

**Performance Report**

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| Name: | St John's |
| Commission ID: | 4481 |
| Address: | 138 Williams Road, WANGARATTA, Victoria, 3677 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 7 November 2024 |
| Performance report date: | 3 December 2024 |
| Service included in this assessment: | Provider: 3069 Respect Group Limited Service: 2998 St John's |

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 John's (**the service**) has been prepared by M Murray, 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, older people/representatives and others.

# Assessment summary

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| 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 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

Requirement 4(3)(f) was found non-compliant following an Assessment Contact undertaken on 30 July 2024, as the service did not demonstrate service of correct texture modified meals to consumers according to their dietary requirements. Staff did not have a practical knowledge of food and fluid texture guidelines. Care documentation demonstrated current dietary assessments and recommendations however meals served did not reflect consumer assessed needs. Meals were not consistent with the daily menu on display and a variety of choices were not offered.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified. This included a review of catering services and procedures to ensure there are adequate meal options for all consumers, the provision of an updated handover sheet to staff which reflects consumers dietary requirements, and weekly provision of modified diet reports to each kitchenette to ensure all staff are aware of consumer needs.

The Assessment Team found these improvements have been effective and recommended Requirement 4(3)(f) met.

The Assessment Team observed a lunch service at all the dining areas and serveries. All dining rooms had welcoming environment, the menu was displayed on electronic screens and the meal service was uninterrupted. All the dining rooms were well attended by the consumers who were observed interacting with each other and staff during the dining experience. Care staff were observed to assist consumers with their meals in a respectful and unhurried manner with staff serving each table of consumers with their meal choices. Consumers who prefer to dine in their rooms were observed to have received their hot meals, with staff providing assistance where required. Staff were observed checking the dietary requirement list, food temperature and explaining the food options to consumers.

The Assessment Team observed 2 instances of consumers receiving drinks of the incorrect consistency; in response to feedback management promptly conducted training for all staff present at the service regarding the importance of providing the correct texture modified food and drinks and committed to providing additional training.

Care planning documents reflected consumers dietary and assistance needs, and kitchen staff were well-informed regarding individual dietary preferences and requirements. Meals are cooked fresh at the service and transported to each unit to be served hot from a bain-marie. The service has a rotating 4-week menu which is dietitian-approved and developed with input from consumers. Consumer satisfaction is monitored through food satisfaction surveys, consumer and representative feedback, food focus meetings and regular discussions between consumers and the chef. While there was an instance of a staff member providing a drink to two consumers of the incorrect consistency as per the consumers dietary requirement, the Assessment Team are recommending this requirement met noting the response to the identified risk was promptly rectified with additional assurance of training for all staff.

The Assessment Team’s report shows consumers are satisfied the meals provided are of good quality with a variety of options available. Representative feedback confirmed consumers requiring texture-modified food and fluids receive the correct meals, and positive feedback was provided regarding the service’s introduction of moulds for texture-modified meals. While there were two instances of a staff member incorrectly modifying a drink, I am satisfied this was not representative of staff generally or a systematic failure in the training delivered to staff. I also note the comprehensive response management took, and that additional oversight will occur, as such I am persuaded that the service has returned to compliance in Requirement 4f.

Based on the information summarised above, I find the service compliant with Standard 4, Requirement 4(3)(f).

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)