Performance

Report

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| Name: | Georges Estate Health & Aged Care |
| Commission ID: | 1112 |
| Address: | 1 Centre Street, Penshurst, New South Wales, 2222 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 26 March 2024 |
| Performance report date: | 26 April 2024 |
| Service included in this assessment: | Provider: 6804 Kogarah Health, Aged and Community Care (NSW) Pty Ltd  Service: 5868 Georges Estate Health & Aged Care |

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 Georges Estate Health & Aged Care (**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 19 April 2024.

# Assessment summary

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| Standard 4 Services and supports for daily living | Not Compliant |
| **Standard 6** Feedback and complaints | **Not 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)

* The service to ensure where meals are provided, they are varied and of suitable quality and quantity.

Requirement 6(3)(c)

* Ensure appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.
* Ensure feedback and complaints are captured in the feedback register, with all required fields completed to demonstrate timely action taken to address feedback.

# 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. | Not Compliant |

Findings

The service was found to be non-compliant in Requirement 4(3)(f) following the Site Audit conducted on 8 November 2023 to 10 November 2023, which identified deficiencies in relation to the quality and quantity of meals, and the consumer dining experience.

The service implemented several measures captured in their plan for continuous improvement to address the identified deficiencies, including having discussions with the executive chef to review the menu, review the quality of meat and encourage feedback from consumers. A food focus meeting and food satisfaction survey has been implemented. However, during the Assessment Contact conducted on March 2024 the Assessment Team identified most measures to improve meal services are still in progress or have been implemented and not evaluated for their effectiveness. Consumers and/or representatives stated the meal services have not improved.

* One consumer reported that they remain dissatisfied and continue to make complaints about the quality and variety of food. The consumer states they use the feedback mechanisms and attends the food focus group, but very little is resolved.
* One consumer reported he did not receive his preference for an alternate meal even thought he provided the service with adequate notice.
* One consumer reported she continues to make complaints about the food and that she attends meetings to raise concerns, but the issues are not resolved.
* One consumer and representative were observed eating food purchased externally, and reported the consumer prefers food with flavour but that she does not receive that at the service.
* Multiple consumers provided feedback stating there is a lot of food wastage due to the quality of the meals.
* Multiple consumers stated they are dissatisfied with the quality of the food.
* One consumer did not receive her meal of choice in the dining room, however staff did not offer her an alternative meal and continued to prompt the consumer to eat her meal even though the consumer was having difficulty manipulating her cutlery.
* Documentation reviewed showed consumers do not consistently receive their meal preferences or dietary requirements.

A meal tray card placed on consumer’s meal trays is updated by the executive chef and includes information from the consumer dietary care plan such as meal size, type, likes and dislikes. However, on review of consumer’s dietary care plans the Assessment Team identified that often consumers likes and dislikes for meals remained blank with preferences recorded instead in catering comments section but these were not recorded on the menu tray cards accessible to staff serving meals.

The executive chef discussed changes to the menu as a result of feedback received from consumers and/or representatives including a change in the salad serving and an increase in meal options to five alternative choices in addition to the two choices for lunch and dinner. However, these were not available to all consumers. Consumers not receiving extra services were only offered a salad or a sandwich as alternatives if they did not want their two main meal options.

The executive chef confirmed that any changes to consumer dietary needs or preference are provided to the kitchen staff via email or a change in the consumer nutrition system updated by the registered nurse. The executive chef stated staff receive annual food safety training and additional training has been provided to staff in table settings.

Staff reported they attend to the meal service in the dining area and described how they use the meal trolley card to identify consumer likes/dislikes. They stated if consumers don’t like their meals, they will sometimes be able to get another meal from another servery otherwise they are offered a salad or sandwiches. If consumers leave their meals or do not finish their meals, they will report this to the registered nurse or make a progress note.

The feedback and complaints register reviewed contained consumer and representative complaints since January 2024. Issues identified included: the manner in which meals are delivered; staff ignoring dietary requests; inadequate communication between ordering meals and receiving meals; variety of meals; overcooked meat and vegetables and supper not offered with consistency.

A food satisfaction survey completed in February 2024 recorded several improvements in overall satisfaction with the meal service, however individual responses relating to when consumers prefer their meals, where they can sit, the taste and flavour of meals had declined.

The Assessment Team observed multiple plates returning to the kitchen with more than half the meal remaining, as well as consumers waiting long periods of time before receiving their meals.

The Approved Provider responded with additional information and a plan for continuous improvement detailing actions implemented to address the non-compliance, including but not limited to enrolling the executive chef in a twelve-month course at the Maggie Beer mentorship program, appointment of a new operations manager to oversee the kitchen and dining experience, and review of catering staff duties.

I acknowledge the actions implemented by the Approved Provider, however consumer and/or representative feedback remains negative in relation to the variety and quality of meals provided, and actions implemented to address the non-compliance will need to be reviewed for effectiveness.

Based on the information provided by the Approved Provider and the Assessment team report, Requirement 4(3)(f) is found Non-compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Not Compliant |

Findings

The service was found to be non-compliant in Requirement 6(3)(c) following the Site Audit conducted on 8 November 2023 to 10 November 2023, which identified deficiencies in relation to action taken in response to complaints and using open disclosure when things go wrong.

During this Assessment Contact the Assessment Team identified through documentation review that during the period August 2023 to November 2023 complaints related to food raised by consumers and/or representatives was not entered into the feedback and complaints register, apologies were not offered, no outcomes or follow up completed and actions required for improvement were not entered into the plan for continuous improvement.

Consumers and/or representatives stated staff and management did not always respond promptly and appropriately when things go wrong, and actions taken do not address the deficits or are not sustainable to prevent issues reoccurring.

Consumers and/or representatives reported they continue to make complaints about the food, but issues are not resolved. Complaints include the temperature of the meals, the quality of the meal, not receiving preferred meals and meal selection timeframes.

Review of documentation and observations did not demonstrate effective implementation of processes to ensure appropriate action is taken in response to complaints and when things go wrong.

* Not all complaints about food are being entered into the feedback and complaints register.
* The feedback and complaints register for February 2024 and March 2024 had several fields incomplete for several complaints and did not reflect compliance with the two-day complainant acknowledgement, and the fourteen-day resolution timeframes.
* Observations by the Assessment Team during a lunch service demonstrated staff did not consistently respond appropriately to consumers during meals service in the dining rooms.

The Approved Provider responded with additional information and a plan for continuous improvement detailing actions implemented to address the non-compliance, including but not limited to a review of the feedback system, education to management team on feedback and complaints policies and procedures, weekly meetings to review items on the feedback register to ensure actions are implemented in a timely manner.

I acknowledge the actions implemented by the Approved Provider, however consumer and/or representative feedback remains negative in relation to the variety and quality of meals provided, and actions implemented to address the non-compliance will need to be reviewed for effectiveness.

Based on the information provided by the Approved Provider and the Assessment team report, Requirement 6(3)(c) is found Non-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)