with consumers who raise concerns, to ensure that complaints and feedback are managed effectively with outcomes meeting the consumers' expectations.

Based on the information provided in the assessment contact report I find the service has made the necessary improvements and is compliant with this requirement.

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)