Performance

Report

**1800 951 822**

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| Name of service: | The Plains |
| Service address: | 333 Underwood Road EIGHT MILE PLAINS QLD 4113 |
| Commission ID: | 5030 |
| Approved provider: | Bethany Christian Care |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 23 January 2023 |
| Performance report date: | 09 February 2023 |

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 The Plains (the service) has been prepared by K. 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 - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff.
* other information and intelligence held by the Commission.

# Assessment summary

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| Standard 6 Feedback and complaints | 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 6

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| Feedback and complaints | |  |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Feedback and complaints were used to improve the quality of care and services, particularly in relation to food.

The service was found to be non-compliant in this Requirement following a site audit conducted on 30 August 2022 to 1 September 2022.

The following improvements have been made to remedy the previous deficiencies in this Requirement.

The service met on several occasions with the contracted catering company management and chef manager. Discussions included consumer feedback in relation to meal temperature, texture of the red meats being sourced and menu selections and offers. Documents provided evidenced strategies and changes were implemented and monitored regularly by the catering company and service.

For four weeks following the Site Audit, the service provided consumers with feedback cards at the end of each meal service seeking comments on the taste of the meal, the tenderness of the meat, presentation of the meal and the temperature of the meal. Review of the analysed results from September 2022 to October 2022 demonstrated consumers responded with high satisfaction rates to the information sought.

The feedback cards were available after each and every meal. When completed the information was analysed and presented and discussed at regular meetings with the contracted catering company.

The service had a food focus meeting that was conducted monthly. The chef manager met with consumers to discuss meals and the menu along and any concerns or questions consumers had. Consumers were able to request particular items they would like to see included on the menu and new menus were created utilising information learned at these meetings.

Review of the food focus group and the contracted catering meetings with management evidenced the menu had been adjusted as a result of consumer feedback with some menu items being removed and the addition of favourites added.

Review of the complaints register identified seven complaints in relation to food from 12 September 2022 and 26 September 2022. Of the seven complaints, four complaints were from the same consumer. Documentation provided evidenced the chef manager had worked individually with the consumer to ensure their requests and meal satisfaction was achieved. There had been no further complaints in relation to food since September 2022.

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