**Performance**

**Report**

**1800 951 822**

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| Name of service: | Kosher Meals on Wheels Association of Victoria Inc |
| Service address: | 12 Charnwood Grove ST KILDA VIC 3182 |
| Commission ID: | 300623 |
| Home Service Provider: | Kosher Meals on Wheels Association of Victoria Inc |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 29 November 2022 |
| Performance report date: | 19 December 2022 |

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 Kosher Meals on Wheels Association of Victoria Inc (**the service**) has been prepared by J Taylor, 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:**

* Meals, 4-B6U2FNK, 12 Charnwood Grove, ST KILDA VIC 3182
* Other Food Services, 4-B6U2FUA, 12 Charnwood Grove, ST KILDA VIC 3182

# 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 and others.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

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| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Non-compliant |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Non-compliant |
| 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. | Non-compliant |

# Standard 1

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | | CHSP |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Non-compliant |

Findings

The service did not provide consumer details to enable consumer interviews to enable effective assessment of this requirement. A volunteer interviewed said they would sit and have a conversation with a consumer and repeat information if needed, and would read the label detailing the meal. The volunteer interviewed stated consumers can call the service and ask about menu options if further information was required.

Management interviewed stated all consumers can read labels which has all ingredients listed. Management advised consumers can tell the service about allergies however, this raises concerns about consumer information recorded by the services. No documentation was provided by the service for review.

Considering the lack of information provided by the service, it is not clear that information provided to consumers is clear and easy to understand. Therefore, this requirement is assessed as Non-Compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Non-compliant |

Findings

The service did not provide consumer details or documentation to enable effective assessment of this requirement.

A volunteer interviewed stated information is communicated to volunteers by the service, and if volunteers needed any further information on consumers, they would ask the coordinator who has access to consumers information. As the service did not provide any documentation to enable effective assessment of this requirement, the level of consumer information held by the service is unclear.

Considering the lack of information provided by the service, it is not clear assessment and planning processes are documented and include identification and management of potential risk to consumers. Therefore, this requirement is assessed as Non-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. | Non-compliant |

Findings

The service did not provide documentation to enable effective assessment of this requirement.

Management interviewed stated the service is considering implementing new systems for complaints management and establishing a continuous improvement register. The service advised a feedback and complaints register is utilised however, was unclear on how information was communicated to the Board or oversight body.

Management interviewed stated the service was extremely small with a single staff member managing all service delivery requirements. Management interviewed acknowledged that compliance and quality had not previously been a focus however, a new staff member has been employed with a background in quality management. The service did not evidence any policies or procedures to inform service delivery however, advised a manual provides day to day information.

The service did not demonstrate processes in place to monitor or ensure regulatory compliance information is current. For example, from the Aged Care Quality and Safety Commission, the Department of Health or any other oversight body.

Considering the lack of information provided by the service, it is not clear the service has effective organisation wide governance systems in place to support service delivery. Therefore, this requirement is assessed as Non-Compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)