Performance

Report

**1800 951 822**

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| Name: | Aurrum Reservoir |
| Commission ID: | 3647 |
| Address: | 1 Aberdeen Street, RESERVOIR, Victoria, 3073 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 18 January 2024 |
| Performance report date: | 7 February 2024 |
| Service included in this assessment: | Provider: 6860 Aurrum Pty Limited  Service: 5433 Aurrum Reservoir |

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 Aurrum Reservoir (**the service**) has been prepared by L Glass, 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.

# 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 on 19 September 2023. Consumers were dissatisfied with the quality and variety of meals and dining experience. Consumer feedback included meat being tough, salads being served in the same bowl as the hot meal, meals being cold and no meal choices for consumers with pureed diets.

During the Assessment Contact on 18 January 2024, most consumers said they are receiving meals of sufficient quality and quantity, the temperature of the food is acceptable, they are offered choice, and their dietary requirements are met. Staff demonstrated knowledge of individual consumer’s requirements and preferences. Feedback and complaints in relation to food were captured in relevant documentation and appropriately acted upon. The Assessment Team observed mealtimes to be dignified and calm with some consumers receiving assistance as required.

The Assessment Team reviewed the four weekly rotating seasonal menu which started in December 2023 (Summer menu). The menu had been reviewed by a dietitian and included an evaluation of nutritional content, key flavours not being repeated during the same day, a range of snacks available and choice for consumers who required texture modified meals.

At the Assessment Contact on 18 January 2024, the Assessment Team observed the quality of the food served was supported by the use of a hot box, keeping meals at a constant temperature, transporting the meals to the dining room and the first and last plates being temperature checked. They also observed the delivery of meals to consumers rooms completed with 4 trays ensuring meals are served at optimal temperatures. New equipment such as bain-maries, heat lamps, snack fridges and coffee machines were observed and being utilised by consumers and staff in the communal dining rooms.

Based on the Assessment Team report findings and recommendation of met, I find Requirement 4(3)(f) Compliant.

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)