Performance

Report

**1800 951 822**

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| Name: | TriCare Williams Landing Aged Care Residence |
| Commission ID: | 8231 |
| Address: | 16 Charsworth Way, WILLIAMS LANDING, Victoria, 3027 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 13 March 2024 |
| Performance report date: | 25 March 2024 |
| Service included in this assessment: | Provider: 7129 TRICARE MELBOURNE AGED CARE PTY LTD  Service: 25129 TriCare Williams Landing Aged Care Residence |

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 Williams Landing Aged Care Residence (**the service**) has been prepared by N Eastwood, 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.
* the provider’s response acknowledging the assessment team’s report received on 18 March 2024.

# 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 was found non-compliant with this requirement at a Site Audit conducted between 24 October to 26 October 2023. The service was unable to demonstrate the meals provided at the service were sufficient in quantity and variety, were of good quality, and served at the right temperature. The service has implemented several effective actions to address the previously identified deficits.

At the Assessment Contact on 13 March 2024, consumers confirmed meals are of good quality with a variety of options available. Management described a rotating 5-week, dietician-approved varied menu with consumer consultations occurring monthly. The service has undertaken improvements to the dining experience with staff training and updates to processes ensuring food is varied, fresh and at an appropriate temperature.

Staff described the process of checking consumer dietary restrictions, maintaining a pleasant dining room experience, and the process of delivering hot meals to consumers in their rooms. Staff explained hot-cooked breakfasts have recently commenced following discussion at the food focus meetings. Management explained the service monitors consumer satisfaction through monthly surveys, compiling consumer and representative feedback, monthly food focus meetings and regular consumer discussion.

The Assessment Team noted improvement in consumer food satisfaction surveys between November 2023 to February 2024 and food temperature charts demonstrating regular food temperature checks.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement 4(3)(f).

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)