Performance

Report

**1800 951 822**

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| Name: | Queen Elizabeth Centre (Steele Haughton Unit) |
| Commission ID: | 3422 |
| Address: | 1103 Dana Street, BALLARAT, Victoria, 3350 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 18 January 2024 |
| Performance report date: | 14 February 2024 |
| Service included in this assessment: | Provider: 569 Grampians Health  Service: 2175 Queen Elizabeth Centre (Steele Haughton Unit) |

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 Queen Elizabeth Centre (Steele Haughton Unit) (**the service**) has been prepared by L Glass, 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.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **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 1

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

I have considered the information in the Assessment Team report and the recommendation that the requirement is met. I find requirement 1(3)(a) Compliant.

All interviewed consumers said they felt respected by staff, highlighting that staff interact with them in a respectful manner.

Care planning documentation included information about each consumer’s history, interests, cultural or religious affinities, significant relationships, and individual needs. Staff explained that they know the consumers well and described how they treat them with dignity and respect when delivering care. The Assessment Team observed staff treating consumers with consideration and courtesy.

# 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

I have considered the information in the Assessment Team report and the recommendation that the requirement is met. I find requirement 4(3)(f) Compliant.

Consumers expressed satisfaction with the quality, quantity and variety of food provided and that the meals they receive meet their specific dietary and hydration requirements. The service demonstrated that where consumers do not like the menu options available, alternative meals are provided and personal requests can be catered for.

Management outlined a varied 28-day rotating dietician-approved menu, and a system to communicate to food service staff consumers dietary preferences and changes. Staff demonstrated understanding of consumers dietary requirements and preferences. Consumer meal alternatives and snacks are available for staff to access at any time. Management said consumers cultural needs and meal preferences are recorded on admission and updated regularly on meal cards and the electronic care management system. This was reflected in consumer care documentation. Kitchen staff complete checks to ensure meal accuracy prior to distribution of meals.

Care plans and printed handovers contained information regarding dietary requirements, cultural preferences and specialist recommendations. While consumers were observed receiving meals in accordance with their individual care plans and handover sheets, the Assessment Team observed inconsistencies with information between some consumers care plans and meal cards. In response to this feedback, management explained the service is in the process of a data migration into the new electronic care management system. Management committed to prioritising the updating of care documentation to include missing food preferences and special dietary needs in the meal cards.

Consumers are provided with an opportunity to provide feedback during food focus meetings which occur 3 monthly, and during regular discussions with staff. Management provided examples where consumer feedback had been implemented into the menu. Meals were observed to be of good quality and sufficient quantity.

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)