**Performance**

**Report**

**1800 951 822**

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| Name of service: | Victoria Point/Redland Bay Meals on Wheels |
| Service address: | 140 - 142 Link Road VICTORIA POINT QLD 4165 |
| Commission ID: | 700360 |
| Home Service Provider: | Victoria Point/Redland Bay Meals on Wheels Association Incorporated |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 8 February 2023 |
| Performance report date: | 18 March 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 Victoria Point/Redland Bay Meals on Wheels (**the service**) has been prepared by J ZHOU, 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:**

* CHSP - Meals, 4-225OKJ3, 140 - 142 Link Road, VICTORIA POINT QLD 4165

# Material relied on

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

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by a desktop assessment, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 7 Human resources | Non-compliant |
| **Standard 8** **Organisational** **governance** | **Non-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.

* Requirement 7(3)(d)
* Requirement 8(3)(c)
* Requirement 8(3)(d)

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | | CHSP |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Non-compliant |

Findings

While the organisation has made progress towards meeting this requirement since the last Quality Review found it non-compliant, the Assessment Team’s audit found that the action taken to date has either not fully addressed the issues and/or has not been fully effective.

In particular, I note the Assessment Team found a training and education plan has not yet been developed for the organisation and remains a work in progress. I understand Management confirmed this fact during the audit. To my mind, this shows gaps in the training framework which a training plan could remediate. Specific examples of such training gaps include but is not limited to the following:

* One service coordinator has completed the food safety and food transport training components, however, the new service coordinator is not listed on the register.
* Only 12 volunteers have completed food safety training, in the period June to August 2022 which is prior to the quality audit. However, no volunteers have completed food transport training.
* There is no evidence that training in dementia, elder abuse and cultural safety have been provided.

I therefore find this requirement remains non-compliant.

# 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. | Non-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. | Non-compliant |

Findings

While the organisation has made progress towards meeting this requirement since the last Quality Review found it non-compliant, the Assessment Team’s audit found that the action taken to date has either not fully addressed the issues and/or has not been fully effective.

According to the Assessment Team’s findings, the service is not:

* Ensuring that complaints and incidents data support the governing body to identify where quality and safety is at risk and to inform improvements to the quality and safety of the service provided to consumers.
* Ensuring that the workforce have received appropriate training which enables them to recognise the signs of potential elder abuse and neglect and meet reporting requirements.
* Ensuring that the incident management system is effectively understood and applied.

The Assessment Team’s report outlines the particular deficiencies found during their audit in an easy to read format. I suggest the provider review these partiuclars and devise a strategy to address the missing gaps in order to address the elements of these requirements.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)