**Performance**

**Report**

**1800 951 822**

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| Name of service: | Crows Nest Meals on Wheels |
| Service address: | 33 Woodlea Court CROWS NEST QLD 4355 |
| Commission ID: | 700496 |
| Home Service Provider: | Crows Nest Queensland Meals on Wheels Incorporated |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 5 July 2023 |
| Performance report date: | 21 August 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 Crows Nest Meals on Wheels (**the service**) has been prepared by M Franco, 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.

# Services included in this assessment

**CHSP:**

* Community and Home Support, 24933, 33 Woodlea Court, CROWS NEST QLD 4355

# 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, consumers/representatives.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 7 Human resources | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | **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 7

|  |  |  |
| --- | --- | --- |
| Human resources | | CHSP |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

I am satisfied the evidence presented below demonstrates the service is compliant with Requirement 7(3)(d).

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these standards. Staff interviewed by the Assessment Team advised they hold the appropriate qualification and are adequately trained by the service to perform their roles. The Assessment Team sighted the training register that demonstrates oversight of staff participation and completion of required training and reregistration of staff is appropriately undertaken and documented.

In the absence of a response from the Service to dispute the evidence of the Assessment Team, I am persuaded that Requirement 7(3)(d) Is compliant.

# Standard 8

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| Organisational governance | | CHSP |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |

Findings

I am satisfied the evidence presented below demonstrates the service is compliant with Requirement 8(3)(c) & Requirement 8(3)(d).

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate effective organisation wide systems and processes are in place to support staff in their roles or to meet the outcomes required. In relation to workforce governance, the service has implemented a reviewed induction process for all new staff that sets out requirements for undertaking employment. This details responsibilities of both the employee and the employer including mandatory training requirements, emergency and workplace health and safety procedures, the reporting of feedback and incidents as well as other general workplace induction information. An induction checklist needs to be completed and signed both staff and management upon completion. All new starters need to successfully complete a three-month probation period to be engaged in an ongoing capacity.

Evidence analysed by the Assessment Team showed the service was able to demonstrate effective risk management systems and practices, including managing high impact or high prevalence risks associated with the care of consumers, identifying, and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents. The service evidenced a risk management register reflects risks to individual consumers and these identified risks are reflected in care plans and in daily running sheets, informing volunteers of risks associated with each consumer. The service maintains an up-to-date incident register which details all incidents, actions taken by the service in response to incidents and identifies opportunities for continuous improvement and/or risk management strategies to be employed.

In the absence of a response from the Service to dispute the evidence of the Assessment Team, I am persuaded that Requirement 8(3)(c) & Requirement 8(3)(d) are 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)