Performance

Report

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| Name: | Berkeley Vale Care Community |
| Commission ID: | 2807 |
| Address: | 8 Lorraine Avenue, BERKELEY VALE, New South Wales, 2261 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 10 January 2024 |
| Performance report date: | 8 February 2024 |
| Service included in this assessment: | Provider: 3061 DPG Services Pty Ltd  Service: 1162 Berkeley Vale Care Community |

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 Berkeley Vale Care Community (**the service**) has been prepared by Therese Solomon, 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 17 January 2024.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not Applicable |
| **Standard 4** Services and supports for daily living | **Not Applicable** |

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.

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# Standard 1

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| --- | --- | --- |
| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |

Findings

Consumers and/or representatives confirmed consumers are treated with dignity and respect by staff, and that staff understood their culture and identity and provided care and services in line with each consumer’s diverse needs. Representatives were happy with care and services provided to consumers and felt supported by the service. The service has policies and procedures in place to guide staff practices in relation to treating consumers with dignity and respect and recognising and supporting consumers’ individual culture and diversity.

Privacy and dignity training is in place for all staff upon commencement of employment and then on an annual basis. Lifestyle and wellbeing staff have completed training on diversity and inclusion in aged care, and care plan documentation reviewed showed detailed information about consumer history, preferences and personal identities.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 1(3)(a) if found compliant.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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

Consumers and/or representatives provided positive feedback in relation to the food and meals provided at the service. The service provides opportunities for consumers to give feedback about the food; the meals are adjusted to meet the consumers dietary needs and preferences and care plan documentation is consistent with consumer preferences and dietary needs. Consumers and/or representatives expressed satisfaction with the variety, quality and quantity of food being provided at the service.

Staff were able to describe how they are informed of changes to a consumer’s condition or preferences including the meal type, and staff were aware of the meal consistency required for consumers. The kitchen supervisor described how food is cooked fresh onsite and specific dietary needs and preferences of consumers are accommodated into the menu or with individualised meals.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 4(3)(f) if found compliant.

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