**Performance**

**Report**

**1800 951 822**

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| Name: | Meals on Wheels - Capalaba District Inc. |
| Commission ID: | 700551 |
| Address: | 56 Holland Crescent, CAPALABA, Queensland, 4157 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | on 13 November 2024 |
| Performance report date: | 25 November 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.

# Services included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8313 Capalaba District Meals on Wheels Inc  
Service: 23680 Capalaba District Meals on Wheels Inc - Community and Home Support

**This performance report**

This performance report has been prepared by E Blance, 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 services it operates, 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 report was informed by a desk assessment, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 22 November 2024

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 8 Organisational governance | Not Applicable as not all Requirements were assessed under the Standard. |

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)(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

An Assessment Contact was conducted 30 October 2023, and the performance report determined deficiencies in Requirement 8(3)(d); the service was not able to demonstrate its effectiveness in preventing and managing incidents due to inconsistent reporting and lack of clarity on when an incident should be recorded.

A further Assessment Contact occurred on 13 November 2024 and the assessment team recommended the service has an effective incident management system. Training has been implemented for volunteer staff to ensure they can identify incidents and understand which incidents would be classified as a serious incident. The assessment team report identifies that staff could describe examples of incidents and review of the incident register identified staff and volunteers are effectively recording incidents. Committee meeting are held which supports effective monitoring and management of incidents to ensure reporting to the Serious Incident Reporting Scheme. Risks identified through assessment processes were documented within the consumers’ care plans to inform and guide staff and volunteers. Policies and procedures have been updated to provide guidance to staff for the recording and reporting of incidents. Where an incident has occurred, representatives confirmed they were satisfied with the service’s investigation, management and outcome of the incident. Evidence of incidents was captured within the incident register.

I have considered the information within the assessment team report and the provider’s response. I find this Requirement 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)