Performance

Report

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| Name of service: | Regis Belmore |
| Service address: | 27 Redman Parade BELMORE NSW 2192 |
| Commission ID: | 2050 |
| Approved provider: | Regis Aged Care Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 31 August 2022 to 1 September 2022 |
| Performance report date: | 12 October 2022 |

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 Regis Belmore (**the service**) has been prepared by Gill Jones, 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; the Assessment Contact 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 4 October 2022

# Assessment summary

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| Standard 3 Personal care and clinical care | Non-compliant |
| **Standard 4** Services and supports for daily living | **Non-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.

**Standard 3**

Requirement 3(3)(b)- the Approved Provider ensures systems are in place to manage high impact or high prevalence risks associated with the care of consumers. This includes in relation to falls management, skin integrity, nutrition and hydration, restrictive practices and behavioural support. This includes having a robust and effective incident management system in place.

**Standard 4**

Requirement 4(3)(f) - the Approved Provider ensures that where meals are provided, they are varied and of suitable quality and quantity. This includes providing consumers with the required assistance to consume meals, providing the correct meal or snack options and ensuring that the nutritional needs of consumers requiring a vegetarian diet are met.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant |

Findings

I have assessed this Quality Standard as Non-Compliant as I am satisfied that requirement 3(3)(b) is Non-Complaint.

Consumers and representatives largely provided positive feedback about the care and services provided in the service and were particularly complimentary about the caring and respectful attitude of staff who they felt worked very hard. However, the service does not have systems in place to manage high impact or high prevalence risks associated with the care of consumers. This includes in relation to falls management, skin integrity, nutrition and hydration, chemical restraint and behavioural support. The service does not have a robust and effective incident management system in place. Incidents related to the care of consumers frequently have limited information about the circumstances of the incidents and while they document the immediate actions taken following an incident, they do not include an analysis of the incident or effective measures to prevent future incidents.

With regard to management of skin integrity, the service could not demonstrate that preventative strategies were put in place for consumers identified as being at high risk of pressure injury until a pressure injury had occurred. The Assessment Team found for one consumer, recently discharged from hospital following a fractured hip resulting in a change in his mobility and health status including significant weight loss, no assessment of risk was made to manage his risk of pressure injury until two pressure injuries were found, one on his left big toe (stage 2) and the other on the right foot (stage 1). Once the injuries were identified a pressure relieving mattress was placed on his bed but was removed three days later as it was causing the consumer a great deal of pain. No alternatives were provided to the consumer and no investigation carried out to determine why the air mattress was so uncomfortable and causing pain. It emerged that the Service does not have a system for monitoring air mattresses are correctly fitted and inflated. The consumer was issued with a high back chair without footstool. On 24 August 2022 the consumer complained of his chair being very uncomfortable and was provided with a pressure relieving cushion by the physiotherapist which was not in use on the day of the assessment contact and not recorded in the consumer’s skin integrity care plan.

The Approved Provider, in their response to the Assessment team’s report, disagreed with the Assessment Teams findings. They stated that a head to toe skin assessment was completed on the day of discharge from hospital and his skin care plan updated however, provided no further evidence that prevention strategies had been considered to manage risk of pressure injury when the consumer returned from hospital. In their response the Approved Provider included a Waterlow assessment (undated) but was believed to have been completed on 18 August 2022 when the skin care plan reviewed on 18 August 2022, the day the pressure injuries were identified. The Waterlow shows the consumer was at ‘very high risk’ of pressure injury. The Approved Provider disputed that the pressure injuries were identified when the consumer complained of pain, stating that staff identified them upon skin assessment. The Approved Provider argued that, following review, the injury to the consumer’s toe was not a pressure injury. The Approved Provider submitted an Incident Review Form (undated) to demonstrate this finding. The author of the form (not specified) puts forward that, on investigation, the injury to the consumer’s toe is caused by anhidrotic skin. I note that the Approved Provider did not respond to issue of pressure mattress causing the consumer pain and the ensuing lack of investigation to determine why and provide the consumer with an alternative. Neither did the Approved Provider respond to the lack of care in providing the consumer with a chair that is both comfortable and assisted with maintaining their skin integrity.

I am not persuaded by the evidence argument put forward by the Approved Provider. I find that the Incident Review Form clearly states that the injury was identified when the consumer complained of pain. I accept that the injury to the consumers toe may not have been a pressure injury based on the evidence in the Incident Review Form but conclude that there is an issue with the assessment and documentation wounds as staff assessed and documented this wound as a stage 2 pressure injury on 18 August 2022. Having assessed the information in the Assessment Team’s report in relation to wound care provided from 25 August to 30 August 2022 to this consumer, it unclear what kind of wound was being treated pointing to poor wound care documentation and lack of skill by clinical staff. It is clear, however, that whilst a head to toe assessment was completed the service did not adequately assess the consumer’s risk of pressure injury on return from hospital and ensure that he was offered pressure relieving equipment to lessen his risk prior to skin integrity issues emerging. Having then offered a pressure relieving mattress after skin integrity issues were identified, the Service’s response to investigating why the consumer was experiencing pain with the mattress in place was most inadequate.

Another consumer was observed by the Assessment Team of being on air mattress which was not set to her weight. The Approved Provider argued that there is no evidence to suggest their practices are lacking or insufficient but I note that, in their response, the Approved Provider stated they have subsequently conducted training on air mattress maintenance with staff.

The Assessment Team identified another consumer whom had a history of pressure injury as well as a childhood deformity which meant he could not lie on his left side. He developed a pressure injury on his right thigh on 15 March 2022 which was only identified by staff at stage 2 level. The incident form notes ‘plan to place on air mattress’ but the Assessment team noted the consumer does not have an air mattress. The consumer has a high risk of pressure injury as documented in his skin care plan 5 July 2022 but no other specific interventions to manage his very high risk of pressure injury are included in his care plan, except 2 hourly repositioning. The pressure injury appeared to increase dramatically in size on 12 August 2022 as documented by staff but no action taken except to dress it.

The Approved Provider, in their response to the Assessment team’s report, did not respond to the issue of why this consumer was not offered a pressure mattress in accordance with the recommendation on the incident form. Furthermore, the Approved Provider provided no information about the how the consumer’s risk of pressure injury was being managed to prevent pressure injury. With regard to the pressure injury appearing to increase dramatically in size on 12 August 2022 the Approved Provider stated that ‘there was a minor data error with respect to the size of the wound which actually stayed the same size’.

I am not persuaded by the information put forward by the Approved Provider and note they have failed to respond to a number of issues. I find this consumer’s experience demonstrate the service is not proactively putting preventative strategies in place for consumers identified as being at high risk of pressure injury until a pressure injury has occurred. It also points to issues with poor wound care documentation and lack of skill by clinical staff in correctly identifying and staging wounds.

With regard to management of nutrition, the service could not demonstrate that strategies were in place for managing consumers identified as being at high risk of weight loss and swallowing deficits. The Assessment Team found one consumer recently discharged from hospital had lost weight and the service was not adequately monitoring his intake. Food and fluid charts did not adequately record food ingested by the consumer and were frequently not completed. Furthermore, the consumer’s diet had not been reviewed following discharge from hospital. Progress notes dated 21 July 2022 recorded instruction from the hospital speech pathologist that his soft diet was to be reviewed in 2 week’s time when settled back into the service with a view to upgrading him to a normal diet. The consumer was reviewed by a dietician on 16 August 2022 and instructions were for him to have nourishing mid meal snacks which were not being provided, as witnessed by the Assessment Team. A nutritional assessment records that he required one to one assistance with meals which was also not being provided, as witnessed by the Assessment Team.

The Approved Provider, in their response, did not respond to the issue of food intake not being adequately recorded and the consumer not being provided with nourishing mid-morning snacks or supervision with meals, but stated that the consumer was gaining weight (3kg by 2 September 2022). The Approved Provider stated that a referral was made on 31 August 2022 (during the Assessment Contact) for speech therapy review as the consumer was now settled. This review was not completed till 13 September 2022. Documentation provided by the Approved Provider indicated that the consumer was returned to a normal diet.

I am not persuaded by the information put forward by the Approved Provider and note they have failed to respond to a number of issues. I find that this consumer’s review by the speech therapist by was not timely, being six weeks overdue. I also find that the service cannot demonstrate that this consumer’s dietary intake has been monitored appropriately through the use of food and fluid charts.

The Assessment Team identified another consumer experiencing weight loss and severe dysphagia (difficulty in swallowing). The Assessment Team found that her dietary intake was being poorly monitored as food and fluid charts were poorly completed. Furthermore, staff were not feeding the consumer as recommended by the speech pathologist. The speech pathologist recommended the consumer be sitting at a 90 degree angle when being offered food and fluids and fed both pureed food and thick fluids by spoon. The Assessment Team observed the consumer being fed in a reclining position, being given sips of drink from a glass by the care worker. The Assessment team also observed the consumer’s NDIS worker offering the consumer morning tea whilst she was in a heavily reclined position. The NDIS worker said this was the consumer’s normal position when feeding and seemed unaware of the risk posed to the consumer from aspiration.

The Approved Provider, in their response, stated the consumer’s weight overall was stable having lost only 2kg since admission in 2014 and this demonstrated the consumer was receiving adequate nutrition. The Approved Provider identified that the consumer required twice yearly review by a speech therapist. Documentation supplied by the Approved Provider shows that this last review appears to have occurred 16 August 2021, not 2022, as recorded by the Approved Provider in their response. At this review the speech therapist recorded that the consumer required a silicone spoon to minimise damage to her teeth from a metal one. The Approved Provider, in their response to the Assessment team’s report, stated that the silicone spoon was ‘ordered immediately’ and that staff were using a cup whilst waiting for the spoon to be delivered. The Approved Provider argued that staff were monitoring her intake by recording ‘3/4 meal’ instead of describing the actual type and quantity of food eaten and produced a Plate Wastage Tool in evidence to show how staff have been instructed to record food intake. The Approved Provider stated the consumer had been provided with a new chair in February 2022 as recommended by the speech pathologist to assist with the consumer’s feeding position but did not respond to observations by the Assessment Team that the consumer was being fed in a heavily reclined position. The Approved Provider stated that staff were correct to feed the consumer their morning snack without fluid and stated the consumer had given permission for the NDIS worker to feed her. The Approved Provider however provided no evidence to support this claim.

I am not persuaded by the Approved Provider’s response. I find that Approved Provider failed to notice, in their response, that the recommendation by the speech pathologist for a silicone spoon was made in 2021 not 2022. This presumably means that the provision of this spoon to protect the consumers teeth, is well overdue. Furthermore, I am concerned the Approved Provider seeks to justify the actions of their staff to use a cup to provide fluids to the consumer when this is clearly contraindicated, based on the speech pathologist’s instructions. I am also concerned that the Approved Provider has not sought to provide any evidence of training of the NDIS worker to ensure they knew how to safely feed the consumer as per the speech pathologist’s instructions. I therefore find that the very high risk to the consumer from aspiration has not been appropriately managed. I also find that a Food Wastage Tool is a totally inadequate tool for monitoring the dietary intake of a consumer with severe dysphagia at very high risk of weight loss.

With regard to the management of falls the Assessment Team identified four consumers who had experienced numerous falls, and the service had not adequately investigated the reasons, causes and contributing factors associated with these falls. One consumer in particular, had sustained 56 falls in four month period from May 2022 to August 2022. This consumer has a diagnosis of Parkinson’s Disease, behavioural and psychological symptoms of Dementia (BPSD). He has a history of risk taking behaviour including accessing a spiral internal ramp which accesses staff areas and the car park whilst mobilising with his walking frame. A risk assessment was conducted 26 July 2022 but no identifiable interventions documented. The Assessment team reviewed the incident forms for each fall which showed little consideration of the environmental factors affecting his mobility to mobilise safely. Neither had consideration been given to the lack of staff supervision and lack of engagement in meaningful activities to keep him occupied. A review of his continence needs had not been completed since 2016 although considered by the service to be related to his falls and responsive behaviours. The service had offered a chair sensor, a helmet and hip protectors which had all been refused by the consumer.

Due to the large number of falls experienced in the service for the period April to July 2022 the Assessment Team concluded that the service was unable to demonstrate that information gathered is being effectively used to forward plan services and mitigate further incidents. Management told the Assessment Team they had identified that most falls, excluding those consumers who fell very frequently, occurred between 4-6pm but they had not taken action to address this.

The Approved Provider, in their response, argued that their incident management system was best practice and that each incident is investigated which includes looking at the causative factors and the personalised strategies to manage the risk of further falls for each consumer. The Approved Provider also stated that they trend incidents to ensure system wide improvements are made using the clinical indicators collected monthly. The Approved Provider stated that, excluding incidents for the ‘frequent high fall residents’, the falls rate has been dropping, adding that as only a small numbers of falls were identified between 4-6pm for this group of consumers not in the ‘frequent high fall resident’ group it would be of little benefit to look at this.

The Approved Provider stated that cause of the falls for the consumer who had suffered multiple falls (58 falls in a four month period, not 56 as recorded by the Assessment Team) was their underlying diagnosis of Parkinson’s Disease and his behaviour. The Approved Provider provided evidence of this consumer’s physical care plan, verbal care plan and wandering care plan (all undated) which details strategies to minimise the frequency of his falls and stated that these were reviewed three monthly. The Approved Provider stated that Dementia Service Australia (DSA) discharged the consumer from their system in 2020 as the ‘service was doing everything they could’ and that the consumers falls were due to his Parkinson’s Disease.

I am not persuaded by the Approved Provider’s argument that the service is safely managing the risk to this consumer from falls. I find that the Approved Provider was unable to demonstrate that a holistic review of this consumer’s care and services had been undertaken to manage his falls risk. I form this view as having reviewed the various care plans submitted by the Approved Provider (all undated) there is no documentation to support that there was any recognition of the very high number of falls this consumer was experiencing or evidence that a holistic approach was being to manage the risk to this consumer. I note that since the Assessment Contact the Approved Provider has indicated that they have implemented hourly rounding and monthly clinical care planning for this consumer involving his wife. Whilst I note that the service has implemented these two initiatives which will hopefully improve staff supervision of this consumer and provide more regular review of his care I find a lack of an holistic approach to managing this consumer’s falls risk. There is no mention of reviewing the behaviour management strategies in place, his continence plan, his lifestyle plan or consideration of referral to DSA for advice on managing his risk taking behaviour. Neither is there any consideration of increasing the consumer’s access to his wife through phone contact which he enjoys. I note that the service has not provided any data or analysis on the success or otherwise of these initiatives to manage this consumer’s falls risk since these initiatives were implemented.

In relation to the use of devices that may cause risk of harm to the consumer, the Assessment team found one consumer using a bed pole/monkey bar and the continued use of this had not been re-evaluated since 21 May 2022, particularly as this consumer’s mobility had changed. Furthermore, the service was unable to point to their system of regular review of the use of this device.

The Approved Provider, in their response, argued that this device was a monkey pole, not a bed pole as referred to in the Assessment Team’s report. The Approved Provider stated that the consumers continued use of this device was reviewed 14 September 2022 by the physiotherapist. The Approved Provider provided this assessment which demonstrated that the consumer was unable to use this device, even with assistance from the physiotherapist. Care staff and the RN confirmed the consumer does not use this device for transfers. The consumer however told the physiotherapist he likes to hang his call bell on it and it is his wish that it remain. The device will therefore remain insitu as it does not pose a risk to the consumer, as assessed by the physiotherapist.

I find that the Approved Provider is unable to demonstrate that the risk from having this device in situ was being regularly reviewed, especially given that the consumer was no longer able to use it.

With regard to the use of restrictive devices the Assessment Team identified two consumers in low-low beds. An assessment had not been conducted to ensure this device did not restrict the freedom of movement of these consumers and the service had not considered that the use of this device may be considered a restrictive device. The Assessment Team identified both consumers were mobile.

The Approved Provider, in their response, argued that both consumers were not mobile as unable to independently mobilise and that use of the low low bed was for safety reasons. The Approved Provider supplied their policy on the use of low-low beds which states a low low bed can be used for falls prevention purposes only if the consumer is immobile and cannot get out of bed. The policy also states that a low low bed should be considered a restrictive device if it prevents or makes it difficult for the consumer to get out of bed. For one of the consumers named in the Assessment Team’s report the Approved Provider included the Physical Behaviour Charting record which clearly shows numerous entries in August and September 2022 of behaviours including ‘getting up and down’ ‘wants to get out/get out of bed’ and ‘resident crawling around the room’. For the second consumer, the Approved Provider submitted an incident form dated 3 July 2022 that shows the consumer ‘transferred herself to shower chair’ and ‘redirected to bed, sat on side of bed’. The Physical Behaviour Care Plan shows behaviour as ‘getting up and down’. Furthermore, the Assessment Team saw multiple entries in her progress notes documenting her crawling on the floor and care staff told the Assessment Team she could stand.

Based on the information submitted by the Approved Provider and the Assessment Team’s report I am not persuaded by the Approved Provider’s assertion that both consumers are not mobile. I find that neither consumer is immobile and therefore the use of a low low bed for both consumers should have been considered a restrictive device and an assessment conducted to ensure the use of the low low bed did not restrict the consumer’s freedom of movement.

With regard to behaviour management the Assessment team identified a consumer where some of the interventions suggested by DSA are not included in the consumer’s care plan. This consumer becomes very agitated during showering and recommendations from DSA in relation to showering her were not included in her Physical Behaviour Care Plan. The Approved Provider, in their response, agreed that the recommendations from DSA were not in her care plan and have now updated it with the interventions suggested.

Lastly in relation to Medication Management, the Assessment team identified insulin being stored in the nurse’s station in kidney dishes which all staff had access to. Additionally, medication rounds were being conducted less than four hours apart which raised questions about how time sensitive medication was being adequately spaced.

The Approved Provider, in their response, stated that there is adequate spacing of medication but acknowledged that insulin should be stored in a locked cupboard and have addressed this with staff.

In summary, for the reasons outlined above, I find that the Approved Provider does not effectively manage high impact or high prevalence risks associated with the care of consumers. in relation to falls and behaviour management, skin integrity, nutrition and hydration, medication and incident management.

Accordingly, I find this requirement non-compliant as the Approved Provider was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer.

# 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. | Non-compliant |

Findings

I have assessed this Quality Standard as Non-Compliant as I am satisfied that requirement 4(3)(f) is Non-Complaint.

The Assessment Team found most consumers and representatives indicated that meals were satisfactory but some were unaware they could ask for other options beyond a sandwich or were unaware they could ask for options besides sandwiches. Consumers are not always provided with the required assistance to consume meals or provided the correct meal or snack options. Dietary requirements are not always followed and the service has not ensured that the nutritional needs of consumers requiring a vegetarian diet are met.

The Assessment Team identified one consumer who is vegetarian. Staff said he will eat whatever vegetables are on the menu, with bread and sometimes cheese. The Regional Catering Manager told the Assessment Team the service has a vegetarian menu which has been approved by a dietician, but this is not offered at the service.

The Approved Provider, in their response, supplied the consumer’s clinical care review which identified the consumer is vegan but ‘eats dairy product as per his mood’. The Approved Provider also provided the consumer’s weight chart and his nutrition care plan which identified foods that could be offered to the consumer including beans, tofu etc. The weight chart showed that whilst the consumer’s weight has mostly been stable he has lost 2.5 kg in the last 12 months. The Approved Provider also supplied the monthly menu for the service showing the menu offered to all consumers. The Approved Provider provided no other information on how the service was ensuring this consumer’s particular dietary needs were being met.

I have reviewed the monthly menu and note that in a four week period there are only two main meals the consumer could choose at lunch time that being the Greek bean soup and the Greek lentil stew. All other options, both hot and cold, are meat based. This includes the salads which contain either meat or eggs. In the evening most options are meat based except for once a month when there is a vegetable pie and once a month a pizza option but it is not clear if thus contains meat. Soup is served every evening but once or twice a week these soups contain meat which means the consumer has no options to choose from for his evening meal. This means that on the days where the menu is meat based for lunch and the soup in the evening contains meat (which happens at least once a week) the consumer has nothing to choose from. I note there are items entitled ‘residents favourite soup and ‘residents signature dish’ on the menu. It is impossible to know what these dishes contain but most likely at least one will contain meat. I note that, whilst the consumer’s weight has mostly been stable, he has lost 2.5 kg in the last 12 months.

I am not persuaded by the Approved Provider’s assertions that the service provides meals that are vegetarian and therefore suitable for this consumer. I find that whilst there are a handful of vegetarian options on the menu they are not necessarily suitable for someone who prefers to be vegan. The options available to this consumer are extremely limited and therefore I find this menu totally inadequate for a consumer who is both vegetarian and a vegan and conclude that the meals provided to him are not sufficiently varied and are not of a suitable quality or quantity.

The Assessment Team found several consumers are not provided with the required assistance to consume their meals or provided the correct meal or snack options. In Requirement 3(3)(b) I have already described the experience of one consumer not being provided with a timely review of his dietary needs and not being provided with one to one assistance to eat his meals. In Requirement 3(3)(b) I have also described the absence of nourishing mid-morning snacks for those prescribed these following a dietician review. In addition to the consumers cited in Requirement 3(3)(b), the Assessment team identified a consumer who requiring a cut up diet being provided with large slices of meat that she tried to eat with her fingers. The Approved Provider, in their response, acknowledged that this consumer should have been given food that had been cut up for her. The Assessment Team also identified two consumers who were being reviewed by the dietician as losing weight. The wife on one consumer worried that staff don’t help her husband with his meals and so she is coming in every day to feed him.

The Approved Provider, in their response, provided this consumer’s weight chart and dietician review. His weight chart shows that he has lost 5.1 kg in the last six months. The dietician review on 30 August 2022 notes that his weight is down trending and this is due to ‘inadequate energy and protein intake’. The dietician’s plan requires offering, amongst other things, nourishing morning and afternoon snacks and bread etc. Progress notes of a recent review on 28 August 2022 were also provided which showed concern by a family member that staff were not providing the consumer with his dentures at meal times.

The Assessment Team identified a second consumer who was also experiencing weight loss, a loss of 4kg in two months. The consumer’s care plan states she should have milkshakes twice daily. The dietician’s remaining recommendations have not been added to her care plan or dietary summary sheets which are used by staff to identify dietary needs and catering staff were not aware of these recommendations.

The Approved Provider, in their response, submitted the consumer’s dietician review on 26 July 2022 which noted ‘unintentional weight loss due to inadequate protein and energy, secondary to resistive behaviours’. The dietician’s recommendation includes offering nourishing mid meals and choices if refuses food offered. The Approved Provider also submitted the consumer’s weight chart which confirms 5kg weight loss since 25 May 2022.

The Approved Provider argued that both consumers were stable as their weight was within a health weight range, as documented by the dietician. The Approved Provider argued there was no evidence these consumers were not being supported with meals and the dietician’s recommendations were not being followed. The Approved Provider has not responded to the Assessment Team’s finding that that nourishing mid-morning snacks are not offered or that the dietician’s recommendations had not been added to one of the consumer’s care plan.

Having reviewed the information provided by the Approved provider I am not persuaded by the information provided. I find that both consumers are losing weight due to inadequate intake of protein and energy and both are not being offered the nourishing mid meal snacks recommended by the dietician because the service does not supply these. This is evidence that consumers are not being provided with the meal options recommended for them to boost their weight.

Several consumers complained about the taste of the food and the choice of main meal. Those who complained were unaware they could ask for other options besides sandwiches if they did not want to the main meal option. A number of consumers told the Assessment team if they did not like the main meal they were only offered sandwiches, nothing more.

The Approved Provider, in their response, stated that the service offers alternative meals for all consumers. If they do not like ‘one of the two’ options for each meal they are offered sandwiches and or salad. The four week menu was supplied by the Approved Provider which confirmed that, at lunchtime, there is one hot meal option or salad or sandwiches and, in the evening, soup is served every night with another hot option. The Approved Provider provided a consumer satisfaction survey which they argued showed most consumers liked the food and therefore this requirement should be met.

I am not persuaded that consumers are satisfied with the food being offered. Several indicated this to the Assessment Team. I am also not persuaded consumers have sufficient choice and can request an alternative if they do not like/want the hot option, salad or sandwiches, particularly if the consumer has particular dietary needs. There is nothing on the menu indicating to consumers they can request an alternative besides sandwiches if not able to eat the main choices.

The Assessment Team queried whether visitors were allowed at meal times and where told that only those with ‘special dispensation’ are allowed at meals times. The Approved Provider in their response clarified this and stated that whilst visitors are discouraged from visiting at meal times to ‘avoid overcrowding and to minimise infection risk for consumers’ visitors are permitted.

In requirement 3(3)(b) the Assessment Team found food and fluid charts were poorly completed. The Assessment Team identified another consumer with a food and fluid chart that had been commenced because his wife was worried he was not eating. The Approved Provider, in their response, stated that the consumer had not been well in the lead up to their hospital admission on 23 August 2022 and therefore ‘may have had a decreased appetite in the preceding days due to his diagnosis and lethargy’. The Approved Provider provided the consumers GP notes but no other supporting documentation. I find I am unable to make a finding on this.

In summary I find that dietary requirements are not always followed, consumers do not always obtain the assistance they require with their meals and the service has not ensured that the nutritional needs of consumers, particularly those requiring a vegetarian diet, are met.

Accordingly, I find this requirement non-compliant as the Approved Provider was unable to demonstrate where meals are provided, they are varied and of suitable quality and 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)