**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: | 3 August 2023 |
| Performance report date: | 09 October 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 M Franco, 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:**

* Meals, 4-7ZOCOBR, 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 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 | Not applicable as not all requirements have been assessed |
| **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.



# 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 |

Findings

Evidence analysed by the Assessment Team showed the service demonstrated the workforce is recruited, trained, and supported to deliver the outcomes required.

On commencement of employment, staff are required to complete a corporate induction program that contains several mandatory training modules. Staff interviewed confirmed they had completed mandatory training at induction. Staff said they were supported to complete additional online training modules to improve their skills. Staff described face-to-face training that is relevant to their roles including new staff completing buddy shifts. Documentation showed policies, procedures and training is regularly revised to ensure it is reflective of current best practice methodologies.

Based on the evidence summarised above I find the service compliant with Requirement 7(3)(d) of the Aged Care Quality Standards.

# 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. | Compliant |

Findings

Evidence analysed by the Assessment Team demonstrated the service does not have effective organisation wide governance systems, taking into count the size and structure of the service.

At the time of the Assessment Contact the service was not able to demonstrate sufficient and relevant improvements have been made since the previous non-compliant findings in February 2023.

Several complaints have been received by the service regarding meals provided to consumers. The Assessment Team provided evidence to suggest a number of the complaints received are considered a Serious incident and need to be reported under the Serious incident Response Scheme (SIRS), however have noted the incidents have not been recorded or reported. The service coordinator, when interviewed by the Assessment Team advised the service is in the process of employing a compliance staff member to oversee complaints and incidents received by the service.

The services feedback and complaints system supports consumers and representatives to provide feedback, However, the Assessment Team undertook a review of the general manager’s report to the Board demonstrated the report does not include reporting of feedback and complaints and/or incidents to the governing body. While the service has taken steps to address issues, there was no evidence which demonstrates reporting to and oversight by the governing body that incidents and complaints feed into assessment, monitoring and trending of issues by the service to identify opportunities for improvement to service quality and safety.

The organisation’s clinical governance framework guides staff in relation to education and training, internal clinical audits, clinical effectiveness, research and development, open disclosure, restrictive practices, and risk management.

Based on the evidence summarised above, I find the service non-compliant with Standard 8 of the Aged Care Quality Standards as Requirement 8(3)(c) has been assessed as non-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)