Performance

Report

**1800 951 822**

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| Name: | IRT Thomas Holt Kirrawee |
| Commission ID: | 0157 |
| Address: | 1-25 Acacia Road North, KIRRAWEE, New South Wales, 2232 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 30 July 2024 |
| Performance report date: | 11 September 2024 |
| Service included in this assessment: | Provider: 835 Illawarra Retirement Trust  Service: 173 IRT Thomas Holt Kirrawee |

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 IRT Thomas Holt Kirrawee (**the service**) has been prepared by Julia Durston, 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 were assessed |

A detailed assessment is provided later in this report for each assessed Standard.

# 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 was found to be non-compliant in this Requirement following a Site Audit conducted 12 March 2024 to 15 March 2024. The service did not demonstrate meals are varied and of suitable quality and quantity. Consumer feedback included meals were not hot enough, they were unappealing and unappetising, meals received did not match those offered on the menu and menus were not available within the dining rooms, to allow consumers to make choices on their preferred meals for the day.

During the Assessment Contact conducted on 30 July 2024 the Assessment Team found the service’s plan for continuous improvement included several improvement actions to return to compliance in this Requirement, including catering personnel changes, a consumer volunteer provides weekly reports to management on meal and food service quality, survey results and consumer’s feedback (including from the advocate’s report) and catering company surveys are discussed at a weekly meeting involving service management and contractor management. In addition, a decision has been made to appoint a full-time hospitality team leader role on site to oversee the daily food service provision. The service commissioned an external food safety audit on 24 April 2024 and improvement actions were implemented to address areas of non- compliance.

The Assessment Team found the service demonstrated that it is providing consumers with meals that are of sufficient quality, quantity and variety and which meet their preferences and nutritional and dietary needs. Overall, most sampled consumers confirmed their needs and preferences were being met, or that the service was responsive to, and worked with them to improve their food and dining experiences. Where consumers and their representatives continue to be dissatisfied with their meals the service demonstrated it is working with them to improve the quality/quantity of their meals. The daily menu choices were displayed on the dining tables.

Consumers, including those who had previously complained about the meals said that improvements had been made over the past few months. Clinical and care staff demonstrated they were aware of, and could describe consumers’ dietary needs, and preferences which aligned with their care plans and their feedback. Catering management and staff demonstrated the processes they have in place, and access to information to ensure correct meals are provided to consumers. Most consumers said they were satisfied with the meals, including the temperature, taste, variety, quality, and choices. Consumers confirmed there was always plenty of food or fluids available including after hours or between meals, if they wanted. However, not all consumers were aware of the snack fridges in dining areas.

Management said food related complaints, now mainly related to menus not being changed and texture issues, have also decreased over the past few months. The feedback and complaints register and records showed food complaints were being appropriately investigated and actioned. The contracted catering company cooks the meals fresh in the main kitchen located in the basement in one of the buildings. Texture modified meals are stored cold in the cold room then reheated. Each building level has its own servery and dining area and snack/drinks fridges for consumers. Consumers are asked daily what they would like to have for their meals, with the service offering two hot choices for lunch.

The majority of consumers and representatives sampled stated they are satisfied with the food or have experienced an improvement in the quality and presentation of meals and the management team are making changes consistent with their feedback. The service demonstrated it is actively working with consumers and the catering service to improve meal service and meet consumer expectations.

Accordingly, 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)