**Performance**

**Report**

**1800 951 822**

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| Name of service: | Deception Bay Meals on Wheels |
| Service address: | Cnr Ewart St and Bayview Terrace DECEPTION BAY QLD 4508 |
| Commission ID: | 700439 |
| Home Service Provider: | Deception Bay Meals on Wheels Incorporated |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 7 June 2023 |
| Performance report date: | 09 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 Deception Bay 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, 24939, Cnr Ewart St and Bayview Terrace, DECEPTION BAY QLD 4508

# 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.
* the provider’s response to the assessment team’s report received 24 July 2023.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| 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 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | CHSP |
| 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

In respect to Requirement 8(3)(d) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already implemented corrective action. Additional details, evidence and a detailed plan for continuous improvement (PCI) provided by the service in their response did meet and exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”. Documented below will be a summary of the Assessment Teams findings and a summary of the services corrective action.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate effective risk management systems, practices and managing and preventing incidents. The service was not able to demonstrate at the time of the assessment that it has an effective incident management system/process including reporting responsibilities for the Serious Incident Response Scheme (SIRS) which was applicable to the service from 1 December 2022.

At the time of the assessment the service had in draft a copy of Code of Practice and Client Service Standards that had been amended to include SIRS however, not established and implemented. Management advised at the time of the assessment of the intention to implement the process and provide adequate training to all staff.

At the time of the assessment the service was not able to evidence a Plan for Continuous Improvement inclusive of the improvements required regarding it obligations relating to incident management and SIRS reporting.

In response to the Assessment Team Report the service submitted a comprehensive response evidencing the actions undertaken by the service following the assessment. The service provided Management Committee Meeting Minutes that evidence incident management and SIRS reporting was discussed and new policies were endorsed during the meeting. As a result of the endorsed policies the service has provided a new and implemented Code of Practice inclusive of incident management obligations and SIRS reporting requirements.

In response to training obligations for staff relating to SIRS reporting and incident management the service has evidenced a training register demonstrating all staff have received training and are aware of their obligations regarding incident management and SIRS reporting requirements.

In addition, the service has evidenced a Plan for Continuous improvement evidencing SIRS reporting requirements and incident management has been noted and taken into consideration by the service for on-going continuous improvement.

Based on the evidence summarised above and the response received from the service I find the service compliant with Requirement 8(3)(d) of the Aged Care Quality Standards.

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)