**Performance**

**Report**

**1800 951 822**

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| Name: | Miles Meals on Wheels |
| Commission ID: | 700522 |
| Address: | Miles Hospital, Colamba Street, MILES, Queensland, 4415 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | on 15 October 2024 |
| Performance report date: | 29 October 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: 8069 Miles Meals on Wheels Incorporated  
Service: 24809 Miles Meals on Wheels Incorporated - Community and Home Support

**This performance report**

This performance report has been prepared by D Saunders, 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 site assessment, observations at service outlets, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 21 October 2024

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 7 Human resources | Not compliant |
| **Standard 8** Organisational governance | **Not 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.

* Regular assessment, monitoring and review of the performance of each member of the workforce
* Effective organisation wide governance systems
* Effective risk management systems and practices

# Standard 7

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| Human resources | | CHSP |
| 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. | Not Compliant |

Findings

Requirement 7(3)(d)

The service has returned to compliance in this requirement.

The service had historical deficits in relation to the support extended to volunteers in that the service’s onboarding, training and record keeping processes were not sufficient. The Committee they did not provide ongoing training beyond the initial induction. The training resources available through QMOW had not been made available to volunteers. Volunteers were unable to consistently explain how to report/respond to incidents or escalate concerns for a consumer’s welfare. The service provider did not have records of volunteer training or onboarding.

The service has rectified this.

The service demonstrated appropriate action has been taken to ensure volunteers have the required training and skills. Both volunteers and members of the Committee were consistently able to describe the resources and education provided since the Quality Audit. Volunteers and members of the Committee demonstrated a shared understanding of the service’s processes, established as a result of the provided training and resources.

Volunteers were able to describe the incident management and complaints processes and how to report suspicions or evidence of abuse or neglect. Volunteers and members of the Committee confirmed they had copies of the Volunteer Guide 2024 and a separate sheet outlining topics from the training event. The service is providing online access to QMOW’s digital training to volunteers. Volunteers confirmed they had received paperwork and emails to sign up for this. The service is keeping records of training attendance within their meeting minutes.

I find that this requirement is compliant.

Requirement 7(3)(e)

Historically the service was not compliant with this requirement.

At the most recent assessment contact the Assessment Team found that the Committee did not provide evidence of any systems or processes to capture or record volunteer performance. The Committee did not provide evidence of a performance appraisal process. The Committee could not provide evidence of records to monitor volunteers’ compliance, such as driver’s licencing, training, or insurance. Volunteers confirmed no formal appraisals have occurred.

The service responded to feedback stating they have completed organising volunteer information packs which will be used to collect information. The packs will include self-review and peer-review templates which will support members of the Committee to perform performance appraisals. This process is not yet in progress.

In its response to the assessment contact report the service explained that the training of Volunteers has commenced. Volunteers are slowly getting their training done and returning forms to be recorded. Volunteer self and peer reviews will be sent to volunteers once contact details are clarified.

Whilst remedial processes are underway, the available evidence does not demonstrate that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

I find this requirement not compliant for that reason.

# 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. | Not 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. | Not Compliant |

Findings

Requirement 8(3)(c)

The service was assessed and found not compliant for this requirement following the Quality Audit conducted 29 May 2024. This was due to deficits in information management, continuous improvement, workforce governance, and regulatory compliance.

The service undertook stated remedial actions.

At the assessment contact it was found that

* The service was not able to provide evidence they have established consumer records. No records of consumer details, emergency contacts, allergies, or other risk assessments were provided to the Assessment Team.
* The Committee and consumers confirmed actions to provide the Charter of Aged Care Rights and QMOW’s Client and Carers Guide 2024, have not yet occurred.
* The service did not provide evidence of established volunteer records such as volunteer details, emergency contact details, or drivers’ licences. The Assessment Team recognises the service has a system where volunteers make a declaration regarding their driver’s licence before each delivery run. However, this system in isolation does not enable the Committee members to have direct oversight.
* The service was not able to provide evidence the current members of the Committee have current police checks. One member of the Committee stated they had completed a police check since the Quality Audit, as they visit consumers independently.

In its response to the assessment contact report the service outlined further actions that were either planned, underway or had been completed in relation to this requirement.

In light of historical deficits, deficits found a assessment contact and still to be undertaken remedial actions, it is clear that effective organisation wide governance systems are not present.

I find this requirement not compliant.

Requirement 8(3)(d)

The service had historical deficits in this requirement due to

* There were no effective systems to identify and record consumers with swallowing difficulties, allergies, or other risk factors.
* The Committee could not demonstrate an understanding of SIRS or identify any systems to report allegations or suspicions of harm, abuse or neglect.

The service has demonstrated a range of effective remedial actions for the second dot point. Training on incident management and SIRS has been delivered to both volunteers and members of the Committee. A shared understanding of incident management and identifying reportable incidents was demonstrated.

However, the service was not able to demonstrate effective identification or monitoring of high-impact or high-prevalence risks within the service. Actions the service has previously stated they will undertake have not yet been completed. For example:

* Members of the Committee stated they have not yet implemented or completed new onboarding documentation for consumers.
* The service has not been able to provide documentation to confirm details such as, allergies, dietary profiles, and risk assessments have been recorded.

Whilst the service has commenced remedial actions in this area they are yet to be completed.

Relevant risk areas for this service that represent high prevalence or high impact risks for consumers relate to allergies, dietary preferences and risk assessments. Effective risk management systems and practices are not yet demonstrated for these risks.

I find this requirement not 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)