**Performance**

**Report**

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| Name: | Logan Central Meals on Wheels Inc. |
| Commission ID: | 700501 |
| Address: | 9 Jacaranda Avenue, WOODRIDGE, Queensland, 4114 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | on 4 April 2024 |
| Performance report date: | 20 May 2024 |

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.

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8067 Logan Central Meals on Wheels Incorporated  
Service: 24888 Logan Central Meals on Wheels Incorporated - Community and Home Support

**This performance report**

This performance report for Logan Central Meals on Wheels Inc. (**the service**) has been prepared by P. Sherin, 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) – non-site dated 4 April 2024 which was informed by a review of documents, interviews with staff, consumers, and others.
* the assessment team’s report for the Assessment contact conducted on 4-5 September 2023 and performance report dated 21 December 2023.
* The performance report dated 4 July 2022 for the Quality audit conducted 29 April to 4 May 2022.

# 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

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| Organisational governance | | CHSP |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | 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. | 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

A desk-based assessment contact was conducted to assess the service’s performance against the below Requirements which were previously identified as non-compliant under a Quality audit conducted 29 April to 4 May 2022 and subsequently under an assessment contact conducted 4 to 5 September 2023.

The assessment contact (non-site) report identified the service has taken action to remediate deficits and improve its performance in these Requirements.

**Requirement 8(3)(b)**

The service was previously identified as non-compliant in this Requirement due to not demonstrating the organisation’s governing body are aware of their roles and responsibilities in relation to the Quality Standards; not demonstrating the governing body receives and reviews information from the service to ensure the quality of care and services; and not demonstrating policies are in place reflecting current regulatory requirements to guide staff practice.

The assessment contact (non-site) report identified the service’s management committee (Board) promotes a culture of safe, inclusive, and quality care and is accountable for its delivery. Management and staff are provided with a position description and have a clear understanding of their roles and responsibilities. Improvement actions have been implemented to ensure the management committee remains informed of the service’s operations via regular monthly meetings and ongoing reporting. Review of meeting minutes and reports evidenced information is provided to the management committee on a range of matters including but not limited to feedback and complaints, financial data including budget and funding, staff and volunteer resourcing and training requirements, regulatory and legislative changes, and continuous improvement activities. Policies and processes are now in place to guide staff practice and staff have received training in relation to this.

Based on the information recorded above, it is now my decision this Requirement is compliant.

**Requirement 8(3)(c)**

The service was previously identified as non-compliant in this Requirement due to deficits in the service’s governance systems in relation to information management, continuous improvement, regulatory compliance, and feedback and complaints. The service demonstrated it has implemented improvement actions to remediate the deficits identified and ensure effective governance systems are now in place.

Information management:

Previous deficits were in relation to the service’s Coordinator not having access to the electronic platform capturing consumer information required to perform the duties of their role, and consumer information in the system not recorded correctly to identify each consumer’s funding program.

The service demonstrated all staff have access to information systems and processes to readily access information as relevant to their role. Staff and volunteers have current information regarding consumers’ meal requirements and preferences to support meal delivery. The service’s Coordinator has access to the electronic platform to update consumer information. Broader information and updates are provided through established communication and reporting pathways and regular meetings.

Continuous Improvement:

Previous deficits were in relation to the service’s plan for continuous improvement not being kept up to date to reflect evidence of progress or completion of improvement actions. There was no feedback register and feedback was not reviewed regularly to inform improvements. Continuous improvement was not discussed at management committee meetings.

The service demonstrated a plan for continuous improvement is now in place incorporating improvement actions identified through a range of mechanisms including feedback and complaints, suggestions, and changes in compliance requirements. Review of documentation evidenced information on feedback and complaints and continuous improvement activities is reported regularly and discussed at management committee meetings.

Regulatory Compliance:

Previous deficits were in relation to the service not having effective governance processes in place to demonstrate regulatory compliance due to not receiving information regarding legislative and regulatory updates and changes from the organisation.

Management demonstrated the service now receives updates via relevant regulatory bodies and agencies to understand and implement any legislative and regulatory changes as they occur. Information is distributed to staff and volunteers. Policies and procedures are updated to reflect changes as required.

Feedback and complaints:

Previous deficits were in relation to the service not having a feedback register, not reviewing feedback to inform improvements, and not reporting this information to the governing body.

The service demonstrated a feedback and complaints system has now been implemented and is monitored by management. Reporting and analysis are completed to inform the service of feedback and complaints trends and to implement improvements. This information is also reported to the governing body via monthly reporting.

Based on the information recorded above regarding the improvements made by the service, it is now my decision this Requirement is compliant.

**Requirement 8(3)(d)**

The service was previously identified as non-compliant in this Requirement due to not demonstrating effective risk management systems and practices.

The assessment contact (non-site) report identified the service has now established effective risk management systems and practices to identify, assess, and manage risks to the health, safety, and well-being of consumers. An incident management system and processes have been implemented to record incidents promptly. Interviews with staff and review of documentation identified staff and volunteers have received training on incident management policies and procedures, including reporting requirements and responsibilities of their individual roles.

Processes are in place to identify risks associated with the delivery of meals to consumers. Management and staff are aware of the process to record and report any instances of risk, deterioration, abuse, or neglect identified in consumers and to respond appropriately.

Based on the information recorded above regarding the improvements made by the service, it is now my decision this Requirement is 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)