**Performance**

**Report**

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| Name: | Randwick Meals on Wheels Inc |
| Commission ID: | 200394 |
| Address: | 1/523 Bunnerong Road, MATRAVILLE, New South Wales, 2036 |
| Activity type: | Quality Audit |
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| Performance report date: | 22 December 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.

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7999 Randwick Meals on Wheels Inc  
Service: 24065 Randwick Meals on Wheels Inc - Community and Home Support

**This performance report**

This performance report for Randwick Meals on Wheels Inc (**the service**) has been prepared by M Abjorensen, 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 Quality Audit report, which 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 16 November 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 | **Compliant** |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **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.

# 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 representatives said consumers are treated with respect and dignity. Management and staff spoke respectfully about consumers and showed knowledge and appreciation for each consumer’s identity. Documentation showed the service has a consumer-centred approach to service delivery.

Consumers and representatives confirmed they feel supported culturally. Management and staff described how the service welcomes consumers from all cultural backgrounds with translator services and translated information provided when needed. Documentation showed the service provides culturally safe services in line with consumer preferences.

Consumers and representatives described how they make and communicate decisions to the service. Managements, staff and volunteers described how they assist consumers to make decisions and how they promote consumer independence. Documentation shows consumers are supported to exercise choice, make decisions and communicate those decisions.

Consumers and representatives confirmed consumers are supported and encouraged to remain independent. Management and staff are familiar with the consumers and described how they support and assist consumers to be as safe as possible while living their best life. Documentation showed consumers are supported to receive services the way they wish.

Consumers confirmed they have access to the information they need, and they can make decisions about their services based on the information provided. The program coordinator described how the service provides information to representatives where there are communication challenges with consumers.

Consumers were satisfied that their personal information, privacy and confidentiality is handled in a respectful manner. Volunteers and staff confirmed signing a code of conduct document. Management gave examples of how the service protects consumer privacy and confidentiality. Documentation showed consumer information is maintained confidentially and is password protected. The service has a privacy policy and procedure describing how consumer information will be protected.

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.

# 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. | 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. | 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. | Compliant |

Findings

Requirement (3)(e)

The Assessment Team were not satisfied that 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. The Assessment Team provided the following evidence relevant to my finding:

* Where services had been adjusted, care documentation did not always reflect reassessments had occurred, For example:
  + A representative confirmed meals are being delivered to their parents; however, one has transitioned to residential care and no longer requires meals.
  + The file showed the consumer is inactive and management revised the consumer’s file without verification from the consumer and/or representative.
  + Care documentation did not reflect changes described by two representatives regarding meal frequency, in response to a change in appetite, and texture modified meals to related to swallowing issues.
* Consumers and/or representatives described instances where care and services were revised in response to a change in circumstance or need, for example:
  + Information and evidence under Requirement (3)(c) in this Standard shows the service delivered an additional meal for an upcoming public holiday to ensure care continuity
  + Information and evidence under Requirement (3)(a) in this Standard shows how delivery instructions were amended in response to a decline in mobility for a consumer
* While staff could not explain the review process, they described how consumer information is updated and added to information for daily tasks.
* Management explained and showed how the service’s electronic system triggers reassessment

The provider provided information in response to the Assessment Team’s report, including:

* explanation that the service is making improvements to how reporting shows for the reassessment process for greater clarity
* explanation of that meals were provided for the spouse of the inactive consumer while they awaited a referral code, as the couple had previously shared a referral code and subsequent meals
* evidence of the service maintaining a consumer list with review dates listed for each consumer
* evidence of document templates used to update and review consumer information, including a consumer review template form
* evidence of a continuous improvement plan which shows an improvement about re-assessment of consumers and updating plans is in place and ongoing.

In coming to my finding, I have considered the information in the Assessment Team report which does not show the service has failed to respond to changes in consumers’ care and service needs.

I have considered the provider’s response demonstrates proportionate, and practical, actions for the type of services delivered. Further, I appreciate the provider has taken measured actions to ensure service continuity for a consumer’s circumstances, where they shared meals with their spouse who transitioned to residential care.

Overall, the Assessment Team report contains evidence of changes made to services based consumer needs, preferences and feedback and I do not find it proportionate to determine non-compliance based on a documentation deficit.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

Requirements (3)(a), (3)(b), (3)(c) and (3)(d)

Consumers and representatives recalled discussing services and receiving service documentation including a support plan and risks were discussed. Staff, volunteers and management demonstrated knowledge of consumer service needs and potential risks associated with each consumer’s service. Documentation evidenced consideration of risk occurs during assessment and planning processes. The service has a set of policies and procedures governing all aspects of assessment and planning, including consideration of risk and the effect of risk on consumer well-being.

Consumers and representatives reported each consumer’s needs, goals and preferences are considered in the assessment and planning process. Staff and management provided evidence initial assessments are completed, including assessment of each consumer’s dietary and physical needs or meal delivery preferences. Documentation evidenced consumer needs, goals and preferences are discussed and identified through assessment and planning processes. However, advance care planning and evidence of end-of-life wishes is limited. The service has a comprehensive set of policies but, there is limited information relating to advance care planning and end-of-life. Management said they would include this information in assessment processes.

Consumers and representatives confirmed the consumer is involved in assessment and care planning processes. Documentation reviewed showed evidence of input from consumers or their representatives and information about external services involved in the care of the consumer.

Consumers and representatives confirmed they received initial information about services, a service agreement and service menu and stated communication with the service is easy. Staff and management described how consumer care planning documentation is stored and how it is transferred and accurately reflected on the volunteer daily information sheets. Volunteers confirmed information received outlines necessary information about consumers and the service requirements. Documentation evidenced volunteers are provided with relevant information about consumers.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b), (3)(c) and (3)(d) in Standard 2 Ongoing assessment and planning with consumers.

# 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. | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable |
| 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. | Not applicable |

Findings

This Quality Standard was not assessed as the organisation does not provide personal care or clinical care.

# 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. | Not applicable |

Findings

Consumers and representatives confirmed consumers receive services that allow them to do things they want to do, maintain their independence and optimise their health, well-being and quality of life. Staff and volunteers demonstrated they understand what is important to consumers and how the services provided support consumers to maintain their independence. Documentation showed evidence of procedures tailored to the consumer’s choice, with consumer goals and preferences recorded and considered.

Consumers and representatives explained the integral role of the service volunteers for social connection for consumers. Staff and management explained how consumers’ well-being is regularly checked. Management explained how the social connection through the meal delivery service is important to consumers. Documentation showed evidence of the service promoting consumers’ emotional, spiritual and psychological well-being.

Consumers and representatives confirmed the service enables consumers to feel connected to their community, maintain relationships and do things that are important to them. Volunteers and staff explained how the service volunteers support consumers’ connection to community by taking the time to connect and interact with the consumers. Management explained the service can be the only support and social connection consumers have. Documentation showed consumers are supported by the service to have social and personal relationships and do things of interest to them.

Consumers and representatives confirmed volunteers, staff and management have knowledge about the care and services provided for the consumer. Volunteers, staff and management explained how changes in each consumer’ condition, needs and preferences are communicated within the organisation. Management described how volunteers liaise with management about updates or potential requests or changes consumers have raised. Service staff will contact the consumer and/or representative to discuss further. Documentation showed evidence of consumers and/or representatives requesting changes to the consumer’s service and the service implementing those changes and sharing the updated information with volunteers.

Staff and management described the referral process to other organisations and providers and provided examples. Management explained a referral would only occur after obtaining consent from the consumer to share the consumer’s details with other organisations.

The service does not provide equipment. Therefore, Requirement (3)(g) is not applicable and was not assessed.

Based on the information summarised above, I find the provider, in relation to the service, compliant in all applicable Requirements in Standard 4, Services and supports for daily living.

# 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. | Not applicable |
| 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. | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

This Quality Standard was not assessed as the organisation 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 and representatives confirmed they are encouraged to raise concerns and are aware of how to do this. Staff stated consumers are provided with a handbook which includes information about feedback and complaints processes and staff and volunteers can assist consumers by reporting feedback and complaints to management. Management described the various mechanisms used by the service to receive feedback and complaints, including the use of feedback forms and surveys. Documentation showed the service has processes to support consumers to provide feedback and make complaints. The service maintains a complaints register, and it has a complaints/feedback and open disclosure policy and procedure to guide staff.

Consumers and representatives confirmed information about advocacy services, language services and external methods for raising complaints is included in the handbook. Staff confirmed advocacy services, interpreting services and complaints mechanisms are included in the handbook. Management said the service can translate documents for consumers if required. Documentation reviewed included brochures and posters including information about advocacy services available for consumers.

Consumers and representatives confirmed appropriate action is taken by the service in response to feedback and complaints and staff apologise when things go wrong. Staff and volunteers demonstrated an understanding of open disclosure. Management said if there was a problem they would apologise and resolve the problem to their best ability. Documentation showed evidence the service taking appropriate action in response to complaints, with an open disclosure process used. The service has relevant policies and procedures in place to guide staff in responding to complaints and using an open disclosure process.

Management stated the service records complaints and feedback in a consumer management system, the resolution process is documented, and the issue is rectified as soon as possible. Reports for feedback and complaints can be created to identify trends. These reports are reported to the governing committee and the information is used to improve the quality of care and services.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 6 Feedback and complaints.

# 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. | Not Compliant |

Findings

Requirement (3)(e)

The Assessment Team was not satisfied the service demonstrated regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. The Assessment Team provided the following evidence to support my finding:

* Consumers and representatives were satisfied with the workforce performance
* Staff, volunteers and management reported informal discussions and meetings provide support and guidance to the workforce, while formal performance appraisals do not occur
* Board members advised that performance appraisals are not conducted at management level.
* No evidence was available to show how the service regularly assesses and monitors the performance of members of the workforce during or after probation periods, however, information and evidence under Requirement (3)(d) in this Standard shows management support volunteers though monthly meetings held at the service where education is provided and information regarding role requirements is shared

The provider’s response to the Assessment Team report included the following:

* explanation that assessment/performance of the workforce has never been completed
* explanation that performance reviews for all staff and volunteers have commenced with the intention of these to continue annually
* explanation that a performance review for the manager is to be completed by the management committee
* evidence of templates to be used for performance development reviews for staff and volunteers
* evidence of completion of a performance development review for a staff member completed 13 November 2023.

In coming to my finding, I have considered the Assessment Team report and the provider’s response, which does not demonstrate a failure to complete regular assessment, monitoring and review of the performance of each member of the workforce.

I find the provider’s response to be proportionate, and sufficient, in demonstrating how formal performance monitoring occurs.

While performance appraisals are one tool that can be used to assess performance, there are multiple ways this may occur. Given the type of service delivered, and the reliance on volunteers as part of the service delivery model, workforce assessment, monitoring and review processes should reflect this structure. I find there is evidence of proportionate assessment of workforce performance through communication with volunteers supported through staff feedback that they understand their responsibilities.

Based on the information summarised above, I find the provider, in relation to the service, compliant with (3)(e) in Standard 7, Human resources.

Requirements (3)(a), (3)(b), (3)(c), (3)(d)

Consumers and representatives said consumers feel safe when interacting with volunteers and staff and they arrive on time. Staff and volunteers confirmed they feel supported to conduct their role and have enough time to complete their work effectively. Management described how the workforce is planned to meet the risks associated with consumers. Documentation showed no complaints about missed services or late attendance.

Consumers confirmed staff and volunteers are kind, caring and respectful. Staff and volunteers spoke about how they interact with consumers in a respectful manner. Documentation showed evidence of positive feedback about interactions with consumers and the workforce. The service’s consumer rights policy addresses treating each consumer with respect and seeking to understand the unique needs, values, beliefs and characteristics of consumers.

Consumers stated staff and volunteers are competent and skilled in their roles. Volunteers discussed their role requirements. Management described how they ensure the workforce has appropriate skills and knowledge to effectively perform their roles, through a formal recruitment process. Management described how feedback from consumers and ensure the workforce is competent to perform their roles. Documentation showed evidence of recruitment processes, including the need for police checks.

Management described the service’s onboarding process for staff and volunteers. Staff and volunteers described the onboarding process as an informal process. However, they were satisfied with the supervision and support they receive for their roles. Documentation showed the service maintains a training matrix, confirming staff involvement in training opportunities. Although the service does not have processes to identify and develop training opportunities (as discussed in Standard 7 Requirement (3)(e)), staff complete some relevant training including food and safety and hygiene practices, elder abuse and neglect and allergen management. Management also conducts regular meetings to provide information to the workforce. The service has policies and procedures regarding staff employment and engagement, including a policy manual to guide staff.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b), (3)(c), and (3)(d) in Standard 7 Human resources.

# 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. | Not applicable |

Findings

Requirement (3)(d)

The Assessment Team assessed this Requirement not met as the service did not demonstrate systems in place to record consumer related incidents through an incident management system. The service did demonstrate effective risk management systems and practices in place to manage high-impact or high prevalence risks, identifying and responding to abuse and neglect and supporting consumers to live their best life. The Assessment Team provided the following evidence to support my finding:

* The service has processes in place to manage and prevent incidents. However, reported incidents are not collated in an incident management system. Therefore, the service could not provide evidence on how it analyses and trends incident data to inform service improvements.
* The governing body said risk and incidents are reported at meetings. However, no evidence was sighted to show consumer related incidents are reported through this process.
* The workforce demonstrated an understanding of reporting incidents verbally to management. However, the service does not have a process for these verbal reports to be documented in an incident management system. Incidents are captured on the individual consumer’s support plan and appropriate action is taken to address the incident.
* Although volunteers have not participated in training about abuse and neglect of consumers, staff and management have completed this training. However, management advised of education provided to volunteers through monthly meetings.

The provider’s response to the Assessment Team report, included the following:

* explanation that the service has a risk management plan and incident report process in place but, not in the format the Commission requires
* explanation that incident reporting for consumer related, general incidents and serious incident reporting has been put in place
* explanation that the service has an incident register for consumer and other incident reporting
* evidence of incident reporting form templates
* evidence of an incident/injury/near miss/hazard register with a consumer incident recorded and a consumer incident report listing incidents reported in November 2023.

In coming to my finding, I have considered the Assessment Team’s report and the provider’s response, which does not demonstrate a failure in the effective risk management practices and systems.

I have considered the key deficit identified by the Assessment Team relates to incidents recorded in consumer care files, and/or verbally reported to management, without being captured in the incident management system. I am satisfied the provider’s response demonstrates corrective actions proportionate to the issue identified and services delivered.

Based on the information summarised above, I find the provider, in relation to the service, compliant with (3)(d) in Standard 8, Organisational governance.

Requirements (3)(a), (3)(b) and (3)(c)

Consumers are engaged in developing, delivering and evaluating their services through feedback processes. Staff and volunteers stated the service is well run and they demonstrated an understanding of ensuring consumers are involved in development, delivery and evaluation of services. Governing body members advised that consumers are involved in improvements for the food service. Documentation evidenced the services’ commitment to improve the delivery and evaluation of services through consumer feedback.

Management described the process for reporting to the governing body monthly to ensure the oversight of the services being delivered. Governing body members confirmed they receive monthly management reports and discussed how they consider continuous improvement opportunities before implementing them. Documentation showed evidence of monthly reporting to the governing body and the governing body providing information to the service and workforce.

The service has effective organisation wide governance systems to support information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service has a suite of policies and procedures to guide staff through these governance systems.

The service does not provide personal care or clinical care. Therefore, Requirement (3)(e) is not applicable and was not assessed.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b) and (3)(c) in Standard 8 Organisational governance.

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