Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | TriCare Bayview Place Aged Care Residence |
| Service address: | 86 Bayview Street RUNAWAY BAY QLD 4216 |
| Commission ID: | 5975 |
| Approved provider: | TriCare Bayview Place Aged Care Pty Ltd |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 20 January 2023 |
| Performance report date: | 08 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 TriCare Bayview Place Aged Care Residence (**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 in relation to the service.

# Assessment summary

|  |  |
| --- | --- |
| Standard 4 Services and supports for daily living | Not applicable as not all requirements have been assessed |
| **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 4

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

Meals provided were of suitable quality and temperature when delivered to consumers.

This Requirement was found to be Non-compliant at the Site audit conducted 18-20 July 2022. The service has made improvements to remedy deficiencies relating to this Requirement.

The service combined the food focus group meeting with the monthly consumer and representatives meeting. The combining of meetings resulted in more effective discussions around food and any concerns the consumers or representatives had. Consumer and representative meeting minutes evidenced discussions in relation to food, food temperature and concerns had been raised and discussed at these meetings.

Most complaints about the temperature of food were made by consumers who chose to have meals in their rooms, this resulted in a full review of the plating and delivery of meals to consumers choosing to stay in their rooms for meals. The review identified all meals were being plated and loaded onto delivery trolleys at the same time, therefore meals were sitting on trolleys for a considerable amount of time before being delivered to consumers. Temperature monitoring of these meals on trays identified a decrease in temperature of the meals during delivery and at the point of consumption. The service changed the process for meal delivery to occur wing by wing utilising a smaller delivery trolley. In addition, catering staff now delivered the trolleys to the wings which enabled care staff to deliver the meals in a timelier way. The revised process was monitored and evaluated for a month with and documentation demonstrated increased satisfaction from consumers who chose to eat their meals in their room. The service purchased additional heating pellets for meal tray delivery and a full equipment service was conducted on the heating pellet warming unit. Documentation evidenced the heating unit was functioning appropriately and additional pellets had been ordered.

Management identified areas of the dining experience that could be enhanced, for example downsizing the dining areas to create more intimate dining areas instead of the large dining area that had been on offer to consumers. A lounge area has been created near the dining area for consumers to mingle prior to meal service. An area for consumers to have private dining with family and friends was created and this area now has a waiting list of consumers wanting to access the new area. Since the dining areas had been downsized to smaller areas, the number of consumer’s receiving meal tray service has decreased and attendance in the dining areas has increased dramatically. Documentation and photographs provided evidence of positive feedback from consumers in relation to the new dining areas and increased social interactions during mealtimes.

The menu is now displayed on televisions throughout the service and this assisted consumers with menu choices.

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

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 trended, analysed and used to improve the quality of care particularly in relation to food.

This Requirement was found to be Non-compliant at the Site audit conducted 18-20 July 2022. The service has made improvements to remedy deficiencies relating to this Requirement.

Management attended mandatory training provided by the organisation on the recording and reporting of all feedback through the electronic care management system. Documentation evidenced all management and registered staff attended the training session provided.

Prior to the Site Audit not all feedback was captured therefore the analysis performed was not an accurate reflection. Since the training was conducted in July 2022, all feedback and complaints were entered into the electronic care system. Feedback and complaints, both internal and external, were analysed and trended by the organisations head office and results were communicated to the Board and the senior executive management team. Examples of analysis and trending of complaints entered demonstrated actions had occurred as required.

The organisation created a document that assists management in trending and analysing feedback and complaints which was discussed monthly and action plans were implemented as appropriate. The complaints register evidenced meal temperature complaints had ceased with consumer compliments increasing since the review and implementation of the revised meal tray delivery process.

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)