Performance

Report

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| Name: | Warrigal Care Albion Park Rail |
| Commission ID: | 0291 |
| Address: | 2 Pine Street, ALBION PARK RAIL, New South Wales, 2527 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | on 7 June 2024 |
| Performance report date: | 17 June 2024 |
| Service included in this assessment: | Provider: 468 Warrigal Care  Service: 307 Warrigal Care Albion Park Rail |

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 Warrigal Care Albion Park Rail (**the service**) has been prepared by Kirsten Peddie, 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 approved provider’s response submission dated 27 May 2024, in response to a request for information from the Commission under s67 of the Aged Care Quality and Safety Commission Rules 2018.

# 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

The service’s assessment and care planning processes include the identification of consumers’ food preferences, and the assessment of consumers’ nutritional needs and associated risks such as food allergies or high risk medications. The approved provider submission included risk based assessments, referrals made to the dietitian and speech pathologist, menus, consumer dining experience cards, meeting minutes and lifestyle calendars which demonstrated the service engages with consumers to ensure their needs and preferences for nutrition and the dining experience are met, including:

* Assessing and regularly reviews consumers’ nutrition and hydration needs and preferences
* Supports consumers’ independence including ensuring consumers have access to food and drinks outside of mealtimes through the implementation of a 24 hour snack station.
* Referring consumers for specialist nutritional advice when needed.

The workforce has received training in key areas relevant to this requirement including the dining experience, consumer nutrition and hydration, allergen management, International Dysphagia Diet Standardisation Initiative (IDDSI) introduction and meal preparation; and review of training and education records included in the response submission evidenced staff completion of these. In addition, the service’s plan for continuous improvement evidenced improvement actions related to workforce training to ensure the elements of this Requirement at met. For example, education on processes for weighing of consumers, referrals, promoting and monitoring hydration and risk assessment.

A food safety audit conducted at the service by an external specialist dated 14 February 2024 which identified an overall acceptable food safety program, and from the review of information contained within the response submission areas for improvement have been promptly actioned as evidenced in the service’s plan for continuous improvement. For example, texture modified foods were not always recorded on monitoring daily record; as a result, as part of the service’s continuous improvement process improvements have been actioned handover sheets with up to date photos and diagnostic information for consumers. The service’s plan for continuous improvement included improvements taken by the service to improve its performance under this Requirement including:

* The implementation of a food heating system, supported by training of staff to ensure meals provided are of an appropriate temperature.
* Communication processes between all workforce, including support for agency staff and the sharing of information between catering, clinical and care staff. Actions include improved handover processes, the development of folders available to staff in various areas of the service which contained information in relation to consumer specific dietary requirements and preferences.
* Development and implementation of a ‘Enjoyable Dining Experience’ policy which includes engagement with consumers, continuous improvement, consumer assessment and care planning and referral to the Commission’s food and nutrition hotline. The response submission included photographic evidence of dining and food servery areas of the service which are observed to be clean and support social and interpersonal aspects of the dining experience with tables set with dining utensils, decorated with vases of flowers, table clothes and napkins, and show adequate distance between tables.

I have considered information contained within the response submission which details actions taken by the service to support improvement under this Requirement. I have placed evidence on the service’s plan for continuous improvement, and I am satisfied that the strategies as evidenced effectively describes how the service has addressed the deficiencies identified and I am satisfied that Requirement 4(3)(f) is complaint through the implementation of these actions.

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)