**Performance**

**Report**

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| Name of service: | Meals on Wheels Redcliffe Inc. |
| Service address: | 5 Gomersall Street REDCLIFFE QLD 4020 |
| Commission ID: | 700497 |
| Home Service Provider: | Meals on Wheels Redcliffe Inc. |
| Activity type: | Quality Audit |
| Activity date: | 26 June 2023 to 28 June 2023 |
| Performance report date: | 18 September 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 Meals on Wheels Redcliffe Inc. (**the service**) has been prepared by J. Bayldon, 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, 25144, 5 Gomersall Street, REDCLIFFE QLD 4020

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 21 July 2023.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **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.

* Ensure that the assessment and planning documentation for existing consumers of the service are reviewed to include consistent information relating to risks to the consumer’s health and wellbeing to inform the delivery of care and services.
* Ensure that outcomes of assessment and planning a documented in a care services plan to inform service delivery of care and services to consumers.
* Regularly review the care and services of consumers as circumstances change or when needs, goals and preferences of consumers are affected.

# Standard 1

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| Consumer dignity and choice | | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers, and their representatives interviewed confirmed consumers always treated respectfully and with dignity and they feel comfortable sharing their personal information with staff and volunteers.

Staff and volunteers described how they show respect to the consumers, by taking the time to talk to them and acknowledging and supporting their preferences. Staff and volunteers consistently spoke about consumers in ways that conveyed respect and an awareness of their personal circumstances and how this influenced day to day service delivery.

The service demonstrated that how it provided care and services in a culturally safe way, through consultation with the consumer/representative to ensure their preferences and needs are understood.

The Assessment Team observed management and staff interacting with consumers in a respectful manner over the telephone and in person.

Consumers/representatives confirmed the staff and volunteers understand consumers needs and preferences and what is important to them. Staff and volunteers are familiar with consumers’ individual needs and described how services are provided in accordance with consumer’s individual wishes.

Consumers and representatives described how consumers are supported to exercise choice and to make their own decisions about the meal service they receive. Consumers gave examples of how the meal delivery service supports them to be as independent as possible.

Staff and volunteers interviewed demonstrated knowledge and understanding of the preferences of individual consumers and how they are supported to make informed choices. Staff and volunteers were also able to describe some instances where they offer alternatives to minimise risk and help the consumers live the best life they can.

Consumers said they feel well informed about the meal service and what is available to support their needs and preferences. They receive verbal and written information in a way they can understand, which enables them to make informed choices. Staff and volunteers interviewed were able to describe the various ways that they provide information to consumers to enable them to exercise choice.

Consumers are advised of how their personal information will be used and their consent is sought prior to the sharing of information, including with the consumer’s representative and family members and others involved in the consumer’s care, such as medical and allied health professionals and other service providers. Staff and volunteers described how they respect the personal privacy of consumers and personal information is kept confidential.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all requirements in Standard 1 Consumer Dignity and Choice at the time of the performance report decision.

# 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 |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Non-compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Non-compliant |

Findings

Compliant Evidence

Requirements 2(3)(b) & 2(3)(c)

Consumers interviewed were able to describe what is important to them in terms of how their meal service is delivered. Consumer’s needs and preferences are recorded on the meal management system including their likes and dislikes and any special requirements to inform meal preparation and delivery. The service manager, staff and volunteers interviewed demonstrated a shared understanding of consumer’s dietary requirements and food preferences and said they refer to the consumer’s needs as documented on the meal management system, the consumer’s individual meal labels and the delivery run sheets of the service.

Consumers interviewed confirmed they are involved in the assessment and planning process and in making decisions on the meal services they receive. The service was able to demonstrate that it communicates with other service providers involved in the care of the consumer.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements 2(3)(b) and 2(3)(c) at the time of the performance report decision.

Non-Compliant Evidence

Requirement 2(3)(a)

In relation to Requirement 2(3)(a), the Assessment Team found that the service did not demonstrate that assessment and planning, including the consideration of risk to the consumer’s health and wellbeing, informs the delivery of safe and effective services.

Documentation reviewed by the Assessment Team showed that key risks were not consistently identified or documented. Staff and management interviewed were not aware that a consumer’s MAC Support Plan was available to use as a reference for assessment and planning. Consumer documentation reviewed confirmed that relevant information from the consumer’s MAC Support Plan in relation to risks to consumers are not included in care plan documentation.

When discussed with the service, the service manager acknowledged the MAC Support Plan information was beneficial, particularly where health conditions and/or potential risks to the consumer’s health and wellbeing may be relevant to the meal delivery service. The service manager also advised the ‘Client interview form’ will be revised to ensure this represents an appropriate service-level assessment and that all relevant information is gathered and documented and held on the consumer’s electronic file.

In response to the Assessment Team’s Report, the service was able to evidence that it now has updated in processes so that it now downloads and assesses consumers most recent MAC Support Plans before conducting the initial Client Assessment and performing reassessments. The service was also able to provide meeting minutes and a continuous improvement plan to support the changes made.

Based on the information summarised above, I am satisfied that the service has addressed the issues surrounding the lack of consistent information being obtained during the assessment and planning process in relation to consideration of risks to consumers health and well-being. While I am also satisfied that for new consumers and current consumers requiring re-assessment that the MAC Support Plan is being used, I am concerned that the service has not accounted for those consumers who aren’t due for review and are existing to the service. The service was unable to demonstrate a process for existing consumers that was sufficient for me to come to a finding of compliance. Therefore, I find the service to be non-compliant with Requirement 2(3)(a) at the time of the performance report decision.

Requirement 2(3)(d)

In relation to Requirement 2(3)(d), the Assessment Team’s report included the following relevant evidence.

Feedback from consumers/representatives confirmed that they are aware of the meals service consumers receive, including the range of options available to meet their needs and preferences, how the service prepares meals to meet their dietary requirements and their chosen meal delivery days as agreed with the service.

Details of the consumer’s current meal requirements and preferences were sighted on the meal management system and on the information referred to by kitchen staff and volunteers. Staff and volunteers readily demonstrated how they knew what meals each consumer required on daily basis and how these were to be prepared and delivered to meet the consumer’s needs and preferences.

However, the service was unable to evidence a documented service plan setting out the meal delivery service agreed with the consumer, including how the meal will be provided to meet the consumer’s individual and/or specific needs and the level of assistance the consumer requires with managing their meals at the time of delivery. When discussed with the service at the time of the quality audit, the service manager located a template service plan and advised this would be implement for each consumer and a copy provided to them.

In response to the Assessment Team’s Report, the service did not provide evidence or documentation to show the service plan being imbedded into the services processes and effectively communicated with consumers.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirement 2(3)(d) at the time of the performance report decision.

Requirement 2(3)(e)

In relation to Requirement 2(3)(e), the Assessment Team found that the service does not conduct a formal review of each consumer’s needs and preferences regularly to identify a change in circumstances or following and incident and/or change in consumer’s condition.

Consumers/representatives interviewed advised they contact the service when they want to make changes consumers meal choices and delivery days. However, when asked if the service contacts them to discuss consumers’ needs and any change to these, they advised they themselves initiate contact with the service.

The service manager and volunteers were able to describe instances when there had been incidents involving the consumer, including falls, admission to hospital or non-response to a scheduled visit, which may result in a change in need or preference relative to the service provided. However, this information and the follow up action taken was not documented including a review to identify any changes in needs.

When discussed with service, the service manager confirmed the services does not actively conduct regular reviews of each consumer’s needs and preferences. They advised a process will be implemented for consumer reviews, a forward plan will be developed to conduct consumer reviews with priority given to those consumers with special dietary requirements or where potential risk is indicated.

In response to the Assessment Team Report, the service was able to evidence that it had introduced a Client Review/Reassessment Form to be used when the service conducts annual reviews and when it re-assesses consumers who have recently been in hospital or had other changes that may affect their meal service. The service also advised it had created a tracking system to indicate when consumers are due for the re-assessment of their services and that they were in the process of working through the backlog of Client Reassessments.

In coming to my decision, I acknowledge the work undertaken by the service in relation to the implementation of the review/re-assessment documentation and for the tracking of re-assessment requirements of consumers. However, at the time of the performance report decision, the service has not completed reviews/re-assessments of consumers of the meal service. Therefore, I find the service to be non-compliant with Requirement 2(3)(e) at the time of the performance report decision.

# Standard 3

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| Personal care and clinical care | | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

This Standard was not relevant to the quality audit as the provider does not provide clinical or personal care being that it is a meal delivery service.

# Standard 4

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| Services and supports for daily living | | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers/representatives confirmed consumers are satisfied with meal delivery service they receive. Consumers and representatives advised the service is flexible and accommodating to consumers needs and preferences, supports their lifestyle and allows them to continue to do the things of interest to them.

Documentation demonstrates individual preferences in relation to meals, dietary needs and service delivery are recorded and this information is available to the staff and volunteers preparing and delivering meals.

The service manager, staff and volunteers demonstrated an understanding of what is important to individual consumers and how the provision of a flexible service supports the wellbeing of the consumer.

Consumers and representatives confirmed the organisation is flexible in the delivery of consumers meals service, enabling them to maintain their community connections and do the things that are important to them.

Volunteers described the importance of delivering meals to consumers at the time of their choice, so they could attend appointments and maintain social and personal relationships.

Consumers/representatives advised they are confident information about their meals service including their dietary requirements is shared within the service and with others involved in their care. The Assessment Team observed volunteers and staff sharing information both prior to and following the daily meal preparation and delivery service.

The service manager demonstrated an understanding of their responsibility to facilitate referral processes should a consumers raise a need for further assistance, or if volunteers identified a need whilst delivering meals.

Volunteers demonstrated an understanding of the need to report back any concerns regarding individual consumers, as it relates to their health and welfare and potential referral processes to assist consumers to get additional assistance where required.

Consumers and representatives interviewed provided positive feedback about the meals, reporting there is sufficient choice available to meet their needs and preferences. Documentation evidenced the service provides an individualised and flexible approach to meal delivery. There are systems in place for ordering, preparing, storing, and delivering meals to consumers.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d), 4(3)(e) and 4(3)(f) at the time of the performance report decision.

# Standard 5

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| Organisation’s service environment | | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Standard was not applicable to the quality audit as the provider does not provide a physical service environment.

# Standard 6

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| Feedback and complaints | | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers/representatives said they are comfortable talking to delivery volunteers and or office staff if they have any concerns and they always receive a response. Management, staff, and volunteers described ways they support consumers/representatives to provide feedback, such as supporting them to contact the office to discuss their concerns, providing feedback to the office on their behalf, and through surveys.

Consumers/representatives advised they receive information from the service on how to provide feedback and raise concerns. Consumers/representatives are provided with an information pack on commencement with the service that contains information on how to access advocacy services, interpreting, translation, and relay services. The pack also includes information on the consumer’s right to contact the Aged Care Quality and Safety Commission (the Commission) to make a complaint.

Consumers/representatives said the service responds promptly to any issues raised, providing clear explanations and solutions to resolve their queries. Consumers interviewed advised staff treat them with respect, are polite in all their interactions and clarify they have understood their queries or concerns.

The service has policies and procedures to guide staff in in managing complaints and demonstrated they use open disclosure to address any concerns. Management, staff, and volunteers advised if they received feedback service delivery had not met consumers expectations they would apologise and work with the consumer to resolve the concerns.

Consumers/representatives said staff respond to their feedback and discuss actions address their concerns to improve the meal service delivery. The service demonstrated feedback and complaints are monitored and actions are undertaken to improve the meal service delivery. All complaints and feedback including surveys results are discussed at monthly management committee (board) meetings for discussion on any improvements to the meal delivery service.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Standard 6 Feedback and Complaints at the time of the performance report decision.

# Standard 7

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| Human resources | | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers/representatives said they are satisfied with delivery volunteers and staff, and consumers meal delivery needs and preferences are met. Volunteers and staff interviewed said they have sufficient time and information to undertake the meal delivery service safely and efficiently. Management confirmed that there have been no unfilled shifts in the last month and advised they have access to sufficient volunteers to ensure meals will be delivered even if there is a high level of unexpected leave.

Consumers/representatives said staff and delivery volunteers are polite and respectful towards their individual needs and preferences. Delivery volunteers said if they need to know something about an individual consumer’s preferences this is detailed on the delivery run sheets and they are briefed on any changes by office staff prior to meal delivery.

Consumers/representatives said they are satisfied with the level of knowledge and skills demonstrated by staff and delivery volunteers in providing tailored meal services that meet their needs and preferences. Management advised that each role requires staff members to have appropriate background checks, experience, and qualifications. The Assessment Team reviewed staff compliance documentation and observed the service’s process of maintaining up-to-date compliance records such as police checks and driver’s license information.

Management, staff and volunteers at the service said they were interviewed prior to being offered the role, went through an orientation process and have ongoing training. All staff, delivery and kitchen volunteers are required to complete mandatory training relevant to their role such as Work Health and Safety practices, First aid, and food handling (kitchen staff). Management ensures that training needs are identified through a variety of means, including consumer feedback, observations, and relevant changes to legislation.

Consumers/representatives advised they are encouraged to provide feedback about the meal delivery service from delivery volunteers and staff and provided positive feedback on consumers interactions with volunteers and staff. Although the delivery volunteers do not participate in formal performance reviews, management utilises feedback from consumers/representatives to evaluate the performance of delivery staff as well as informal conversations with the delivery volunteers throughout the year. Management advised they are in the process of implementing formalised annual performance appraisals for paid staff and were able to provide examples of how they would address performance issues with volunteers and staff.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Standard 7 Human Resources at the time of the performance report decision.

# Standard 8

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| Organisational governance | | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| 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 |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The service demonstrated that consumers/representatives are engaged in the development, delivery and evaluation of the meal delivery services they receive and are supported in that engagement. Feedback from consumers on their satisfaction with the delivery of meals is discussed at monthly management committee meetings. Management advised the service undertakes an annual survey to gauge the level of satisfaction of consumers.

The management committee (board) remains informed of the service’s operations through monthly meetings and reports from management and the kitchen coordinator including financial reporting. The Assessment Team sighted examples of reports provided to the service’s board. The Assessment Team reviewed meeting agendas and minutes from the monthly board meetings which evidenced that feedback related to the delivery of safe and inclusive care is communicated to the board.

The service demonstrated an effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints.

Information Management

Staff and volunteers advised they can access information about consumers to deliver meals according to their specific preferences. They said they have access to clear and detailed information to help them understand their roles and key responsibilities.

Management advised there are disaster management plans in place in the event of an IT outage and the meal delivery system not being able to be accessed. This included back of the meal delivery system on USBs each night with the manager taking one and another put in the safe at the service to enable the continual delivery of meals.

Continuous Improvement

The service has a Continuous Improvement Plan (CIP) to monitor critical areas for improvement which includes planned completion dates. The Assessment Team identified the last entry in the CIP was for January 2022. Management was able to provide examples of improvements that had been identified and advised these would be updated in the CIP including any areas identified in the Quality Audit.

Financial Governance

The service provides consumers with options of paying by cash or electronically and consumers are provided a meal card which they can record meal deliveries and payment. All financial matters are discussed at monthly management committee meetings detailing the financial status of the organisation to ensure continual delivery of meals. Management advised if consumers have difficulties in paying for meals this is discussed with them and flexible payment arrangements can be put in place to ensure the consumers are still receiving ongoing meal deliveries.

Workforce Governance

Management and staff are provided with a position description and have a clear understanding of their roles and responsibilities. Volunteers are guided by the volunteer handbook to understand their role and responsibilities. Staff and volunteers interviewed demonstrated a clear understanding of their role, their responsibilities, and accountabilities. Management advised there is ongoing recruitment strategies to ensure sufficient staff and volunteers for service delivery.

Regulatory Compliance

Management receives updates via relevant regulatory bodies such as the Commission and the Department of Health and Aged Care (DoHAC). Information is distributed to staff, volunteers, and consumers as appropriate. Policies and procedures are updated to reflect legislative or regulatory changes, as required.

Feedback and Complaints

Whilst most of the feedback received from consumers/representatives is verbal, the organisation has systems and open disclosure processes to document this feedback, analyse it and use it to improve outcomes for consumers.

The organisation has a risk management framework and policies and procedures to guide staff volunteer delivery staff practice in identifying and responding to risk. Environmental risk assessments for consumers are completed upon commencement any concerns are discussed with consumers/representatives and specific delivery instructions are detailed on delivery run sheets and discussed with delivery volunteers and staff. The service has an Incident management system (IMS) and delivery volunteers and staff have received training on incident management policies and procedures, including the reporting requirements and responsibilities of individual roles.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Standard 8 Organisational Governance at the time of the performance report decision.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)