**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Yeppoon Meals on Wheels Inc. |
| Commission ID: | 700663 |
| Address: | 66 William Street, YEPPOON, Queensland, 4703 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 23 July 2024 |
| Performance report date: | 23 August 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.

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8104 Yeppoon Meals on Wheels Incorporated  
Service: 24321 Yeppoon Meals on Wheels Incorporated - Community and Home Support

**This performance report**

This performance report for Yeppoon Meals on Wheels Inc. (the service) has been prepared by S Turner, 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 Assessment Contact (performance assessment) – site 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 12 August 2024
* the performance report dated 13 May 2024 for the Quality Audit conducted 17 April 2024
* information about the service held by the Commission

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| Standard 7 Human resources | Not Compliant |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in whichimprovements 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.

* The service is required to ensure regular assessment, monitoring and review of the performance of members of the workforce occurs.

# Other relevant matters:

Yeppoon Meals on Wheels Inc. provides a meal delivery service funded under the Commonwealth Home Support Programme (CHSP).

A Quality Audit was conducted 17 April 2024 and the performance report dated 13 May 2024 found the service was non-compliant in the following requirements 7(3)(c), 7(3)(d), 7(3)(e), 8(3)(b), 8(3)(c) and 8(3)(d).

An Assessment Contact conducted 23 July 2024 assessed the 6 non-compliant requirements and an Assessment Contact-site report was forwarded to the service provider. The service provider submitted a response to the Assessment Contact-site report on 11 August 2024. The response included a training register, performance review documentation and provided additional clarifying information.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | | CHSP |
| 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

The service was found non-compliant in requirements 7(3)(c), 7(3)(d) and 7(3)(e) following a Quality Audit conducted 17 April 2024. Deficiencies related to staff knowledge and skills, staff training, performance review processes, and record keeping relating to requirements such as police checks and drivers’ licences.

An Assessment Contact was conducted 23 July 2024 and the Assessment Contact- site report brought forward the following information:

**Requirement 7(3)(c)**

The service has taken the following action to address the deficiencies identified following the Quality Audit conducted on 17 April 2024:

* Volunteer handbooks have been ordered. The handbooks include information relating to the role of the volunteer, the volunteer’s responsibilities, emergency procedures, code of ethics and feedback and complaints processes. Management advised that handbooks would be distributed to all volunteers by the end of August 2024.
* Volunteers working in the kitchen are supervised by the Cook who monitors safe practices and provides guidance and support. Staff and volunteers working in the kitchen were observed to be complying with safe food practices including wearing personal protective equipment, practising hand hygiene and maintaining a clean working environment.
* Management has implemented a system to effectively monitor that staff and volunteers have a current drivers’ licence, vehicle registration and vehicle insurance; the system is monitored on a monthly basis.
* The service has implemented a suite of online training programs which included topics such as basic knife skills, food safety and hygiene training.

Consumers and representatives said they felt the workforce (staff and volunteers) was competent and had the knowledge to deliver services that met consumers’ needs and preferences. Staff and volunteers reported feeling supported and said they received assistance to ensure they had the skills to undertake their role; they said this included working as a ‘buddy’ with more experienced delivery volunteers and kitchen staff.

The Assessment Contact-site report included information that some staff and volunteers are yet to complete the training modules, however evidence of knowledge deficits in the staff and volunteer workforce was not identified.

The service provider’s response submitted 11 August 2024 includes information demonstrating that policies and procedures relevant to the service are now accessible to volunteers in hard copy and are also available electronically should they wish to access them in this manner. The monthly newsletter is being used to disseminate information about policies and procedures to the volunteer workforce. The training spreadsheet demonstrates that service staff who supervise volunteers have completed mandatory training including in areas such as the food safety and hygiene, basic knife skills, and code of conduct.

I have carefully considered the Assessment Contact-site report and the service provider’s response and am satisfied the service has mechanisms for ensuring staff and volunteers are competent to undertake their roles. Less experienced volunteers are accompanied by more experienced colleagues, staff supervise and monitor volunteers, staff and volunteers are satisfied they are supported to undertake their roles and consumers and representatives reported the workforce was competent. I find requirement 7(3)(c) is Compliant.

**Requirement 7(3)(d)**

The service has taken the following action to address the deficiencies identified following the Quality Audit conducted on 17 April 2024:

* The service introduced a suite of online training modules that are available to staff and volunteers.
* A weekly fact sheet is distributed to staff and volunteers and includes food safety, hygiene, food transport, basic knife skills, code of conduct and the Serious Incident Response Scheme.

Consumers and representatives said staff and volunteers appeared to be well trained and provided safe services. Staff and volunteers confirmed they are emailed a weekly fact sheet and are able to access a suite of training modules; they said they were required to submit certificates of completion to the service. Volunteers generally spoke positively about the training provided by the service and one volunteer described how they receive real-time feedback and training from the Cook.

Management advised they maintain a matrix which tracks the workforce’s completion of their training and described how the matrix was updated following receipt of a certificate of completion from a member of the workforce. The training register identified a significant number of staff and volunteers had not completed relevant training.

The service provider’s response submitted 11 August 2024 includes information demonstrating that staff and volunteers have access to training that includes the Aged Care Quality Standards, food transport, harassment and discrimination, Serious Incident Response Scheme, workplace health and safety, basic knife skills and code of conduct. While the training register, submitted as an element of the response, identified that not all volunteers have completed prescribed training, there is evidence that there has been a significant increase in completion of training since the Assessment Contact. Further, the provider reports staff have completed all required training and the majority of volunteers have completed training in the Serious Incident Response Scheme. The provider reports they are supporting volunteers to complete their training and reminder letters have been sent. I acknowledge the workforce now has access to policies and procedures and weekly fact sheets and that this supports them to have the skills to undertake their roles.

I have carefully considered information in the Assessment Contact-site report and the service provider’s response and am satisfied the service has mechanisms to train and support staff in their roles. There are varied mechanisms to provide information to staff including through weekly fact sheets, online training, policies and procedures and working with more experienced colleagues. I find requirement 7(3)(d) is Compliant.

**Requirement 7(3)(e)**

The service had taken the following action to address the deficiencies identified following the Quality Audit conducted on 17 April 2024:

* Policies and procedures relevant to human resources have been downloaded from the industry peak body and customised to suit the service.
* Educational material was sourced from the industry peak body and a training matrix was established to monitor workforce completion of educational material.
* A feedback and complaints register is maintained and the service uses this to provide feedback to the workforce.
* Management advised they are in the process of developing a document which will be aligned with human resource policies and procedures; the document will be used to assess and monitor the performance of members of the workforce on an annual basis.

While the above actions had been initiated, the service was not able to demonstrate that review of staff and volunteer performance had commenced. Staff and volunteers said they had not participated in a performance review process but said they did receive positive feedback from consumers and staff on an ad hoc basis.

The service provider’s response stated that policies and procedures relevant to the workforce and their roles were tabled and approved at a Committee meeting and were available and accessible to the workforce. The response demonstrated that workforce training and completion of training is being monitored. The response included a performance review checklist and a tracking spreadsheet to monitor completion of performance reviews; the tracking spreadsheet demonstrates that at the time the response was submitted approximately 35% of the workforce had participated in a performance review. The provider stated performance reviews will be completed in August 2024.

I have carefully considered the Assessment Contact-site report and the service provider’s response and acknowledge the provider has committed to completing all outstanding performance reviews in August 2024. However, I am aware that the service has been non-compliant in this requirement for some time and is yet to finalise this process. Further, a significant number of members of the workforce are yet to have a performance review completed.

I am satisfied that performance review processes are in their infancy and are yet to be fully implemented across the workforce. A sound performance review process will support the service to identify training needs and provide safe, quality services. I find Requirement 7(3)(e) is not compliant.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | CHSP |
| 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 |

Findings

The service was found non-compliant in requirements 8(3)(b), 8(3)(c) and 8(3)(d) following a Quality Audit conducted 17 April 2024. Deficiencies related to:

* The organisation did not demonstrate how it promoted a culture of safe, quality care.
* Governance systems relating to information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints were not effective.
* The organisation did not demonstrate effective risk management systems.

An Assessment Contact was conducted 23 July 2024 and the Assessment Contact- site report brought forward the following information:

**Requirement 8(3)(b)**

Following the Quality Audit conducted on 17 April 2024 the service has implemented processes to improve accountability for service delivery. For example:

* An incident management system has been established and the service demonstrated it is now responding to incidents with risk mitigation strategies to prevent the occurrence of further incidents; this was evident for all incidents that had been reported since April 2024.
* A feedback and complaints register has been implemented. Management explained how feedback and complaints are reviewed and responded to, and the service’s feedback and complaints register demonstrated responsive actions for all reported feedback received since April 2024.
* The service has updated policies to guide staff and volunteers in the delivery of services and this was confirmed through review of the Board’s meeting minutes. All staff said they had access to policies and there were plans to place a hardcopy of the policies in an area within the service that is accessible to volunteers.

While the service could not demonstrate the workforce had reviewed the code of conduct document, members of the workforce were aware of their obligations. Volunteers provided examples of how they are respectful and how they would support consumers by escalating concerns to management.

Consumers spoke highly of staff and volunteers and said they are respectful and competent in their roles; one consumer said staff adhere to their needs and preferences.

The service provider’s response includes information that policies have been printed and placed in a folder in the staff room which is accessible to volunteers. The staff training register submitted as an element of the response demonstrates staff are required to participate and are attending education relating to the code of conduct, the Aged Care Quality Standards, workplace health and safety, harassment and discrimination and workplace bullying.

For the reasons detailed, I am satisfied the organisation promotes a culture of safe, quality services. I find Requirement 8(3)(b) is compliant.

**Requirement 8(3)(c)**

I have considered the Assessment Contact-site report and the service provider’s response in forming a view that this requirement is now compliant.

The service has taken action to address deficiencies identified following the Quality Audit conducted on 17 April 2024 and while the Assessment Contact-site report brings forward concerns under this requirement specifically in relation to workforce governance, I am satisfied the organisation has established arrangements that will support it to ensure the workforce delivers safe, quality services.

Information management:

Management described how approximately 117 policies and procedures had been updated since April 2024; this was confirmed through a review of the policy register.

The service has implemented a process to ensure driver’s licences, insurances and police checks are monitored, and upcoming renewal requirements are identified.

A daily run sheet is in place and informs staff and volunteers of the consumers’ needs and preferences. Staff and volunteers were aware of the service’s run sheets and were observed referencing them when preparing for meal delivery.

Continuous improvement:

The service has implemented processes and procedures to inform continuous improvement and there is evidence of improvements that have been made to the service. Staff now have access to training including training in the Aged Care Quality Standards. Feedback and complaints processes inform improvement opportunities. An incident management system has been established and there was evidence that risk mitigation strategies were being implemented in response to incidents.

Financial governance:

There is a financial governance system to support the organisation in obtaining access to resources needed to deliver quality services. There is a Treasurer who is responsible for financial governance. Management explained how profit and loss statements are tabled at each Board meeting and costs are monitored by the Treasurer; Board meeting minutes demonstrated discussions relating to finances. Management said the service can obtain equipment and resources needed to support service delivery and provided an example of how the service had recently purchased capital goods.

Workforce governance:

The Assessment Contact-site report includes information the service could not demonstrate effective workforce governance processes as some members of the workforce had not completed their mandatory training and performance review processes were not fully established. I have considered information that the service has various mechanisms for providing education and training to staff and volunteers that includes policies and procedures, weekly fact sheets, online training modules, accompanying more experienced colleagues when new to a role, and workforce supervision. Reports demonstrated the service has implemented a staff and volunteer competency reporting system, which is reviewed by management monthly to identify those members of the workforce with outstanding competencies.

I note too that feedback relating to the workforce was positive and that consumers felt staff and volunteers appeared well-trained and provided safe service delivery. Additionally, the service provider’s response included evidence of a training register demonstrating all staff had completed required training and significant participation in training by the volunteer workforce.

With respect to performance review processes, the response provides evidence that performance reviews are being completed using a performance review checklist that addresses code of conduct, incident management, food transport and other related matters. The provider has committed to completing these in August 2024.

I am satisfied that governance processes relating to workforce management have been established. I accept that some members of the workforce are yet to complete a performance review, however I am considering the weight of this information under Requirement 7(3)(e) and am persuaded that overall, the service meets its responsibilities in relation to workforce governance.

Regulatory compliance:

As identified under information management, there are now established processes to ensure members of the workforce hold current police checks, drivers’ licences and insurance. The service demonstrated how the organisation’s reporting mechanisms identified members of the workforce with pending police checks. The service has established an incident management system and staff have received training in the Serious Incident Response Scheme. Food safety training and hygiene training is being completed by members of the workforce and experienced staff who have completed food safety training supervise food preparation. Code of conduct education and workplace health and safety is being provided through online training modules and other education forums and training records included as an element of the service provider’s response demonstrated increased participation in education.

Feedback and complaints:

The service has implemented a feedback and complaints register that informs continuous improvement. A monthly newsletter includes contact details for consumers to provide feedback. Staff and volunteers knew how to access the service’s feedback and complaints processes and how they would escalate concerns to management. The service provided examples of how complaints are addressed in a prompt manner. All consumers reported feeling comfortable raising complaints and providing feedback to staff. Additionally, the service provider’s response states the feedback and complaints register is tabled at the bi-monthly Committee meeting.

For the reasons detailed, I find Requirement 8(3)(c) is compliant.

**Requirement 8(3)(d)**

The service has taken the following action to address the deficiencies identified following the Quality Audit conducted on 17 April 2024:

* The service updated the incident management policy on 11 June 2024.
* The service has implemented an incident management system and all staff and volunteers demonstrated a shared understanding of how they could access the system.

The incident management policy provides guidance to staff and volunteers in how to respond to incidents and includes information relevant to the Serious Incident Response Scheme. While the service could not demonstrate volunteers had access to the incident management policy at the time of the Assessment Contact, all volunteers demonstrated an understanding of the Serious Incident Response Scheme and explained how they would escalate an incident. A review of the incident management register demonstrated staff and volunteers are appropriately reporting incidents and management is implementing risk mitigation strategies in a timely manner.

The service provider’s response included information demonstrating that volunteers now have access to the service’s policies and procedures; these are available in hard copy and can be accessed electronically. Most volunteers have completed training in the Serious Incident Response Scheme, a small number of volunteers who are yet to complete this have not been active in recent weeks.

I am satisfied the organisation has systems and processes in place to identify, assess and manage risks to consumers. I find Requirement 8(3)(d) is 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)