Performance

Report

**1800 951 822**

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| Name of service: | Baptcare - Strathalan Community |
| Service address: | 50 Braidhill Road MACLEOD VIC 3085 |
| Commission ID: | 3630 |
| Approved provider: | Baptcare Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 16 February 2023 |
| Performance report date: | 9 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 Baptcare - Strathalan Community (**the service**) has been prepared by N Eastwood 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 |

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 was previously found non-compliant with Standard 4 in relation to Requirement 4(3)(f) following a site audit from 26 September to 28 September 2022 (the site audit).

At the time of the site audit, the service was unable to demonstrate meals were of a suitable quality. The service also did not have effective processes in place to consistently record consumers’ dietary needs and preferences.

At the assessment contact on 16 February 2023 the Assessment Team found the service has implemented effective actions to address the non-compliance.

Consumers and representatives reported an improvement in quality, variety and taste of meals provided. Staff demonstrated detailed knowledge of consumer dietary, and hydration needs and were able to provide examples of consumers requiring a specialised diet. Management and staff interviewed described new processes to ensure that dietary needs and preferences are now being communicated between clinical staff and catering services. Consumer choice at each meal is offered and feedback is taken seriously to ensure consumers are satisfied with the meals provided. This was confirmed by consumers who advised the Assessment Team of outcomes following the provision of feedback.

A review of care file and assessment documentation reflects dietary needs and preferences are being communicated between clinical staff and catering services. There is an electronic dietary list which is updated when there are changes to dietary and hydration needs following review by the speech pathologist or dietician and advice from the Registered Nurse. Food focus meeting minutes included compliments and areas of dissatisfaction. Staff training logs demonstrate training has been completed related to special dietary requirements, portion size and use of the electronic dietary list.

The service has made a number of improvements and demonstrated there are processes in place to ensure consumers receive varied meals that are of suitable quality and quantity. Consumers expressed satisfaction with the quality, quantity and variety of the meals offered. Staff were observed providing meal choices to consumers, then serving the selected meal to each consumer.

As a result, and with consideration to the available information actions and improvements, I find the service compliant with Requirement 4(3)(f).

1. The preparation of the performance report is in accordance with s 68A – assessment contactof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)