Performance

Report

**1800 951 822**

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| Name: | St Andrew’s Village Byron Bay |
| Commission ID: | 9616 |
| Address: | 29-33 Marvell Street, BYRON BAY, New South Wales, 2481 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 20 February 2024 |
| Performance report date: | 15 March 2024 |
| Service included in this assessment: | Provider: 930 St Andrew's Village Ballina Limited  Service: 28952 St Andrew's Village Byron Bay |

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 St Andrew’s Village Byron Bay (**the service**) has been prepared by Kimberley Reed, 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 05 March 2024
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 4 Services and supports for daily living | 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.

* Meals provided to consumers must be varied, of suitable quality (including safe temperatures) and quantity.

On 29 January 2024, a new Approved Provider took over care and license of the service. Seven consumers who participated in the Assessment Contact were previously and continue to reside at the service. An announced Assessment Contact was conducted on 20 February 2024 to monitor the care and services provided by the service in relation to Requirements 1(3)(a), 3(3)(a), 4(3)(f), and 7(3)(a) of the Quality Standards. Following concerns raised by consumers in relation to meal services an assessment of performance was conducted for Requirement 4(3)(f).

Consumers and representatives explained they feel respected, and staff treated them with dignity. Staff were knowledgeable of consumers needs and preferences, and staff were observed interacting with consumers in a kind and respectful manner.

Consumers were satisfied with their personal and clinical care delivery. Staff understood consumers’ personal and clinical care needs, and care documentation demonstrated care provided was best practice, and was tailored to consumer’s individual needs to optimise their health and wellbeing.

Consumers were satisfied with the level of staff allocated to provide care and services. Staff confirmed they were currently able to meet the needs of each consumer. Management confirmed new consumers entering the service will only occur when there was sufficient staff to meet the needs of consumers.

# 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**

Consumers were dissatisfied with the meals provided by the service. Consumers expressed concern with the quality of food provided and explained how the meal ordering process lacks choice and variety. The service was unable to demonstrate a safe food delivery process.

The majority of consumers were dissatisfied with meals provided and expressed concern in relation to the temperature of meals, lack of choice in meals being provided, and quality of the food. Meals were being transported from the organisation’s site in Ballina, which was located approximately 30 minutes away from the service. Management could not provide evidence that food temperatures were monitored and recorded, and staff were observed serving food without temperature checks occurring.

Staff did not understand the organisation’s food delivery processes and staff did not demonstrate safe food handling processes. Staff did not understand what a dietary profile was, and staff were unable to locate the service’s consumer dietary profiles. Three staff members explained how they were required to work in the kitchen and serve food, however expressed concern as they had no training in food safety. Management was unable to provide evidence that staff serving food had training regarding food safety.

The Approved provider submitted a written response to the Assessment contact report, and the Approved provider stated the feedback provided onsite was taken very seriously and remedies were being put in place immediately. The Approved provider attached an Action Plan to their response which included the following:

* An onsite Chef will commence at the service 11 March 2024. This is an interim arrangement until the new Head Chef will begin later in March 2024.
* Menus will be distributed in hard copy format and electronically. An example of the menu was not provided.
* A choice of two options for lunch (with the option of additional salad and sandwich) and for dinner the option of a hot meal, soup, salad or sandwich will be provided with access to toasted or standard sandwiches also made available between or with meals. An ordering sheet was not provided as evidence of these options.
* A food focus meeting was held 26 February 2024, with the head chef of the catering company in attendance to respond to feedback. Meeting minutes were submitted as part of the Approved provider response, which evidenced four consumers were present at the meeting and provided feedback and suggestions to representatives from the catering company present at the meeting.
* A monthly consumer and representative meeting was due to commence 04 March 2024, with catering staff present as a standing agenda item. Minutes from this meeting were not submitted as part of the Approved provider response.
* The Clinical Care Manager will taste test meals weekly for a quality assessment. No records of tests undertaken by the Clinical Care Manager were submitted as part of the Approved provider’s response.
* A Byron Bay Resident Advocacy Group meeting is to commence 08 April 2024, whereby consumers will have direct access to address Board member. This meeting is yet to occur at the time of my decision.
* Consultation will occur with consumers when the menu changes seasonally.
* Clinical staff will notify the kitchen of changes in consumer dietary requirements, via notification from a registered nurse or allied health professional. Changes will be documented in the consumer’s record. No examples were provided to demonstrate the effectiveness of this process within the Approved provider’s response.
* Consumers and staff will be encouraged to communicate feedback to the catering company via management.
* The onsite Chef will conduct daily walk-arounds to seek feedback from consumers.
* Management (including the catering company) will meet regularly to discuss feedback from consumers and action required. Minutes from these meetings were not provided.
* Feedback forms are made available to consumers in reception, dining/common rooms, and kitchenettes. An example of a feedback form was not submitted as part of the Approved provider’s response.
* Quarterly satisfaction surveys will be conducted. I am unable to determine when this will occur.
* Dietitian reviews will be regularly conducted for all consumers. I am unable to determine when this will occur.
* An internal food audit is to be completed as per the scheduled three months. I am unable to determine when this will occur.

While I acknowledge the actions the Approved provider plans to implement, I have no tangible evidence these actions will address the concerns raised by consumers regarding the poor quality of meals provided by the service. While an onsite Chef may be able to address concerns raised in relation to meals, at the time of making my decision I have no evidence to support consumers are satisfied with meal services. Consumers continued to provide some negative feedback about aspects of the meal service at the Food focus meeting held 26 February 2024.

Of greatest concern, is the lack of information regarding the monitoring of food temperatures. The Approved provider’s response is silent in relation to how the food served to consumers is deemed safe for them to eat. There is no evidence to hand that meals are being tested for safe temperatures or that staff have been trained in safe food handling. Consumers were not asked at the Food focus meeting about meal temperatures.

Based on the information recorded above, it is my decision this Requirement is 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)